

Statement of Intent

2015 to 2019

Ministry of Health

**Presented to the House of Representatives
pursuant to section 39 of the Public Finance Act 1989**

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Foreword: Minister of Health

New Zealand's high quality health and disability system continues to perform well despite changing demands and economic challenges. Maintaining and improving this performance to keep New Zealanders healthy remains a key priority for the Government.

People want to access care close to home, in their communities and from their local GP. The current movement of services from hospitals to the community is starting to meet this need. It also means a shift in how we view health care with respect to both treatment and prevention. We must continue to support this and similar changes in approaches to care.

Improving outcomes means making sure health professionals work well together, and with other public services to respond to an individual's needs. The Government's Better Public Services programme pulls services together in areas where there is the most to be gained from a more collective approach. The health sector is a key part to this programme, and is focusing specifically on reducing the incidence of rheumatic fever and increasing infant immunisation, in addition to contributing to the wider programme.

As people in New Zealand live longer, they are increasingly living with one or more long-term condition such as diabetes, cardiovascular disease and asthma. Our health care system is responding to this increasing burden of disease, but it still represents the biggest challenge faced. Understanding the causes of long-term conditions is vital if we are to successfully address them.

This year I will update the New Zealand Health Strategy, to set out a new vision and a road map for the next three to five years for the health sector. The road map will build on the success of our health targets and continue to deliver better and faster access to important health services. I am confident, that through the actions that come from the updated New Zealand Health Strategy and our work across Government, we will continue to provide high quality health services that support New Zealanders to live healthy and fulfilling lives.

Ministerial statement of responsibility

I am satisfied the information on strategic intentions prepared by the Ministry of Health is consistent with the policies and performance expectations of the Government.



Hon Dr Jonathan Coleman
Minister of Health
June 2015

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Introduction: Director-General of Health

The health and disability sector touches the lives of all New Zealanders. The sector is making improvements including in prevention, early detection, treatment, rehabilitation and care for older people and people with disabilities. Immunisation rates have increased and there is better access to primary care and hospital services.

The Ministry will continue to lead the sector in maintaining progress on these achievements and ensure responsible management of public funds.

The challenges facing the sector include an ageing population, changing demographic make-up of our populations, and more people living with multiple and long-term conditions. Communicable diseases still require managing while approaches have to be developed for diseases that emerge overseas.

The health sector is developing new ways of working to meet these challenges. We are working more with other agencies on housing, education and welfare to improve New Zealanders' health. Tackling obesity, for example, means collaborating with education, food industry, communities and individuals.

The Government's Better Public Services programme is supporting new models of collaboration. These ways of working will have an impact far wider than the initial focus areas, such as rheumatic fever, infant immunisations and healthy housing.

A critical step is creating a shared vision for the health sector. This will be delivered through the Minister's updated New Zealand Health Strategy. The strategy will provide direction for the health system, as part of the wider social sector.

Alongside the New Zealand Health Strategy, I have commissioned two external reviews, one of health funding settings and the other of the capability and capacity of the sector.

As the strategy is developed and implemented, the Ministry will be considering how we adapt as an organisation to support the sector to deliver better health and social outcomes for all New Zealanders.

Chief Executive statement of responsibility

In signing this document, I acknowledge that I am responsible for the information on strategic intentions for the Ministry of Health. This information has been prepared in accordance with section 38 and section 49 of the Public Finance Act 1989.



Chai Chuah
Director-General of Health
June 2015



Mike McCarthy
Chief Financial Officer
June 2015

Nature and scope of functions

Purpose and role

The Ministry of Health seeks to improve, promote and protect the health and wellbeing of New Zealanders through:

- its leadership of New Zealand's health and disability system
- advising the Minister of Health, and government, on health and disability issues
- directly purchasing a range of national health and disability support services
- providing health sector information and payment services for the benefit of all New Zealanders.

The Ministry works in partnership with other public service agencies and by engaging with people and their communities in carrying out these roles.

Leadership

The Ministry leads the health and disability system and has overall responsibility for the management and development of that system. It steers improvements that help New Zealanders live longer, healthier and more independent lives.

The Ministry ensures that the health and disability system is delivering on the Government's priorities, and that health sector organisations are well governed and soundly managed from a financial perspective. To do this, the Ministry:

- advises the government
- funds, monitors and drives the performance improvements of health sector Crown entities, including district health boards (DHBs)
- supports the planning and accountability functions of health sector Crown entities, including DHBs
- regulates the sector and ensures legislative requirements are being met.

Funding for these functions is provided through the appropriations 'Sector Planning and Performance' and 'Regulatory and Enforcement Services'.

Advising government

Health and disability policy choices are complex and challenging, and the Ministry has a responsibility to provide clear and practical advice to the Minister of Health and Associate Ministers of Health, supported by strong, evidence-informed analysis.

The Ministry also provides expert clinical and technical advice to Ministers and the health and disability sector. Some Ministry functions (such as those that rest with the Director of Public Health) include clinical decision-making or statutory responsibilities.

The main appropriation relating to this function is Policy Advice and Ministerial Services. Some decision-making roles and the advice provided by statutory committees come under the Regulatory and Enforcement Services appropriation.

Buying health and disability services

The Ministry is a funder, purchaser and regulator of national health and disability services, on behalf of the Crown. These services include:

- public health interventions (such as immunisation or dealing with outbreaks of disease)
- disability support services
- screening services (such as cervical screening)
- maternity services
- child health
- ambulance services.

Funding for these functions is provided through the appropriation 'Managing the Purchase of Services'.

Information and payments

The Ministry provides key infrastructure support to the health and disability system, especially through:

- the provision of national information systems
- a payments service to the health and disability sector.

Funding for these functions is provided through the appropriations 'Health Sector Information Systems' and 'Payment Services'.

The health and disability system and its funding

The health system's funding comes mainly from Vote Health, which is administered by the Ministry. In 2015/16 this will total \$15.868 billion. Other significant funding sources include other government agencies (most notably the Accident Compensation Corporation – ACC), local government and private sources such as insurance and out-of-pocket payments.

The Ministry allocates the majority of the public funds it manages through Vote Health to DHBs, who use this funding to plan, purchase and provide health services for the population of their district, to ensure effective and efficient services for all of New Zealand. DHBs oversee funding for all levels of care, including primary care such as general practitioners (GPs), nurses, pharmacists and community health services. They also oversee funding for hospital services, aged care services and services provided by non-governmental health providers, including Māori and Pacific providers.

New Zealand's health and disability system also includes private non-governmental providers, and professional and regulatory bodies for all health professionals, including medical and surgical specialties, nurses and allied health groups. In recent years the Ministry has been working increasingly with other government social sector agencies to improve health and social sector outcomes.

The Ministry spends approximately 18 percent of Vote Health to directly purchase a range of services such as disability support services, public health services, specific screening programmes, mental health services, elective services, Well Child and primary maternity services, Māori health services, and postgraduate clinical education and training, as well as Māori and Pacific provider development. In 2015/16 the Ministry will directly purchase \$2.853 billion worth of health and disability services.

Just over \$192 million of Vote Health (1.2 percent in 2015/16) funding is spent on running the Ministry to support the wider health sector.

Responding to a changing environment

The Ministry continues to assess the changes in its operating environment to ensure its services are aligned to New Zealanders' expectations and health and wellbeing needs. Improving New Zealanders' health outcomes and raising the quality of health services while living within a slower funding growth path will continue to be a challenge for the health and disability system.

A number of external factors and strategic challenges could or will influence the operating environment for the health sector over the next few years.

- Most New Zealanders are now living longer than ever before, but some of these extra years are lived in poor health, particularly due to long-term conditions. There is a diversity of health needs in our society, with Māori, Pacific people and people living in more deprived neighbourhoods having worse health outcomes.
- There are some positive trends in lifestyle factors that influence our health, including reduced adult and youth daily smoking rates, and reduced hazardous drinking rates among young adults. However, obesity rates continue to worsen; an estimated 1.2 million New Zealand children and adults are obese.
- The Government has continued increases to health funding in the short to medium term. This will require the smarter use of existing resources, people, facilities and funding to ensure a high-quality health system now and in the future.

Changing demographics, life expectancy and healthy life expectancy

The proportion of New Zealanders who are over 65 years of age is growing relative to the rest of the population, and more people are living beyond the age of 85 than ever before. Life expectancy in New Zealand is 79.6 years for males and 83.3 years for females.¹

Health expectancy has improved, although it has not kept pace with life expectancy. The number of years the average New Zealander can expect to live in full health is 67 years for males and 69 years for females, based on 2006 data (Ministry of Health and Statistics New Zealand 2009).

This means that we can expect to live longer, but some of that time will be lived in poor health. This increase of morbidity suggests that long-term disabling conditions will become increasingly important drivers of health expenditure. Based on estimates of health-adjusted life expectancy and life expectancy from the New Zealand Burden of Disease Study, boys born in 2006 could expect to live an average of 8.9 years (11 percent of their life) in poor health, while girls could expect to live 11.5 years (14 percent of their life) in poor health (Ministry of Health 2013).

¹ Source: Abridged period life tables, 2012–14, Statistics New Zealand provisional data, February 2015.

Non-communicable diseases

Non-communicable diseases are now the leading cause of health loss (that is, causing early death, illness and disability) worldwide (Murray et al 2012). In New Zealand, three groups of non-communicable diseases (cardiovascular diseases, cancers and mental disorders) accounted for 46 percent of all health loss in 2006 (Ministry of Health 2013) while type 2 diabetes also has modifiable risk factors. Many people are entering older age with multiple long-term conditions, and most people will need the support of the health and disability system to some extent.

Mortality rates for cardiovascular disease and most cancers continue to decline in New Zealand. These improvements are largely due to reductions in exposure to risk factors (such as smoking and saturated fat intake), early detection and better treatment.

Lifestyle factors (such as smoking, poor diet, physical inactivity and harmful use of alcohol) can play a role in accelerating or increasing the likelihood of non-communicable diseases.

Mental health problems are a significant issue for New Zealand, particularly among young people, who have the highest prevalence rates for most major mental illnesses. New Zealand's youth suicide mortality rate was the second highest in the OECD in 2011 (Ministry of Health 2015) and the Government has launched a range of initiatives to address youth mental health issues.

Most people with disabilities and older people live independently in their own home

The 2013 Disability Survey (Statistics New Zealand 2014) found that about 95,000 children and 967,000 adults in New Zealand reported having a disability. Among people of all ages with disability, most live in households in the community. In 2006, 82 percent of people with disability were adults living in households, 14 percent were children living in households, and 5 percent were adults living in residential facilities.

As the rate of disability in the population increases with age, a greater proportion of older people live in a residential care facility than is the case for younger people. In 2013/14 approximately one in four people aged 85 years and over lived in aged residential care, which means that an estimated 75 percent of people in this age group were still living in their own home (Ministry of Health 2014).

There is good evidence that people who continue to live in their own home – with personal care and home management support if necessary – experience greater wellbeing. Among older adults, most prefer to stay in their own home.

A diversity of health needs

Although the national picture of health is positive, there are substantial variations in outcomes for different populations; particularly for Māori and Pacific peoples, and for those living in more socioeconomically deprived areas (Ministry of Health 2014). For example, rates of some illnesses (such as rheumatic fever and skin infections) are much higher among Māori and Pacific peoples.

Because of the increasing diversity in our population, the health system recognises the need to be flexible to meet changing needs and expectations of services.

Responding to this context

The Minister of Health is re-examining the direction for the New Zealand health system. The current New Zealand Health Strategy was released in 2000. While it still contains relevant population health goals, it does not adequately respond to the changes in context identified above. The Ministry is leading an update of the strategy. The updated strategy will set out the changes needed across the health system to meet this aim, with a particular focus on prevention and wellness, system integration, service improvement, quality and performance, and leadership and capability for change. The updated strategy will also encapsulate recommendations from two reviews undertaken by external experts: one of health sector funding and one of the capability and capacity of the sector to deliver change.

The Ministry's strategic direction

The improved wellbeing and health of New Zealanders will be achieved by the delivery of services that are accessible, safe, individual- and family-centred, clinically effective and cost-effective. The Ministry has a multi-faceted strategy, as is appropriate for a complex sector. The Ministry will:

1. contribute to the Government's strategic priorities by:
 - delivering Better Public Services in a challenging fiscal environment
 - responsibly managing the Government's finances
 - supporting the Christchurch rebuild
 - building a more competitive and productive economy
2. deliver on the Government's cross sector priorities in the health and social sector arena:
 - supporting vulnerable children, including reducing rheumatic fever cases and assaults on children
 - social sector trials
 - the Prime Minister's Youth Mental Health project
 - health targets
 - Whānau Ora
 - National Drug Policy
3. implement the Minister's objectives for the sector:
 - make services more accessible, including shifting services
 - maintain wellness for longer by improving prevention
 - reduce obesity – childhood obesity plan
 - implement a diabetes plan
 - improve the quality and safety of health services
 - support the health of older people
 - implement Rising to the Challenge²
 - Smokefree 2025
 - therapeutic products regulatory regime
 - make the best use of information technology (IT) and ensure the security of patients' records
 - strengthen the health and disability workforce
 - support regional and national collaboration.

2 Rising to the Challenge aims to improve outcomes for people who use primary and/or specialist mental health and addiction services, including their families and whānau. It provides direction to planners, funders and providers of publicly funded mental health and addiction services on priority areas for service development.

The Government's strategic priorities

Delivering Better Public Services in a challenging fiscal environment

The Government has outlined clear steps to create a public sector that is more innovative, efficient and focused on delivering what New Zealanders want and expect. One of these steps is the setting of 10 challenging targets for the public sector.

Under the group of targets headed 'Supporting Vulnerable Children', the Ministry and the health sector are responsible for increasing immunisation rates and reducing the incidence of rheumatic fever, as well as reducing the number of assaults on children. To achieve these results, the health sector needs to work better with other sectors (such as education and social welfare), because the issues cut across traditional boundaries; for example, action on rheumatic fever requires involvement with schools and housing agencies.

In addition, the Government has outlined clear principles for how it expects public services to perform. Realising the Ministry's vision for the health sector requires an approach that aligns with these principles: the Ministry is a results-driven organisation; one that works with other social services to deliver collective impact and that pursues innovative approaches.

The Ministry also contributes to Better Public Services functional leadership by using the government IT infrastructure, thereby providing improved procurement and property management (see pages 34 and 35).

A results-driven organisation

The Ministry and DHBs are collectively responsible for achieving the Government's six national health targets. Health targets are a set of national performance measures specifically designed to improve the performance of the health system. Health targets were introduced in 2007/08 and refocused in 2009. Targets that have been consistently achieved have been changed so that they continue to offer a challenge for improvement; for example, the targeted age by which most infants should be fully immunised has changed from two years to eight months, and the new faster cancer treatment target will support faster access for people with suspected cancer to all services, from diagnostic tests to surgery or other treatment.

Delivering a collective impact

Positive health outcomes are a consequence of activities across the social sector, not just the health sector. We know that education, employment status, housing quality, sport and recreation, and public transportation that enables access, all have an impact on the health and wellness of individuals and their families. As a result, the Ministry works closely with other social sector agencies to increase our collective positive impact on the lives of New Zealanders.

Examples of effective cross-sector activities include: the Prime Minister's Youth Mental Health project; the Social Sector Forum; the Drivers of Crime programme; Whānau Ora; *Tackling Methamphetamine: An action plan*; and initiatives to reduce family violence and reduce the influence of gangs in our communities. These activities cross the boundaries of what would traditionally be considered 'health' issues, but we know that working alongside other social sector agencies to implement them has a significant impact on health outcomes.

Embracing innovation

The needs and expectations of New Zealanders are changing, and services need to change with them. This means we need to continue to test and trial new approaches in order to deliver services more

effectively and efficiently. In many cases this involves taking approaches with a strong evidence base from overseas and seeing if they are adaptable to New Zealand conditions, but it also involves having the courage to trial new approaches.

Examples of innovation include practical new activities in the community, such as the social sector trials investigating social bonds; changes to system settings, such as the Auckland-wide Healthy Homes Initiative; and changes to how we work, such as embracing the Rapid Cycle Change improvement methodology.³

Responsibly managing government finances

Vote Health is a significant component of government expenditure. It will be \$15.868 billion in 2015/16, 21 percent of core Crown expenditure, and about 6.2 percent of Gross Domestic Product (GDP).⁴ It is essential that New Zealanders get the best value for their tax dollars. In addition to managing its own funding responsibly, the Ministry's stewardship role means it has a duty to ensure the wider health and disability system is managed in an efficient and productive manner, and delivers continuous improvements in the health services New Zealanders receive. The Ministry works with sector partners such as ACC (via service agreements) to manage funds effectively, providing injury cover for all New Zealand citizens, residents and temporary visitors to New Zealand.

The challenge has been, and will continue to be, providing New Zealanders with excellent health care while ensuring the cost of our health system is sustainable.

The Ministry influences how DHBs, the Pharmaceutical Management Agency (PHARMAC), clinicians and others in the health sector allocate resources and manage cost pressures. The way the sector works together affects how efficiently resources are used and how spending pressures are managed.

Changes at a national level are helping the system adjust to a lower growth path. The activities of PHARMAC, for example, continue to gain momentum to help DHBs live within their means while the establishment of NZ Health Partnerships Limited, equally owned by all DHBs, will progress the DHB shared services programmes to ensure savings are freed up from the back office and reinvested into frontline health services.

Supporting the Christchurch rebuild

Meeting the health needs of Cantabrians is a key element of the Government's response to the ongoing effects of the Christchurch earthquakes. The Ministry is working with Canterbury DHB and other agencies to implement the Psychosocial Recovery Strategy and Action Plan. The plan raises community awareness through a public relations campaign and encourages individual and community resilience by continuing to provide a range of health and social services to meet the needs of people affected by the earthquakes, in collaboration with other government and non-governmental agencies.

The Ministry has a key role under the Hospital Redevelopment Partnership Group governance to manage the design and construction of new buildings at Burwood Hospital and the main Canterbury Health Campus. The Ministry has appointed architects, engineers, quantity surveyors and project managers for the design of Burwood Hospital and the main Canterbury Health Campus. The rebuild of the Christchurch hospitals is expected to be completed by the end of 2018.

³ A way of accelerating learning from innovation to improve practice and enhance consumer experience.

⁴ www.treasury.govt.nz/budget/2015/taxpayers

Building a more competitive and productive economy

A healthier population means a healthier labour force and better work attendance. Good health allows people to learn and develop new skills, raising the country's skill base. Better health and greater independence also mean fewer people relying on Supported Living Payments.

A strong health and disability system makes a direct contribution to the economy and to economic growth. For example, DHBs make significant contributions to the local economy as employers and purchasers of supplies. In addition, innovation originating in the health sector can bring substantial commercial opportunities, both nationally and internationally.

The health sector has the potential to nurture local health companies to create national and international business opportunities. An example is Orion Health, which began filling IT contracts for Auckland public health services in 1992, and has now grown into an international business with 20 offices worldwide and more than 750 staff – over half of whom are in New Zealand.

Conversely, ill health and the wider impacts of psychosocial diseases and addictions bring economic costs in the form of absence from work, treatment costs, increased crime rates and poor educational outcomes.

The Government's cross sector priorities in the health and social sector arena

Supporting Vulnerable Children, including reducing rheumatic fever cases and assaults on children

A substantial reduction in rheumatic fever cases among children

Rheumatic fever primarily affects children and is a complication of a particular type of sore throat (caused by the Group A streptococcal bacteria). It is a preventable disease that can have serious consequences (such as the development of rheumatic heart disease) if not treated early. There are around 140 deaths from rheumatic heart disease in New Zealand each year. Rheumatic fever mainly affects Māori and Pacific peoples.⁵

The Ministry's Rheumatic Fever Prevention Programme contributes to the achievement of the Government's specific rheumatic fever targets.⁶ The Programme targets areas of New Zealand with the highest rates of rheumatic fever hospitalisation and results show a 14 percent decrease in first episode rheumatic fever hospitalisations since the target was introduced in 2012. A transition to business as usual in DHBs will have taken place by the Programme's end in June 2017.

Increasing immunisation rates for infants (also one of the six health targets)

In recent years there has been significant progress in lifting immunisation rates among young children. As at 31 March 2015, 92 percent of New Zealand eight-month-olds were fully immunised, up from 80 percent in 2009.⁷ The challenge for 2015 is to ensure that 95 percent of infants receive their three primary scheduled vaccinations by the time they are eight months old, and that this is maintained through to 30 June 2017. Timely immunisation aligns with the Ministry's objective of maintaining wellness through better prevention.

5 Acute rheumatic fever is 23 times more likely in Māori and nearly 50 times more likely in Pacific peoples than in other ethnic groups. From 1996 to 2005, while acute rheumatic fever rates significantly decreased among the European population, rates among Māori and Pacific children increased significantly.

6 To reduce the incidence of rheumatic fever by two-thirds to 1.4 cases per 100,000 people by June 2017.

7 National immunisation coverage data tables, period ending March 2015.

Reducing the number of assaults on children

The Ministry is supporting the health sector's contribution to the implementation of the Children's Action Plan. First published in 2012, the Children's Action Plan is a living document that provides a framework for how health and social services and communities can change the lives of vulnerable children and their families. It includes a summary of required actions, and proposes a five-year timeline (to the end of 2017) that allocates periods to development and implementation.

The Government's goal is that by 2017 we will have halted the 10-year rise in the number of children who have suffered physical abuse, and will have reduced current numbers by 5 percent.

In 2013, demonstration sites for children's teams were established in Whangarei and Rotorua, through a significant financial contribution from the Ministry and the Lakes and Northland DHBs. In 2014, two further teams were established in Marlborough and Horowhenua; six further teams will roll out in 2015. Children's teams operate at the local level to improve outcomes for children at risk of maltreatment who are just outside the threshold for statutory care and protection. Children's teams are made up of experienced and senior professionals from various agencies and NGOs.

Social sector trials

The social sector trials are an innovation involving the Ministries of Social Development, Education, Health and Justice, and the New Zealand Police working together to change the way that social services are delivered, in order to improve social outcomes through community-based solutions. The trials are aimed at reducing youth offending, truancy and levels of alcohol and drug use, and increasing youth participation in education, training and employment. The Porirua social sector trial is looking to reduce the number of Porirua people needing to attend a hospital emergency department or be admitted to hospital for an avoidable condition.

By giving an individual or an NGO the mandate to coordinate local programmes and services, the model aims to support decision-making at the local level, build on existing networks and strengthen coordination at every level of government and within the community.

All 16 trials will continue in the 2015/16 financial year while Government makes decisions on the future scope of support for social sector collaboration in communities. The Ministry will continue work with DHBs and other health providers to maintain current momentum and ensure cross-agency initiatives are well supported and effective.

The Prime Minister's Youth Mental Health project

The Ministry is leading the implementation of the Prime Minister's Youth Mental Health Project (YMHP). Launched in 2012, this four-year cross-agency project aims to improve the mental health and wellbeing of young people with, or at risk of developing, mild to moderate mental health issues.

The YMHP comprises 26 initiatives designed to reach young people, not just through the health system, but also through their families and communities, their schools and the internet.

The expected outcomes after four years are:

- improved knowledge about what works to improve youth mental health
- increased resilience among youth, to support mental health
- more supportive schools, communities and health services
- better access to appropriate information for youth and their families/whānau
- early identification of mild to moderate mental health issues in youth
- better access to timely and appropriate treatment and follow-up for youth with mild to moderate mental health issues.

An evaluation of the YMHP is under way and the final report is due in July 2016.

Health targets

The health targets are a set of national performance measures specifically designed to improve the performance of key health services of particular concern to patients, in accordance with the Ministry's drive for clear and quantifiable results. The targets were introduced to the New Zealand health system in 2007/08 and updated in 2009/10. When the targets were introduced, the Ministry streamlined the process of DHB accountability and reporting, to focus on the targets and annual review against their achievement.

The Ministry works collaboratively with DHBs to achieve the health targets, including through 'target champions', who are experts in their clinical area, and provide support specific to the achievement of the targets. The targets are shown in Table 1.

Table 1: Six health targets for 2015/16

Health target	Measures
Shorter stays in emergency departments	95% of patients will be admitted, discharged or transferred from an emergency department within six hours.
Improved access to elective surgery	The volume of elective surgery will be increased by an average of 4000 discharges per year.
Faster cancer treatment	85% of patients will receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017.
Increased immunisation (also a Better Public Services action)	95% of 8-month-olds will have their primary course of immunisation (6 weeks, 3 months and 5 months immunisation events) on time, through to 30 June 2017.
Better help for smokers to quit	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking. 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. 90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or lead maternity carer are offered brief advice and support to quit smoking.
More heart and diabetes checks	90% of the eligible population will have had their cardiovascular risk assessed in the last 5 years.

Whānau Ora

Whānau Ora is an innovative approach that supports whānau to identify and achieve their own aspirations. Te Puni Kōkiri is the lead agency for both phase one of this programme – which focuses on supporting Whānau Ora collectives to be more whānau-centred and whānau-driven – and phase two – which explores an approach to commissioning for Whānau outcomes. Te Puni Kōkiri supports commissioning through three entities: Pasifika Futures (focused on Pacific family outcomes), Te Pou Matakana (covering the North Island) and Te Pūtahitanga o Te Waipounamu (covering the South Island).

The Ministry leads Whānau Ora for the health sector, supporting strong engagement from DHBs, which are often the largest funder of services offered by Whānau Ora collectives.

The Ministry also leads a work programme, on behalf of Te Puni Kōkiri, to implement an information system that supports Whānau Ora collectives to continue to transform the way they work so they are more whānau-centred. Whānau Ora collectives, service providers (of which there are approximately 180) and whānau members themselves can use the information system – known as Mahere – to plan and track achievement of goals. The Ministry will fund the system from June 2015 to June 2020.

National Drug Policy

In 2015 the Associate Minister of Health, Hon Peter Dunne, will launch the National Drug Policy 2015–2020. The Policy sets out the Government’s approach for minimising harm from drugs over the next five years. It also guides decision-making by local services, communities and non-government organisations. The Ministry is responsible for leading the Inter-Agency Committee on Drugs, which will oversee the implementation of the Policy and reporting to Cabinet. In this context, the Ministry will:

- develop tier 1 statistics for alcohol and other drug harm
- publish a fetal alcohol spectrum disorder action plan
- review the regulation of controlled drugs used for legitimate purposes
- develop a strategic framework for adult and youth alcohol and drug services
- develop a New Zealand position for the United Nations General Assembly Special Session on Drugs in 2016.

The Inter-Agency Committee on Drugs is also responsible for recommending to the Prime Minister the annual allocation of money forfeited to the Crown under the Criminal Proceeds (Recovery) Act 2009. This money will:

- fund the expansion of alcohol and other drug treatment services
- fund additional Police and Customs initiatives to fight organised criminal groups dealing in methamphetamine and other drugs
- fully or partially address Police legal costs for civil recovery actions under the Act.

The Minister of Health’s strategic priorities

Making services more accessible, including shifting services

Making core services more accessible, including providing more services in communities is an ongoing focus for the Ministry. Central to achieving this is integrating primary care with other parts of the health services to better manage conditions. Primary care is the first point of contact for access to the health system. It is also the gateway to secondary care, and is integral to the success of the health system, in terms of both enabling care to be provided closer to home and managing health service costs.

There is strong evidence that integrated care (the coordination of care, systems and information) improves patient experience and health outcomes, particularly for older people with multiple health needs and for patients with complex conditions. This, in turn, supports a more effective, efficient and sustainable health system, which makes better use of our specialist workforce and technologies.

Over the coming years the Ministry will continue to advance care closer to home by:

- monitoring DHB performance against planned integration activities, including shifting services closer to home, integrated acute demand planning, and the development of clinical pathways
- funding change management expertise to prepare for the development of new models of care
- supporting the improvement of current integration enablers, such as alliances to assist in shifting services closer to home
- supporting projects with a particular focus on urgent and unplanned care, primary care management of patients with cardiovascular disease, diabetes, long-term conditions, wraparound home care packages for older people, and seamless maternal and child health services.

Maintain wellness for longer by improving prevention

New Zealanders are living longer but are also more likely to spend a period of their later years managing a long-term condition. It is important that we invest in ways to help people stay well for longer and prevent the onset of these conditions. Accordingly, a focus on maintaining wellness underpins a wide range of Ministry actions. For example, three of the six health targets (see above) focus on prevention.

Improving people's access to GPs, specialists, diagnostic and cancer screening services to identify potential issues earlier and improve health outcomes, and increasing the number of heart and diabetes checks, are good examples of this approach.

There will be ongoing investment in proven preventive measures and earlier intervention to help people stay well for longer in their life and be more independent in their old age, including through:

- programmes that promote healthier lifestyles to reduce the incidence of long-term conditions, such as reducing smoking and harmful use of alcohol, and promoting good nutrition and physical activity
- programmes that work to keep people well, such as newborn immunisations and screening, influenza immunisations, promotion of good hygiene, and work with other agencies on healthy housing
- health system changes to support people being well, such as programmes to improve health literacy, increasing access to Healthline and online resources, and increasing awareness of mental health issues and available services through actions specified in, for example, the Suicide Prevention Action Plan.

Reduce obesity – childhood obesity plan

Excess body weight is one of the most important modifiable risk factors for a number of important diseases, including type 2 diabetes, ischaemic heart disease, ischaemic stroke and several common cancers. Obese individuals are also at increased risk of sleep apnoea, infertility, gout and musculoskeletal problems such as osteoarthritis (WHO 2000). High body mass index (BMI) is now one of the top three risk factors contributing to ill health and disability, and to shortened life expectancy, in New Zealanders (Ministry of Health 2013).

Obesity among children is also of concern; obese children are at increased risk of remaining obese into adulthood (Serdula MK et al 1993). Obese children are more likely to be pre-diabetic and to have early markers of cardiovascular disease, including high cholesterol and raised blood pressure. In the short term, obese children are at greater risk of bone and joint problems, sleep apnoea, and social and psychological problems such as stigmatisation and poor self-esteem (Daniels et al 2005).

Addressing childhood obesity is a complex policy issue; there is no single cause or solution, and as yet there is no scientific consensus on potential impacts. Any solution will require a multifaceted cross government approach, involving a range of interventions.

The Ministry is leading the development of advice and options to address childhood obesity; it will provide this advice during 2015.

Implement a diabetes plan

Long-term conditions (LTCs) constitute the largest health burden in New Zealand; many people suffer from several such conditions. LTCs disproportionately affect Māori and Pacific peoples. Diabetes is one of the most common LTCs, affecting an estimated 257,700 people in New Zealand. During 2014/15 the Ministry developed a five-year Diabetes Plan, to be implemented from 2015/16. The Plan's vision is that all New Zealanders with diabetes are living well, and are supported by health services that are

convenient, are close to home, respond to their needs as a whole person, and are delivered to family and whānau when appropriate.

Improve the quality and safety of health services

The Ministry has a programme of work aimed at further strengthening quality and safety in the health and disability system. Although quality and safety of care have always been at the forefront of health professionals' thinking, the findings of the review of the breakdown of care at Mid Staffordshire NHS Foundation Trust in the United Kingdom have reinforced the importance of continuous quality improvement.

The Ministry's initiatives in this area include:

- reinforcing DHB accountability for the quality of services they provide and purchase
- working more closely with the Health Quality and Safety Commission (HQSC), including by establishing a cross-agency quality forum
- reviewing the Health and Disability Services Standards
- improving the availability of quality- and safety-related information
- improving DHB board training with regard to their responsibilities concerning quality and safety
- the productive series, which is a set of modular programmes that support health professionals to redesign and streamline the way they manage work.
- embedding and expanding the Maternity Quality Initiative and the Well Child / Tamariki Ora Quality Improvement Programme.

This programme of work will ensure that ongoing improvements in quality and safety continue to underpin the New Zealand health system and align with international best practice.

Support the health of older people

The wellbeing of older New Zealanders remains a high priority, particularly as New Zealand's population ages and expectations change. The Ministry supports this by providing people-centred health services that promote older people's independence and enable them to age in place for as long as possible. The Ministry's work in this area includes:

- raising standards and implementing audit processes in home and community support services
- addressing the growing impact of conditions such as dementia and frailty through implementation of appropriate care pathways
- reviewing models of care for services to older people to ensure they continue to meet needs and expectations and demonstrate best value for money
- improving access to health of older people specialists and services, particularly for those who face barriers to access or inequities in health outcomes
- better incorporating end-of-life care into the range of services provided to older people
- integrating comprehensive clinical assessment across all home support and residential care services
- improving the monitoring of funding and performance of older people's care services.

This work connects closely with other health priorities, by aiming to provide care closer to home (for example, through the provision of wraparound services), and improving collaboration at regional and national levels (for example, by establishing regional approaches to dementia care and falls prevention).

It also connects strongly with work undertaken by other government agencies, such as the Ministry for Social Development and ACC. The Ministry's work with the Ministry of Social Development aims to improve the integration of government services to older people and address some of the social determinants of poor health outcomes in older New Zealanders. The Ministry's work with ACC is

particularly looking to improve alignment across health and ACC-funded services of initiatives to prevent falls in older people and reduce the risk of further falls and injuries.

The Government has asked the Ministry to refresh the Health of Older People Strategy. This will be done in the context of the updated New Zealand Health Strategy to provide a new roadmap for the continued improvement of services for older people.

Implement Rising to the Challenge

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017 sets the direction for mental health and addiction service delivery across the health sector. It articulates Government expectations about the changes needed to build on and enhance the gains made in the delivery of mental health and addiction services in recent years. The Plan outlines key priority actions aimed at achieving further system-wide change to make service provision more consistent and to improve outcomes for people who use primary and specialist services and for their families and whānau.

Rising to the Challenge focuses on four outcomes:

- making better use of resources
- improving integration between primary and secondary services
- cementing and building on gains for people with high needs
- delivering increased access for all age groups, with a focus on infants, children and youth, older people, and adults with common disorders such as anxiety and depression.

The Plan aims to provide all New Zealanders with the tools to weather adversity, actively support each other's wellbeing, and attain their potential within their family and whānau and communities. Whatever their age, gender or culture, when they need support to improve their mental health and wellbeing or to address addiction, people will be able to rapidly access the interventions they need from a range of effective, well-integrated services.

Smokefree 2025

Smoking is the single leading preventable cause of health loss (Ministry of Health 2013) in New Zealand and causes up to 5000 premature deaths each year. The smoking rate is steadily decreasing but remains high in some groups, particularly Māori.

In March 2011 the Government agreed 'a longer term goal of reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smoke-free nation by 2025',⁸ with the aim of reducing the burden of preventable death and disease caused by smoking, particularly among Māori. To support this goal, New Zealand has a comprehensive set of tobacco control measures and smoke-free legislation designed to reduce smoking rates, including high rates of tobacco tax.

Therapeutic products regulatory regime

The New Zealand Government is currently developing a new, comprehensive domestic regulatory regime to regulate therapeutic products in New Zealand, following the cessation of the Australia New Zealand Therapeutic Products Agency (ANZTPA) project.

The new regime will replace the Medicines Act 1981 and its Regulations and considerably change the status quo. It will replace and modernise the regulatory arrangements for medicines, and provide

⁸ Government Response to the Report of the Māori Affairs Committee on its *Inquiry into the Tobacco Industry in Aotearoa and the Consequences of Tobacco Use for Māori* (Final Response), March 2011.

efficient and cost-effective regulation of all therapeutic products. Products will include those that currently are not adequately regulated in New Zealand, such as medical devices and emerging cell and tissue therapies. The regime will be flexible enough to ensure effective control over the quickly evolving technology used in such devices and emerging therapies.

The new regulatory regime will align with international standards, and uphold the quality of regulation currently carried out by the Ministry. This will help to assure the safety of products used in health care delivery in New Zealand, and to secure New Zealand producers a positive position in the global market place.

Make the best use of information technology and ensure the security of patients' records

Integrated IT solutions allow clinicians – and, increasingly, patients – to share health information and access it when and where they need it, to promote seamless care. The Ministry is establishing electronic health records for every person and supporting investment in solutions that create opportunities for patient self-care, including better IT tools.

The National Health IT Board (NHITB) is overseeing the implementation of national and regional health IT solutions to enable secure electronic access to reliable, trusted clinical information, regardless of the setting, for clinicians and patients. To this end, it is working closely with PHOs, general practices, DHBs and the HQSC. Maintaining privacy remains a top priority. The Board works closely with the Privacy Commissioner to ensure privacy and information security is designed into IT solutions.

Integrated systems between hospitals, GPs, pharmacies and other community settings support clinical integration and will enable information sharing across and between regions. Under the new systems, clinicians will have access to correct and up-to-date information that has the potential to save lives, and also increase patient safety, reduce the need for repeat tests, and save time and money. Multidisciplinary ways of working, including shared care plans, will be supported, and tight security controls will be in place to protect people's privacy.

An important eHealth initiative is improving patients' access to their electronic health information via 'patient portals'. These portals will support and enhance primary care delivery, change the way care is delivered and enable people to take more control of their own care. They will be a self-care tool for individuals, and allow a shared care plan for patients with more complex health needs. In addition, 'provider portals' will allow emergency departments and after-hours practices to view patients' primary care summary records.

Strengthen the health and disability workforce

An appropriately trained, motivated, supported and flexible workforce is essential to provide high-quality and sustainable health and disability services. New Zealand has a highly mobile but ageing health and disability workforce. Rising demand in aged care, mental health and rehabilitation services means that the recruitment and retention of staff in these areas is a priority at a national level and for individual employers.

Initiatives are in place to address recruitment and retention challenges in a targeted way, including by expanding of the Voluntary Bonding Scheme and Advanced Trainee Fellowship Scheme and continuing the Rural Immersion Scheme. A strengthened Midwifery First Year of Practice programme will provide midwifery graduates with a mix of mentoring and education to support them in their first year in the workplace from 2015 onwards.

Future development of the health workforce needs to reflect the Ministry's objective to deliver services closer to people's homes and increase the delivery of services in community and primary care settings. Changes to general practice education introduced in December 2012 continue to support recruitment to general practice and enable GPs to work more flexibly across integrated health care settings. From 2015 onwards, changes in prevocational training requirements will require medical interns to complete a three-month clinical attachment in the community. These attachments will prepare interns to deliver health care services closer to patients and enable more effective response to age-related and chronic conditions.

There are closer links between the health and education sectors to align clinical staff training more closely to the demand for services with postgraduate training investment focused on the areas of greatest need. We are leading a number of workforce projects to ensure that appropriate measures can be taken in the short, medium and long term to develop a sustainable workforce across medicine, nursing, allied health, midwifery and kaiāwhina. This will also include working with stakeholders to ensure rural communities have equitable and effective access to health care services.

New and enhanced roles, integrated multidisciplinary teams and working environments that enable all team members to work to their full potential are expected to generate the capacity and flexibility needed to cope with future growth and demand driven by the ageing population, increasing chronic disease and new models of care.

In addition, changes to legislation, regulation and contracts will continue to support health practitioners to make best use of their skills and knowledge to improve patient access to health services.

Support regional and national collaboration

There are significant gains to be had from DHBs working together in new and innovative ways, in terms of both cost savings and patient wellbeing. The Ministry has commissioned advice on how the capability and capacity of the system can be lifted to improve its responsiveness and adaptability to meet future need and support regional and national collaboration. This advice will be reflected in the updated New Zealand Health Strategy and builds on existing work for greater regional and national collaboration between DHBs.

National and regional service planning outlines how DHBs intend to work together to improve the quality of care and reduce service vulnerability and cost. This approach supports the achievement of better health outcomes, improving quality, achieving better integration, and ensuring clinical and financial sustainability.

Regional services planning aims to strengthen expectations on DHBs to progress regional system integration and regional service development opportunities. DHBs continue to focus on effective regional governance, accountability and decision-making by comprehensively planning who will deliver models of service or care, and how and where they will do so. This informs effective planning of IT, workforce and capital investments, to enable a sustainable health system.

Operating intentions: achieving our impacts, outcomes and objectives

The Ministry's current outcomes framework

The Ministry's current outcomes framework (see Figure 1) has two outcomes for the health system:

- New Zealanders live longer, healthier, more independent lives
- the health system is cost effective and supports a productive economy.

These health system outcomes support the achievement of wider Government priorities and are not expected to change significantly over the medium term.

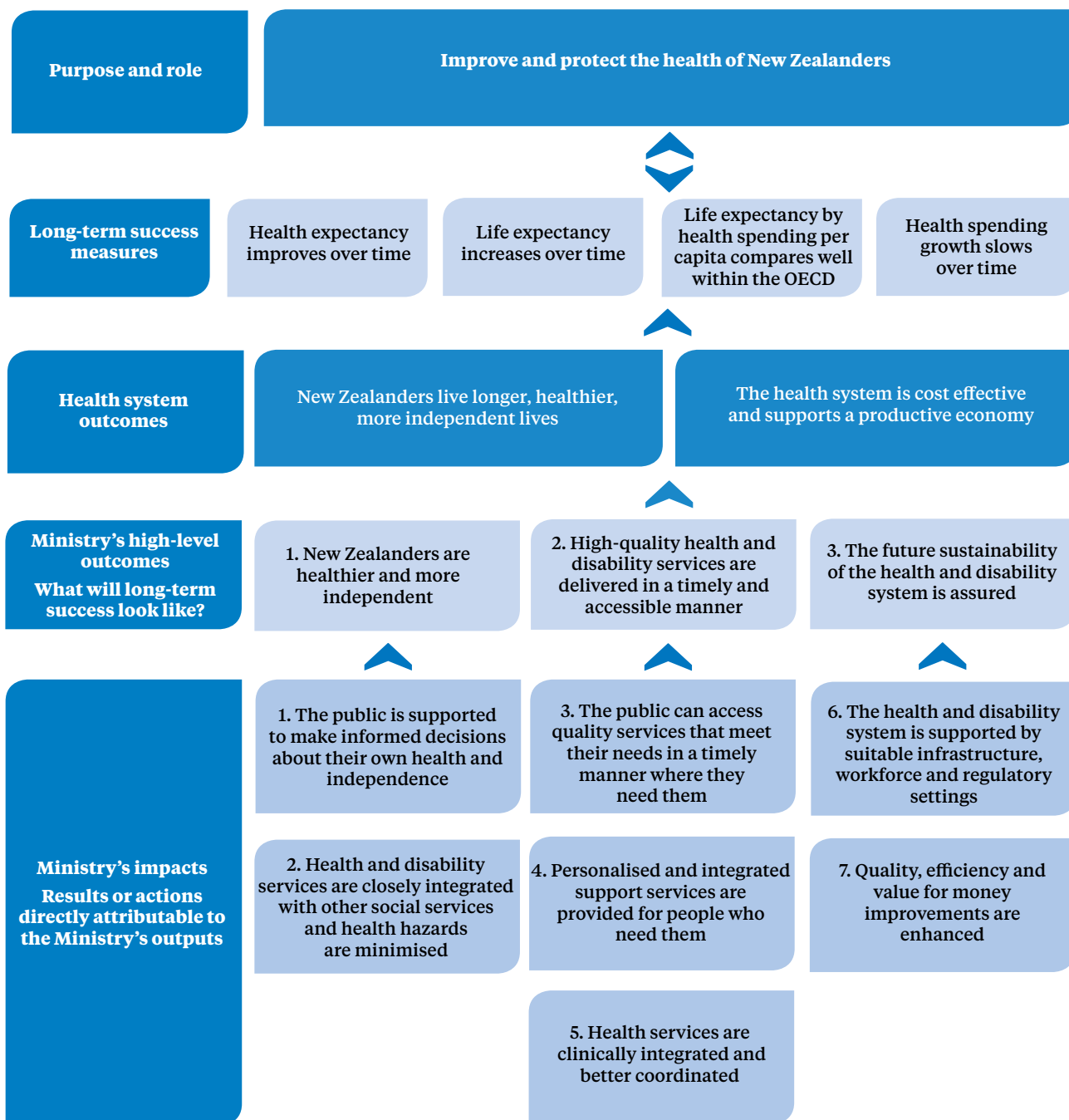
The Ministry itself has three high-level outcomes that support the achievement of the health system outcomes above:

- New Zealanders are healthier and more independent
- high-quality health and disability services are delivered in a timely and accessible manner
- the future sustainability of the health and disability system is assured.

Many factors influence outcomes. In helping to achieve these outcomes, the Ministry will have a real impact on the lives of New Zealanders. The health and disability system is dynamic and integrated, and many of our activities contribute across a number of our long-term outcomes and impacts. The Ministry's work is directly aimed at achieving seven impacts, which contribute to our higher-level outcomes.

1. The public is supported to make informed decisions about their own health and independence.
2. Health and disability services are closely integrated with other social services, and health hazards are minimised.
3. The public can access quality services that meet their needs in a timely manner, where they need them.
4. Personalised and integrated support services are provided for people who need them.
5. Health services are clinically integrated and better coordinated.
6. The health and disability system is supported by suitable infrastructure, workforce and regulatory settings.
7. Quality, efficiency, and value for money improvements are enhanced.

Figure 1: The Ministry’s current outcomes framework



The Ministry receives funding for its operations from the Crown (the government) and generates revenue from its regulatory activity; it also manages funding on behalf of the Crown. Collectively this funding is known as Vote Health. Information on Vote Health is supplied annually in the Estimates of Appropriations. Measures and targets for the Ministry’s operations are listed under Departmental Operating Expenses, while measures and targets for services purchased on behalf of the Crown are listed under Non-Departmental Operating Expenses.

Health system outcomes

A well-functioning health system contributes to improved health outcomes for the New Zealand population as a whole, and for particular groups such as Māori, Pacific peoples, older people and vulnerable children.

New Zealanders live longer, healthier, more independent lives

Table 2: Health system outcome – New Zealanders live longer, healthier, more independent lives

Target and benchmark	Update
<p>Health expectancy improves over time</p> <p>Health expectancy (or independent life expectancy) is the number of years a person can expect to live in good health and without an impairment needing assistance.</p> <p>In 2006, health expectancy for males was 67.4 years and health expectancy for females was 69.2 years. This reflects an improvement of 2.7 years for males and 1.7 years for females since 1996, and the Ministry expects to see further improvements. Over the same 10-year period, 72 percent (2.6/3.6) of the life years gained by males and 65 percent (1.7/2.6) of the life years gained by females were lived in good health.</p>	<p>Health expectancy at birth is a summary measure of current patterns of health loss from illness, disability and death. It shows the average number of years that a person born today can expect to live in good health.</p> <p>Overall, New Zealanders are living longer in good health: health expectancy at birth improved from 1996 to 2006 for both males and females (Ministry of Health and Statistics New Zealand 2009). A boy born in 2006 could expect to live 67.4 years in good health, and a girl 69.2 years.</p> <p>However, health expectancy at birth for Māori is much lower than for non-Māori: 6.8 years lower for males and 6.2 years lower for females. A Māori boy born in 2006 could expect to live 62.0 years in good health, and a Māori girl 64.2 years.</p>
<p>Life expectancy increases over time</p> <p>Life expectancy at birth indicates the number of years a person can expect to live, based on the mortality rates of the population at each age in a given year or period.</p> <p>In the period 2007–2009, life expectancy at birth was 78.4 years for males and 82.4 years for females. Between 1985–1987 and 2007–2009, life expectancy at birth increased by 7.3 years for males and 5.3 years for females. The Ministry expects to see further improvements over time.</p>	<p>Life expectancy is a summary measure of mortality. Life expectancy at birth is the number of years a person born today can expect to live, given the current age-specific mortality patterns.</p> <p>Overall, New Zealanders are living longer than ever before. A boy born in 2011–2013 could expect to live 79.7 years and a girl 83.2 years. Recent improvements in life expectancy are mainly due to lower mortality rates in the older age groups. The gap between male and female life expectancy has narrowed over time.</p> <p>Improvements in Māori life expectancy over the past 15 years have narrowed the gap between Māori and non-Māori. However, Māori life expectancy at birth remained 7.3 years lower than that for non-Māori in 2010–2012.</p> <p>How do we compare with other countries?</p> <p>New Zealand compares well with similar countries for life expectancy. For males, life expectancy at birth was 2.2 years above the OECD average in 2012 (77.5 years); for females it was 0.4 years above the OECD average (82.8 years).</p>

The health sector is cost-effective and supports a productive economy

There is a complex relationship between economic performance and health, but investing in health helps to secure a healthier labour force and improve work attendance.

Table 3: Health system outcome – the health sector is cost-effective and supports a productive economy

Target and benchmark	Update
<p>Life expectancy by health spending per capita compares well within the OECD</p> <p>New Zealand maintains its position within the OECD as having relatively high life expectancy for relatively modest expenditure.</p>	<p>New Zealand performs well: it has relatively high life expectancy (12th among 39 countries) for comparatively modest expenditure (19th among 39 countries).</p>
<p>Health spending growth slows over time</p> <p>The projected rate of growth in health spending between 2010 and 2019 is less than the rate of growth between 2000 and 2009 (25.8% based on real per capita expenditure in 2011 dollars).</p>	<p>Vote Health is a significant component of government expenditure; the Minister of Health is responsible for appropriations in the Vote for the 2013/14 financial year.* The Ministry has a duty to ensure the wider health and disability sector is managed in an efficient and productive manner while ensuring continuous improvements in the health services New Zealanders receive. The Ministry also works with sector partners to manage funds effectively.</p> <p>The biggest challenge has been (and will be) to ensure that New Zealanders are continuously provided with excellent health care while ensuring that the cost of our health sector is sustainable over the long term.</p> <p>Publicly funded spending on health care has more than doubled as a share of GDP over the past 60 years, rising from 3.1 percent in 1950 to 6.9 percent in 2012. This rate of increase is typical of countries in the OECD. Annual government spending on health care rose from \$555 per person in 1950 to \$3008 per person in 2013 (both figures in 2013 dollars).</p>

* Health Sector – Information Supporting the Estimates 2013/14 B.5A Vol.6.

The Ministry's high-level outcomes

New Zealanders are healthier and more independent

What are we seeking to achieve and why are we going to do this?

We are seeking to achieve:

- a health system that improves, maintains and restores the health of the population within available resources (where 'health' includes quality of life as well as length of life)
- a health and disability system that does much more than treating people when they are ill: it also focuses on prevention and maintaining independence.

We are going to do this so that:

- the capacity of the health and disability system is improved and strengthened to protect and promote wellness, and the quality of health care provided to the public is constantly improving (and monitored)
- the overall health of the nation is protected by minimising the risks of contagious diseases and environmental hazards and by supporting people to manage their own health and wellbeing.

Impact 1. The public is supported to make informed decisions about their own health and independence

The public is supported to protect, manage and improve their own health and independence. People can access information and advice that promotes, and helps manage risks to, their health and wellbeing, and can involve their families and whānau in considering health issues and choices.

How we will demonstrate success

- The results of burden of disease⁹ and health surveys¹⁰ are improved.
- At least 85 percent of new babies are enrolled with Plunket national Well Child / Tamariki Ora services.¹¹
- Daily smoking prevalence falls to 10 percent by 2018 and the Māori and Pacific rates halve from their 2011 levels¹² as part of Smokefree 2025.¹³
- A B4 School Check is provided to 90 percent of the eligible population.
- There is a reduced suicide rate for all ages.¹⁴

9 The New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016 (the New Zealand Burden of Disease Study) analyses health losses sustained by New Zealanders of all ages, both sexes and both major ethnic groups. More information on the study and the key findings can be found in the Health and Independence Report 2014.

10 The New Zealand Health Survey (NZHS) is an important data collection tool for monitoring the health of the population. A survey methodology report, the questionnaires and the content guides have been published. Further information about the survey can be found at the Ministry's website (www.health.govt.nz).

11 Plunket is contracted to provide approximately 85 percent service coverage. The balance of service coverage is by local providers contracted via DHBs.

12 In 2011/12 daily smoking prevalence was 16.5 percent for adults aged 15 and over. For Māori and Pacific peoples the rates were much higher, at 38.4% and 23.1%. (Source: New Zealand Health Survey).

13 Government Response to the Report of the Māori Affairs Committee on its Inquiry into the Tobacco Industry in Aotearoa and the Consequences of Tobacco Use for Māori (Final Response), March 2011.

14 The Ministry is the lead agency for the cross-government New Zealand Suicide Prevention Action Plan 2013–2016.

Relevant ministerial priorities include:

- implementing Rising to the Challenge
- the Prime Minister’s Youth Mental Health Project
- Smokefree 2025.

What we will do to achieve impact 1

We will:

- for the Prime Minister’s Youth Mental Health Project: deliver 2015/16 outputs, which are: oversight and coordination of the cross-agency implementation; increased access to services including adolescent e-therapy tool is implemented; develop youth services model of care; support implementations of school based health services; support DHBs to implement youth service level alliance teams
- for Rising to the Challenge: implement the mental health and addiction service development plan; oversee cross-agency implementation; and carry out quarterly monitoring
- for the Suicide Prevention Action Plan 2013–16: coordinate cross-agency implementation; Suicide Prevention Outcomes Framework, development of indicators and measures
- for the National Depression Initiative: set policy and drive progress; refreshed Lowdown website
- deliver the Preventing and Minimising Gambling Harm Service Plan
- for Smokefree New Zealand 2025: support the compliance and enforcement regime
- for Well Child / Tamariki Ora: improve online child development and health information.

Impact 2. Health and disability services are closely integrated with other social services and health hazards are minimised

More integrated health and social services make it easier for those with social needs to look after their health and independence. The public are protected from environmental and disease risk factors that lead to ill health.

How we will demonstrate success

- The annual influenza programme of 1.2 million doses of flu vaccine is delivered.
- Health and disability services are closely integrated with other social services.¹⁵
- The incidence of rheumatic fever rates is reduced by two-thirds to 1.4 cases per 100,000 people by June 2017.

Relevant ministerial priorities include:

- supporting Vulnerable Children, including reducing rheumatic fever cases and assaults on children
- maintaining wellness for longer by improving prevention
- reducing obesity – childhood obesity plan
- implementing a national diabetes plan.

What we will do to achieve impact 2

We will:

- develop a national plan to address childhood obesity
- develop and implement a five-year diabetes plan
- provide ongoing purchasing and monitoring of border control, environmental health and communicable disease control services on behalf of the Crown

¹⁵ This was a new measure in 2014/2015. It draws on the Delivering Social Services Every Day report, published by social sector agencies in May 2014. Further such reports are expected.

- exercise regulatory powers that minimise risks to the public, and support the statutory and clinical leadership role of the Director of Public Health
- improve vaccine uptake of the annual influenza vaccine for the annual influenza programme
- for the immunisation health targets: achieve the Better Public Services target of 95 percent of 8-month-olds being fully immunised
- maintain relationships with providers to ensure emergency calls are triaged and services dispatched effectively and efficiently, and to ensure ambulance response times are met
- lead the programme of work to address high rates of rheumatic fever among vulnerable populations, by timely diagnosis and treatment of Group A streptococcal throat infections in high-risk children and young adults.

High-quality health and disability services are delivered in a timely and accessible manner

What are we seeking to achieve and why are we going to do this?

We are seeking to achieve:

- a health system that is people-centric and more convenient
- a high-quality health system that meets people's health needs and their legitimate expectations, where 'quality' includes technical quality and safety
- New Zealanders have confidence in their health system.

We are doing this so that:

- clinical integration of health services delivers a better health care experience to New Zealanders, which will mean strong coordination at every level of the health and disability system so that the different parts work well together
- sector participants work together to provide health and disability services across organisational and disciplinary boundaries so that patients receive the best possible care
- sector coordination contributes to efficiencies across the system and ensures a similar level of care for patients, regardless of where in the country they live.

Impact 3. The public can access quality services that meet their needs in a timely manner, where they need them

The public have improved access to quality services. The sector is supported to further embed sustainable improvements in service delivery. Harm is minimised from the use of alcohol, tobacco and other drugs. Monitoring and communicating sector performance information provides the public with confidence and trust in the health system.

How we will demonstrate success

- Infant mortality rates continue to decrease from a baseline of 4.8 deaths per 1000 live births in 2009.
- Serious and sentinel events reduce from a baseline of 374 in 2009/10.
- There is reduced amenable mortality.¹⁶
- The overall quality score in the health group continues to improve (2007: 68; 2009: 69; 2012: 72; 2013: 73), as measured through the Kiwis Count survey (State Services Commission 2013).

¹⁶ Deaths from those conditions for which variation in mortality rates (over time and across populations) reflects variation in the coverage and quality of health care (preventive or therapeutic services) delivered to individuals.

Relevant ministerial priorities include:

- making services more accessible, including shifting services
- improving the quality and safety of health services
- the National Drug Policy.

What we will do to achieve impact 3

We will:

- continue to build the capacity and capability of the sector to implement integration and service shift
- improve integration and delivery of maternal and child health services
- continue the disability service and mental health community group housing market rental subsidy
- achieve the electives health target – improved access to elective surgery
- ongoing policy advice to support the co-design of the Enabling Good Lives demonstration in Christchurch
- review of the regulatory framework for quality and safety in the health and disability system
- implement the National Drug Policy
- implement phase two of the Budget 2014 initiative, ensuring all DHBs have access to psychological services for patients with cancer. Implement phase one of the Cancer Health Information Strategy
- extend, monitor and evaluate the four-year bowel-screening pilot in the Waitemata DHB region and improve colonoscopy services
- maintain relationships with providers of the National Cervical Screening Programme, BreastScreen Aotearoa, and providers of Newborn Metabolic Screening, Universal Newborn Hearing, Antenatal HIV, and Antenatal Screening for Down Syndrome and other conditions
- ongoing implementation of the prostate cancer awareness and quality improvement programme
- for cardiovascular disease, diabetes and long-term conditions: improve outcomes for people at risk of and with long-term conditions through a range of programmes, including implementation of Diabetes Care Improvement Packages and the cardiac and stroke services improvement work plans
- monitor and support DHBs to deliver improved oral health services to children and adolescents and to implement the new model of care; working with DHBs and other stakeholders to implement a nationally consistent electronic oral health record; and developing and implementing an oral health promotion campaign
- produce an annual report on Protected Quality Assurance Activities
- ensure Quitline objectives are met.

Impact 4. Personalised and integrated support services are provided for people who need them

Integrated, effective, affordable, people-centred health services for people with disabilities, including older New Zealanders, are provided so that they can remain living in their homes longer and can live healthier and more independent lives.

How we will demonstrate success

- There is a reduced incidences of falls.
- There is a reduced prevalence of people in the 65-plus years age group with dependent disability.¹⁷
- Ethnic health disparities are reduced.¹⁸
- The proportion of people with a K10 score¹⁹ ≥ 12 is reduced.

Relevant ministerial priorities include:

- supporting the health of older people
- Whānau Ora.

What we will do to achieve impact 4

We will:

- provide New Zealand guidelines for the design of dementia units to providers of secure dementia and psychogeriatric services; health and support services for older people in the community; and review funding models for aged residential care
- conduct research through the Life and Living in Advanced Age Cohort Study (LiLACS)
- for youth forensic services (Community and Inpatient): increased mental health services to youth justice residences, youth courts and youth units in prisons
- commission and support the development of a population-based mental health and addictions outcomes framework
- ensure new clients are assessed and receive their disability support services
- ensure clients are able to access residential services and supported living care
- ensure high-cost client services are maintained at a sustainable level.

17 In 2013/14 about 17,930 people aged 85 years and over lived in aged residential care, which is one in four people in this age group, up from 16,707 in 2006/07. While the proportion of people aged 85 years and over living in aged residential care has significantly reduced (from 28.7% in 2006/07 to 23 in 2013/14), the number of people in aged residential care continues to rise due to the growing size of the population aged 85 years and older.

18 Although the national picture of health is positive, there are substantial variations in outcomes for different populations, particularly for Māori and Pacific peoples, and for those living in more socioeconomically deprived areas. For example, rates of some illnesses (such as rheumatic fever and skin infections) are much higher among Māori and Pacific peoples. Ethnic health disparities are described in more detail in the Health and Independence Report 2014.

19 This refers to the Kessler Psychological Distress Scale, a 10-item questionnaire intended to yield a global measure of distress, based on questions about anxiety and depressive symptoms.

Impact 5: Health services are clinically integrated and better coordinated

A significant contribution is made to the Better Public Services results. Coordination throughout the health sector is improved and strengthened.

How we will demonstrate success

- DHB performance against planned integration activities.²⁰
- The number of assaults on children decreases.
- Personal health information is readily available to patients and clinicians, no matter where care is delivered.²¹

Relevant ministerial priorities include:

- social sector trials
- Whānau Ora
- Better Public Services: supporting the Vulnerable Children programme to reduce the number of assaults on children.

What we will do to achieve impact 5

We will:

- for the Children's Action Plan: 10 Children's Teams in place by the end of 2015; and ensure DHBs improve their performance on gateway assessments
- for Reduce Assaults on Children: support the response to family violence and child abuse and neglect, including contribution to cross agency initiatives; lead community responsibility deliverables such as youth mentoring, sustainable funding and community awareness
- for social sector trials: the Ministry will work with DHBs and other health providers to ensure cross-agency initiatives are well supported and effective
- for Whānau Ora: maintain portfolio management and sector relationships
- support ongoing implementation of the Whānau Ora Information System Programme
- for strengthening primary health care: fund core primary care functions, including rural general practices; implement the Strengthening Primary Care Integration work programme and other integration initiatives
- implement the maternity quality initiative, and receive Maternity Quality & Safety plans from all DHBs and monitor their performance against these
- support ongoing implementation of stage four of the Pharmacy Services Agreement
- monitor indicators and support initiatives to improve acute demand management

The future sustainability of the health and disability system is assured

What are we seeking to achieve and why are we going to do this?

We are seeking to achieve:

- a health system that provides the necessary care and services in an economically sustainable way over the long term, such that the rate of growth of health spending is managed to deliver the best services in an affordable way.

²⁰ Includes shifting services closer to home, integrated acute demand planning, and the development of clinical pathways.

²¹ Reported against the National Infrastructure and Information Systems work programme for: System Integration; the Health Information Platform; Leveraging Health Identity; and IT Infrastructure and Platforms.

We are doing this so that the sector:

- ensures effective financial management
- fosters improvements in productivity
- puts in place regional and national planning where appropriate
- ensures the development of workforce and IT infrastructure is coordinated and rationalised across the country.

Impact 6: The health and disability system is supported by suitable infrastructure, workforce and regulatory settings

How we will demonstrate success

- The annual number of postgraduate trainees is 5000 trainees and 1900 training units.
- Health-related legislation is reviewed and updated as required.
- Integrated IT and security programmes are delivered.²²

Relevant ministerial priorities include:

- making the best use of IT and ensuring the security of patients' records
- strengthening the health workforce
- supporting the Christchurch rebuild
- therapeutic products regulatory regime.

What we will do to achieve impact 6

We will:

- help with the rebuilding of Christchurch, including the Psychosocial Recovery Strategy
- strengthen the health workforce to supply the right kind of workers, as and where needed, to maintain a sustainable workforce
- improve recruitment, retention and distribution of the health and disability workforce
- deliver on health and disability workforce priorities through increased collaboration, intersectoral partnerships and regional approaches to improve productivity and economies of scale
- for national infrastructure and systems: ensure key sector- and public-facing systems are available, including ensuring data is efficiently collected, up-to-date and accurate for the New Zealand Cancer Registry, National Mortality Collection and private hospital discharge data
- lead the implementation of the National Health IT Plan, including: integrated national and regional information systems to enable electronic access to reliable, trusted information for consumers and treatment providers at the point of care; and supporting the improvement in clinical quality, integration and effectiveness of child health and maternity services by implementing national child health and maternity systems
- for analytical and research projects: NZ Health Survey: ensure survey content is in place for 2016/17; publish annual survey indicators (national and regional) and produce research reports based on survey module content; ensure Tier 1 statistics regular reporting from the NZHS published to timetable; table the *Health and Independence Report* in Parliament
- support the passage of Natural Health Supplementary Products (NHSP) bill and provide policy support to develop a new regulatory regime for natural health supplementary products
- for Māori/Pacific provider capacity and capability development: complete the procurement process for 2015/16 contracts and monitor the establishment of four Pacific collective networks (Auckland, Midlands, Wellington and South Island); Māori health statistics and ethnicity data collection.

²² The National Health IT Plan outlines the priority programmes required to deliver this target.

Impact 7: Quality, efficiency and value for money improvements are enhanced

Service efficiencies are identified and ways are found to increase value and manage overall cost growth. DHBs support system integration and create efficiencies through working together in a more intentional and collaborative way. Services are planned, funded and provided to ensure the future clinical and financial viability of a safe, high-quality public health and disability service. A cost-effective, sustainable health sector has a focus on quality improvement and safety, providing value for money and effective health interventions to improve New Zealanders' health status.

How we will demonstrate success

- DHB forecast deficits reduce from a baseline of \$23.4 million in 2011/12.
- DHBs manage within their budgets, collectively.
- NZ Health Partnerships Limited established.
- Ministerial advisory committees are supported.²³

Relevant ministerial priorities include:

- responsibly managing the Government's finances
- supporting regional and national collaboration
- delivering Better Public Services within tight financial constraints
- building a more competitive and productive economy.

What we will do to achieve impact 7

We will:

- establish NZ Health Partnerships Limited to progress the DHB shared services programmes
- over the next 3 years, invest in more home and community support services to help people with disabilities to continue living in their community; provide more help with supports; increase the number of disabled people using residential support services; and give more disabled people greater control of the services they receive
- work with DHBs/regions that are not tracking to agreed expectations to improve their performance
- review annual and regional service plans and DHB Māori health plans, including improving on the planning process and documentation of DHBs' annual plans
- undertake appropriate financial audit and compliance activities
- advise on matters of high impact or strategic significance to DHBs and Crown entities, and provide policy input into a review of the Population Based Funding Formula
- advise on ministerial appointments to health sector governance roles
- support initiatives across DHBs and health Crown entities
- provide support for ministerial advisory committees, including: functional improvements to the information management system; evidence-based assessments of health technologies provided to the National Health Committee
- undertake system integration work with DHBs, including: facilitating support to DHB/PHO alliances; working collaboratively with DHBs towards achieving the emergency department health target; providing support to DHBs for the Productive Series; and strengthening links with wider productivity, quality and safety initiatives.

²³ Both a qualitative measure and shown by the Ministry Departmental Information Supporting the Estimates (ISE) measure: average rating for statutory committee satisfaction with secretariat services provided by the Ministry, target ≥ 4 out of 5.

Organisational health and capability

In order for the Ministry to achieve its strategic direction, it must be supported by the right people, in the right places with the right capability. Other important enabling functions that support achievement of the Ministry's priorities occur in the areas of IT, finances and capital. The update of the New Zealand Health Strategy and recommendations from two associated external reviews into health funding and capability and capacity will be significant in determining the future direction of our health system and the Ministry.

The State Services Commission (SSC) has scheduled the Ministry for a Performance Improvement Framework (PIF) review during the 2015/2016 financial year. This review will provide the Ministry with the information about progress it has made since its first PIF review in 2012 and also provide further guidance on further improvements.

Building for Our Future

The Ministry's people are critical to achieving the strategic direction for both the Ministry and the health and disability sector. The Ministry currently has a highly skilled and dedicated staff; it needs to continue to provide a supportive workplace and develop staff skills and abilities. It also needs to recognise that its needs will change over time, and recruit to meet the future needs of the organisation, rather than just its current needs. This will lead to engaged staff and a high-performing organisation.

The Building for Our Future programme, introduced in 2012, defines the Ministry's aspiration for its operation as a leading advisor, a sector leader, a leading public service and a high-performing organisation. If it achieves this vision, it will be delivering for the Government and for New Zealand. Accordingly, the Ministry has developed a high-level workforce strategy and recently reviewed it. The immediate priorities are well defined.

Recruitment and retention

The Ministry has moved to a centralised recruitment function and is part of the all-of-government recruitment contract to provide recruitment expertise to hiring managers. The implementation of an online recruitment tool, combined with the development of online forms, has reduced administrative time.

In 2014/15 we have been working on recruitment as a workforce strategy initiative. This work is aimed at developing a more deliberate, integrated and forward-looking way of attracting and recruiting new employees.

Organisational development

Organisational development is focused on building the Ministry to be a high-performing organisation. It enhances the Ministry's ability to meet current and future needs.

As part of the Ministry’s ongoing commitment to supporting the development of its people, the Ministry is putting in place a range of integrated and ambitious organisational development initiatives. These include a fit-for-purpose competency framework that targets the key skills needed to deliver:

- Building for Our Future
- a knowledge services programme
- better governance
- a strategic workforce plan
- a performance management framework
- a comprehensive engagement strategy
- wide-ranging leadership development programmes catering to all levels from team leaders to executive leadership.

An example is the Ministry’s Leading for Our Future programme, which equips all leaders to translate and implement Building for Our Future.

People and capability performance

Over the past year, the Ministry has made three key changes to staff development and performance mechanisms, as follows.

- It has rolled out a new performance and development framework to help managers have consistent, effective performance and development conversations with their teams.
- It has implemented a realigned competency model to identify the critical skills and competencies needed in the Ministry, and has applied it to all position descriptions and performance review conversations.
- It has placed greater emphasis on capability development, supported by targeted learning programmes for leadership, management and core skills, via LearningSpace, a new online learning management system.

Staff engagement

The Ministry’s overall engagement score in 2015 increased slightly to 3.86 (from 3.80 in 2013). The Ministry’s Engagement Health Check (Gallup poll) is a survey of Ministry staff to determine how engaged they are at work. The proportion of actively disengaged staff decreased slightly, while engaged staff rose from 33 percent to 38 percent.

Table 4: Staff engagement scores

	2015*	2013	2012
Gallup staff engagement score (out of 5)	3.86	3.80	3.68
Percentage of engaged staff	38	33	28
Percentage of disengaged staff	11	12	15

* This was measured in April 2015.

The Ministry will continue to ensure that staff can see how their roles contribute to the Ministry’s outcomes and purpose.

Equal employment opportunities

The Ministry recognises that equality and diversity are important for organisational success. The differences that staff bring to the workplace represent benefits to the Ministry that need to be understood, appreciated and realised.

The Ministry's rules and processes for recruitment, selection, terms of employment, performance management, capability development and promotion aim to promote equity and diversity. The Ministry is proud to have a gender-balanced Executive Leadership Team (ELT), ensuring that equality and diversity are considered as a matter of course. Further to this, all recruitment advertisements advise candidates that the Ministry is a disability-friendly organisation.

The Ministry remains committed to creating a diverse culture with a wide range of skills and perspectives. Table 5 shows the Ministry's people capability measures.

Table 5: People capability measures

Measure	Target
Employee engagement	The Ministry's engagement score increases from a Gallup poll baseline of 3.80 out of 5 in 2013.
Voluntary turnover	Turnover (as a percentage of the total) of staff is less than 14% per annum.
Retention of new staff	The percentage of new staff still in their role after 12 months is higher than the Benchmarking Administrative and Support Services (BASS) median of 75% in 2012.
Sick leave	Average days of absence per employee (excluding maternity/paternity leave) is lower than the BASS median of 6.84 days in 2013.
Capability building	60% of staff create learning plans in LearningSpace.

Information technology

The Ministry has a secure and reliable internal IT platform, which it is maintaining through regular security enhancements and other improvements. The Ministry intends to continue investing in IT in order to maintain the condition of its assets and service national contracts on behalf of the health sector.

The Ministry's IT strategy is to modernise core health data and management systems by upgrading and replacing information systems and their supporting hardware. It is optimising its IT infrastructure by aligning investment with national, regional and local service priorities and new models of care. Priorities such as primary health care, quality improvement and fiscal sustainability are the focus for the Ministry's IT capital intentions. For example, the Ministry is upgrading its payment systems to improve their reliability.

The Ministry is working with other government agencies, including the Department of Internal Affairs, to optimise the use of the Government's IT Infrastructure as a Service (IaaS) and other all-of-government contracts. The Ministry is working with the Government Chief Information Officer to ensure the Ministry's IT security, risk management and business continuity meet all-of-government standards.

Table 6: IT capability measures

Measure	Target
Age of hardware	65% of IT hardware is less than five years old.
Cost of storage	Cost of storage per gigabyte is kept under \$30.00.

Procurement strategy

The Procurement Improvement Programme continues to improve Ministry procurement planning, supplier selection, contracting, implementation and monitoring of service contracts and support for Ministry staff involved in procurement. Recommendations from the Procurement Capability Effectiveness Review undertaken as part of the Government Procurement Reform programme will be dovetailed into relevant workstreams under the Ministry’s Improvement Programme. The Ministry is working to further improve procurement in 2015/16, and to gain the Government’s silver rating for capability effectiveness within two years.

The Ministry procurement team is an active participant on the Treasury’s Social Sector Contracting Improvement Group. The Ministry has also realised a commitment to improve the effectiveness of interventions and develop new procurement models, in order to achieve better outcomes from available Government funding, through several key projects, such as the social bonds pilot and NGO streamlined contracting.

The Ministry’s National Commissioning Board (ELT Sub-committee) will continue to ensure the procurement of health and disability services purchased centrally by the Ministry is commissioned in a way that improves clinical integration and value for money.

Property management

The major deliverable in terms of property management over the next three years will be new facilities for all Wellington-based staff. This project will relocate all staff into a new location and benchmark levels of efficiency. In an all-of-government approach, the project will be delivered under the leadership of the Ministry, with support from the Property Management Centre of Expertise within the Ministry of Social Development.

Managing risk

The Ministry’s refreshed risk management framework encourages a top-down, bottom-up and Ministry-wide approach to risk identification, management and reporting, based on a holistic view of risk. In an environment of increased collaboration between agencies and greater complexity, the refreshed framework will facilitate the better flow and use of risk information to enable risk-informed decision-making.

The framework is aligned with international good practice,²⁴ which is reflected in seven key principles, as follows.

- We understand how risk management adds value by helping us to achieve the Ministry’s objectives.
- We all take personal responsibility for proactively managing risk in everything we do, and encourage others to do the same.

²⁴ ISO 31000:2009, *Risk Management: Principles and guidelines*.

- Our people are empowered to escalate risks, as appropriate, to ensure they are managed early, effectively and at the right level.
- We openly, honestly and constructively engage in risk discussions at all levels.
- We integrate risk management into our planning, our processes, and our daily decisions and actions.
- We look for opportunities to do things better, bearing in mind that with opportunities come challenges and risks.
- Our risk management processes are fit-for-purpose, recognising the need for flexibility while maintaining Ministry-wide consistency for key elements.

The Ministry will regularly review and refine the framework to ensure its approach remains relevant.

The Ministry has a dedicated risk function with an extensive programme of risk management activity. It will continue to encourage a risk-aware culture, ensure risk information flows to the ELT and around the Ministry, and provide best-practice advice, frameworks and tools.

The Risk Management Steering Group provides oversight of risk activities at the Ministry. It will continue to provide risk advice to the ELT via the Performance and Finance sub-committee, as required. The steering group is supported by the business unit risk champions, who provide operational risk support and advice within their respective business units.

The risk function works closely with the assurance team, which provides independent assurance and information on the governance and stewardship of the Ministry in relation to risk management and internal controls.

The Audit, Finance and Risk Committee oversees the application of the risk framework, and provides independent advice to the Director-General of Health and ELT on the quality of financial and performance reporting, risk management and internal audit functions.

Emergency management

The Ministry has specific statutory and non-statutory emergency management obligations, which require it to:

- be capable of continuing to function to the fullest extent possible in an emergency affecting its operations
- have the capability and capacity to respond in an emergency that has health implications
- lead and coordinate the health sector in planning and preparing for, and responding to, a health emergency
- effectively link with the World Health Organization (WHO) and other international counterparts to ensure the Ministry is aware of risks emerging overseas that could threaten New Zealand
- lead an all-of-government response to a national health emergency such as a pandemic.

The emergency management work programme is strongly focused on increasing the capability and capacity of the health sector to deal with health emergencies. The Ministry maintains strong links with other government agencies in delivering its emergency management responsibilities.

The Ministry's emergency response has been tested and proven in recent years by the Christchurch earthquakes and the influenza pandemic. The all-hazards approach to emergency management across reduction, readiness, response and recovery activities reflects international best practice and aligns with the development of the WHO health emergency risk management framework.

The Ministry also supports New Zealand's contribution to international relief efforts in a number of overseas disasters, including through arrangements for the deployment of a New Zealand medical assistance team internationally or domestically. The Ministry also fulfils its responsibilities as a National Focal Point under the International Health Regulations 2005 and ensures the health sector can detect and respond to emerging disease risks overseas and domestically.

Overall, the Ministry works within the National Security System with other agencies to address a range of hazards and threats to New Zealand.

Additional information

The Minister of Finance has not specified any additional reporting requirements.

Additional statutory reporting requirements

Health Act 1956

The Health Act 1956 requires the Director-General of Health to report annually on the current state of public health. The *Health and Independence Report* is tabled in Parliament by the Minister of Health.

The Act also requires the Director-General to report before 1 July each year on the quality of drinking-water in New Zealand. Copies of the most recent report are made available to the public through the Ministry's website and through its offices.

New Zealand Public Health and Disability Act 2000

The New Zealand Public Health and Disability Act 2000 requires the Minister of Health to report annually on the implementation of the New Zealand Health Strategy, the Disability Strategy and the Quality Improvement Strategy.

Public Finance Act 1989

The Public Finance Act 1989 requires the Minister to report annually on non-departmental expenditure relating to health sector agencies other than Crown entities.

Other legislation

Other reporting requirements relate to the following legislation:

- Disabled Persons Community Welfare Act 1975
- Health (Drinking Water) Amendment Act 2007
- Health Research Council Act 1990
- Human Assisted Reproductive Technology Act 2004
- Social Security Act 1964.

Appendix: The legal and regulatory framework

Legislation the Ministry of Health administers

The Ministry of Health administers the following legislation:

- Alcoholism and Drug Addiction Act 1966
- Burial and Cremation Act 1964
- Cancer Registry Act 1993
- Children's Health Camps Board Dissolution Act 1999
- Disabled Persons Community Welfare Act 1975 (Part 2A)
- Epidemic Preparedness Act 2006
- Health Act 1956
- Health and Disability Commissioner Act 1994
- Health and Disability Services (Safety) Act 2001
- Health Benefits (Reciprocity with Australia) Act 1999
- Health Benefits (Reciprocity with the United Kingdom) Act 1982
- Health Practitioners Competence Assurance Act 2003
- Health Research Council Act 1990
- Health Sector (Transfers) Act 1993
- Human Tissue Act 2008
- Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
- Medicines Act 1981
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- Misuse of Drugs Act 1975
- New Zealand Council for Postgraduate Medical Education Act Repeal Act 1990
- New Zealand Public Health and Disability Act 2000
- Psychoactive Substances Act 2013
- Radiation Protection Act 1965
- Sleepover Wages (Settlement) Act 2011
- Smoke-free Environments Act 1990
- Tuberculosis Act 1948.

The Ministry also administers many sets of legislative instruments under these Acts.

Other regulatory roles and obligations

In addition to administering legislation, key personnel within the Ministry (such as the Directors of Public Health and Mental Health) have specific statutory powers and functions under various pieces of legislation.

The Ministry also has certain statutory roles and relationships defined in other legislation, including:

- Biosecurity Act 1993
- Civil Defence Emergency Management Act 2002
- Education Act 1989
- Food Act 1981
- Gambling Act 2003
- Hazardous Substances and New Organisms Act 1996
- Human Assisted Reproductive Technology Act 2004
- Litter Act 1979
- Local Government Act 1974
- Local Government Act 2002
- Maritime Security Act 2004
- Prostitution Reform Act 2003
- Sale and Supply of Liquor Act 2012
- Social Security Act 1964
- Victims' Rights Act 2002
- Waste Minimisation Act 2008.

International compliance

The Ministry also helps the Government to comply with certain international obligations by supporting and participating in international organisations such as WHO, as well as ensuring New Zealand complies with particular international requirements such as the International Health Regulations (2005) and the Framework Convention on Tobacco Control.

Regulations administered by the Ministry can be accessed on the Ministry website:
www.health.govt.nz

Full, searchable copies of the Acts and associated regulations administered by the Ministry can be found on www.legislation.govt.nz

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