

# **Vote Health**

Report in relation to  
selected non-departmental  
appropriations for the year  
ended 30 June 2015

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# Foreword

As Minister of Health, I purchase advisory and support services from a number of organisations working in the health and disability sector. A significant number of those service providers do not report to Parliament directly.

In accordance with section 19 of the Public Finance Act 1989, the purpose of this report is to articulate service performance of those outputs delivered by third-party service providers funded directly by the Ministry of Health and not covered by other reporting to Parliament.

Hon Dr Jonathan Coleman  
Minister of Health



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# Statement of performance

## Introduction

This report is prepared under Section 19 of the Public Finance Act 1989, and covers the Vote Health appropriations used for purchasing outputs supplied by third-party service providers that do not report to Parliament directly on that expenditure.

# Non-departmental expenses

## Health workforce training and development

This appropriation is for the provision of clinical training for doctors, nurses, dentists and other health professionals, and Voluntary Bonding Scheme claims. This appropriation is intended to ensure the New Zealand health sector is supported to develop a sustainable, flexible, and fit-for-purpose workforce through the funding of clinical training and other initiatives.

### Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
New	The number of post-entry clinical trainees funded, or	5057 trainees	5369 trainees
New	Relevant training units delivered and funded:	1901 training units	1826 training units
	<b>The number of funded trainees:</b>		
708	• Non-vocational medical	627	752 see Note A
1485	• Vocational medical	1146	1269
159	• Technician medical	148	178
278	• General practice	260	283
13	• Clinical Rehabilitation Certificate	18	14
New	• Nursing entry to practise	1081	1161
170	• Midwifery	170	161
199	• Hauora Māori	200	269 see Note B
192	• Pharmacy internship	186	180
New	• Mental health workforce development	506	298 see Note C
New	• Mental health MeHD training	140	175
	<b>The number of funded training units delivered:</b>		
New	• Postgraduate nursing	1601	1526
337	• Māori and Pacific peoples support	300	300
	<b>Voluntary Bonding Scheme (VBS)</b>		
New	The number of registrants who would be eligible for payment in the calendar year (ie, having registered during the previous 3 to 5 calendar years), and	1793	1793
New	The percentage of those registrants who have successfully made a claim for payment	32% (574)	35% (629)

### Comments

Health Workforce New Zealand (HWNZ), which was established in 2009, provides national leadership for the development of the country's health and disability workforce. The majority of HWNZ's budget is invested in training and development of the clinical workforce, and in workforce development and innovation. Working with partner organisations, HWNZ also facilitates and supports initiatives for the non-regulated workforce.

Eight replacement performance measures and standards were included in 2014/15 to better reflect Health Workforce New Zealand's activity against the appropriation. The new measures include the total number of post-entry clinical trainees funded and the relevant number of training units delivered. These numbers will provide the baseline for targets in 2015/16.

Training numbers for non-vocational medical, vocational medical and technician medical were higher than the full-year budget standards due to DHBs training higher numbers, with HWNZ supporting this with funding.

*Note A:* The number of postgraduate Year 1s (PGY1) has increased following an increase in Government funding of medical school student numbers; increased postgraduate Year 2 numbers also reflect additional graduate numbers. Variations to medical contracts provided funding for an additional 35 trainees for 2015.

More trainees and new graduates must be recruited and retained within New Zealand's health sector to ensure all communities have access to the range of health services they need. HWNZ is managing a number of initiatives to contribute to improved recruitment and retention of the necessary workforce, including the following:

- **Midwifery First Year of Practice:** HWNZ currently funds the Midwifery First Year of Practice programme to support the recruitment and retention of midwifery graduates. There are three cohorts per year. The 2014/15 target has been revised to 170. Earlier standards were estimates only and the revised target is more closely aligned to the number required for a sustainable workforce.
- **The Advanced Trainee Fellowship Scheme:** this scheme continues to provide scholarships to assist with the cost of undertaking advanced training, a specialist qualification or study overseas in a priority specialty area. The aim is to ensure that health, or health-related professionals, with excellent potential to contribute leadership and expertise to the New Zealand health sector, have the opportunity to pursue extended training, while the New Zealand health sector has the opportunity to benefit from that experience. There are now 37 health professionals participating in the scheme with the first fellowship recipients having completed their training and returned to work in New Zealand.
- **The Voluntary Bonding Scheme:** this scheme incentivises nursing, medical and midwifery graduates who work in hard-to-staff communities and specialties with payments against their student loans. Since the scheme began in 2009, over 3000 graduates have been confirmed on the scheme. In 2012 the scheme was expanded to include medical physicists and radiation therapists. The scheme was further expanded during 2014 with the addition of sonographers who accounted for 12 applications in 2015. The Ministry paid \$6 million in the 2014/15 financial year. The scheme also offers postgraduate opportunities to general practice trainees and will continue to be expanded to include more hard-to-staff regions and specialties for health professionals.
- **Support for International Medical Graduates (IMGs):** From 2011 to November 2013, HWNZ supported unregistered IMGs living in New Zealand to prepare for the Medical Council of New Zealand's registration examination (NZREX), enabling them to work as doctors in New Zealand. Since the NZREX Preparation Placement Programme began in 2011, 57 IMGs have completed the programme. As at June 2014, 48 had passed the NZREX, and 25 were working as doctors in New Zealand.

- The Rural Immersion Scheme: HWNZ has been working with Auckland and Otago universities, the Eastern and Waiariki Institutes of Technology, and Auckland University of Technology to promote rural practice and interdisciplinary learning, and to train a variety of health students in Whakatane, Gisborne and Wairoa sites. This programme began in 2011 and will continue until at least 2017. Students from medical, nursing, pharmacy, physiotherapy, dental, dietetics and occupational therapy have participated. The total number of students who have participated on the scheme will exceed 227 by December 2015. In the 2014 calendar year, significant efforts were made to broaden the range of participating disciplines.
- General Practice Education Programme: HWNZ continues to fund the Royal New Zealand College of General Practitioners (RNZCGP) for the training and employment of GP registrars through the General Practice Education Programme (GPEP). Some 169 registrars were enrolled in GPEP1 for the 2015 academic year.
- Post Graduate Generalist Placement Education Programme: RNZCGP manages the Post Graduate Generalist Placement Education Programme which provides a three-month paid placement for a postgraduate house doctor (usually Year 2 or 3) in a general practice. This programme has been successful with a high percentage of the participants admitted to the GPEP programme. In 2014/15 there were a total of 35 placements in the programme.
- The Nursing Entry to Practice Programme: The Ministry continues to support new graduate nurses with the 12-month Nurse Entry to Practice (NETP), Nurse Entry to Specialist Practice (NESP) and Aged Residential Care NETP programmes. These programmes enable new graduate nurses to practise in well-supported and safe environments, and build a sustainable pathway for the nursing workforce into the future. Funding for an additional 200 NETP placements was provided in 2014; this included 160 DHB placements and 40 in aged residential care settings. In 2015 the funding is for 175 NESP placements, an increase of 25 percent from 2014.

*Note B:* Hauora Māori funding covers training over a calendar/academic year split over two semesters. The actual result demonstrates some regional demand issues and differences in the use of the funding. HWNZ is working with providers to address these issues for the 2015/16 financial year.

*Note C:* HWNZ continues to fund the Mental Health Support Worker National Certificate and Diploma training grants. Funding supports 356 grants for the certificate level qualification and 150 grants for the diploma level qualification. The uptake for the diploma level qualification has historically been low. Peer support workers have been identified as a target area that would benefit from qualifications provided under the grants and approval has been provided to extend the grants for the certificate level qualification to peer support workers. Advice from the sector suggests there will be strong interest in this area that should increase the overall demand.

While a number of potential barriers related to uptake have been identified, including employer demand, no other clear opportunities have been identified that would allow for a significant uptake in these grants in the short term.

HWNZ is also funding the development of new workforce roles that have the potential to have a positive impact on workforce productivity, efficiency and value for money:

- HWNZ continues to support regulatory change designed to remove barriers to innovation and introduce health care models that will increase patient access to high-quality service delivery

- the number of diabetes nurse prescribers has increased from 26 in July 2014 to 34 in May 2015 with further diabetes nurses ready to apply to the Nursing Council of New Zealand to be designated prescribers. As at May 2015, there were 92 diabetes nurses including 37 trained as diabetes nurse prescribers.

HWNZ established an advisory group for the development of the nurse endoscopy project in 2014. The group has worked with the wider sector to develop an advanced nursing role in endoscopy for senior nurses with relevant postgraduate education and experience. Training of specialist nurses performing endoscopy was confirmed as a government priority in September 2014 and will complement the training of gastroenterology and general surgery registrars. The training of specialist nurses performing endoscopy is anticipated to start in 2016. HWNZ and the advisory group will continue to work closely with employers to seek their commitment to training, supervising, supporting and employing nurses performing endoscopy.

The Pharmaceutical Society of New Zealand, on behalf of HWNZ, is investigating the viability of introducing pharmacy accuracy checking technicians into the pharmacy workforce. These health care professionals may carry out the final check on a dispensed item, a task currently undertaken by a pharmacist. Introduction of this role would allow pharmacists more time to provide improved patient services without compromising public safety in the dispensing of medicines.

A final evaluation report on physician associates employed in primary care and rural hospital settings identified no serious clinical concerns about patient safety. It also noted the value of the role in regional or remote locations (subject to appropriate supervision). Issues of regulation will be considered as they arise, according to procedures which apply to any other applicant.

HWNZ funded the Universal College of Learning to support and validate the role of clinical exercise physiologist. As members of a multidisciplinary team, these physiologists specialise in the delivery of exercise, lifestyle and behavioural modification programmes for referred hospital patients who have complex medical needs compounded by lifestyle factors. The draft final evaluation has demonstrated positive results.

HWNZ supported a three-year multidisciplinary operating theatre simulation programme developed by the University of Auckland. The programme aims to improve teamwork and reduce patient harm. Twenty teams, consisting of surgeons, surgical trainees, anaesthetics, anaesthetic technicians and nurses, participated in the programme. A full evaluation of the programme is under way.

HWNZ is also assisting the development of the allied health, science and technical professions. Workforce modelling of the public and private demand for sonographers in 2013 showed the need to more than double this workforce by at least 296 full-time equivalents by 2023. In 2014/15, substantial investment was made by private sector providers in training, although DHB shortages remain.

HWNZ is seeing a more comprehensive cooperative approach to training across the public and private sectors. A trial of an accelerated model of training at the University of Auckland shows positive signs and its applicability outside the Auckland region is yet to be tested. Other initiatives in the lower North Island and the South Island are under development. HWNZ is also working with medical physicists to address pressing workforce supply issues.

Māori and Pacific trainees are being supported in order to increase numbers to better reflect the demography of the population being cared for. HWNZ has responsibility for a number of non-clinical workforce development contracts specifically targeting recruitment into and training for health-related careers for Māori and Pacific students. Components of HWNZ's clinical training budget are ring-fenced for Māori workforce development (the Hauora Māori budget) and Pacific support.

Regional directors of workforce development continue to work with key stakeholders on development and implementation of regional workforce plans and initiatives that strengthen health workforce capability and capacity. HWNZ has undertaken a contract review to improve deliverables at a regional and national level and will be revising the contract service specifications in renewed contracts.

## Summary of financial performance

<b>Actual</b>		<b>Actual</b>	<b>Main estimates</b>	<b>Voted appropriation</b>
<b>30/06/2014</b>		<b>30/06/2015</b>	<b>30/06/2015</b>	<b>30/06/2015</b>
<b>\$000</b>		<b>\$000</b>	<b>\$000</b>	<b>\$000</b>
105,699	DHBs	110,075	111,887	113,591
2127	University of Otago	1889	1521	1521
57,949	University of Auckland	61,985	57,437	59,460
3506	Non-government organisations	2611	2870	2870
<b>169,280</b>	<b>Total appropriation</b>	<b>176,560</b>	<b>173,714</b>	<b>177,441</b>

## Comments

This appropriation was overspent by \$2.846 million against the Main Estimates (2 percent of appropriation). Funding of \$3.727 million was approved in the Supplementary Estimates. The additional funding supported 160 additional Nurse Entry to Practice placements in DHBs; 40 additional Aged Residential Care Nurse Entry to Practice placements transferred from 2013/14 to 2014/15; and additional trainees in the General Practice Education Programme (GPEP) in the 2014/15 year.

# Monitoring and protecting health and disability consumer interests

The scope of the Appropriation is the provision of services to monitor and protect health consumer interests by the Health and Disability Commissioner, District Mental Health Inspectors and Review Tribunals, and the Mental Health Commission. This appropriation is intended to ensure the rights of people using health and disability services are protected. This includes addressing the concerns of whānau and appropriately investigating alleged breaches of patients' rights.

Parts of this appropriation are reported to Parliament by the Health and Disability Commissioner, the Mental Health Commission and the Health Quality and Safety Commission. Their annual reports are framed in relation to the performance measures contained in their current Statements of Intent. This report covers the part of the appropriation that funds mental health reviews and enquiries, and it includes the work of district inspectors, the Director of Mental Health and the Mental Health Review Tribunal.

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>Health and Disability Commissioner</b> The performance measures are those contained in the Crown entity's Statement of Intent		
	<b>Health Quality and Safety Commission</b> The performance measures are those contained in the Crown entity's Statement of Intent		
	<b>Mental health reviews and inquiries</b>		
73%	The percentage of District Mental Health Inspectors' monthly reports sent to the Director of Mental Health, on their duties undertaken, within one month after completion	90%	68% see Note A
12 Nov 2013	The annual report by the Mental Health Review Tribunal, on their duties undertaken, to the Director of Mental Health by the due date	31 Oct 2014	3 Oct 2014
11 Nov 2013 8 May 2014	The six-monthly reports, administered by the Tribunal's secretariat, to the Director of Mental Health by the due dates	20 Nov 2014 20 May 2015	Achieved Achieved
12%	The start of the Mental Health Tribunal review held within 28 days of the receipt of the application	75%	12.2% see Note B

## Comments

The rights of people subject to compulsory assessment and treatment are specified in Part VI of the Mental Health (Compulsory Assessment and Treatment) Act 1992, known as the MH(CAT) Act. Provision is also made for the investigation of complaints that a patient's rights have been denied or breached. In this case the complaint is investigated by a district inspector and, if it has substance, the district inspector will report the breach to the Director of Area Mental Health Services and may make recommendations for action. The Director must take all steps to remedy the matter. The patient or other complainant must be informed of the findings of the investigation. If the patient is not satisfied with the outcome of the investigation, he or she may have the matter reviewed by the Tribunal.

The funding supports district inspectors throughout New Zealand. It meets the costs of district inspectors' remuneration, travel and expenses, and the costs associated with national meetings and any enquiries under sections 75 and 95 of the MH(CAT) Act 1992.

The funding also supports the work of the Tribunal and its secretariat. Applications may be made to the Tribunal for a review of a patient's condition. The Tribunal considers whether the patient is mentally disordered, and issues a certificate of tribunal review, indicating their decision. It also reviews the condition of special patients and restricted patients under the Act, and performs other functions as directed by the MH(CAT) Act 1992.

### **District inspectors**

District inspectors are lawyers appointed by the Minister of Health to uphold the rights of patients as set out in the MH(CAT) Act 1992. District inspectors carry out responsibilities for visiting hospitals and services and reporting on these visits to the Directors of Area Mental Health Services as required by section 98 of the Act. They also investigate complaints of breaches of patient rights under section 75 and carry out enquiries into matters relating to patients, services and the Act where required by the Director under section 95 of the MH(CAT) Act 1992. The district inspector's primary accountability relationship is with the Director of Area Mental Health Services who is responsible for the operation of the Act locally at each DHB. Complaints about breaches of rights are addressed between the district inspectors and the Director.

*Note A:* Work continues to encourage district inspectors to submit their monthly report to the Director of Mental Health on time. The Director of Mental Health has reminded district inspectors of their obligations to submit monthly reports on time.

In 2014/15 there were four new district inspectors appointed and one resignation.

### **Mental Health Review Tribunal**

The Mental Health Review Tribunal's (MHRT) primary function is to consider whether patients subject to compulsory treatment orders are mentally disordered as defined by the MH(CAT) Act. Under the Act a patient may apply to the Tribunal for a review of his or her condition. Other interested persons, including the Director of Mental Health, a district inspector, a patient's welfare guardian, or a GP, may also apply. Since the Tribunal has been in operation, the numbers of applications per year has ranged from 118 to 226.

In 2014/15 the Tribunal published decisions to assist the legal profession and public to understand mental health law and practice. To ensure privacy and confidentiality only a selection of anonymised cases is released.

A detailed report of the MHRT's activities is published each year as part of the Annual Report of the Office of the Director of Mental Health and is available on the Ministry of Health's website.

*Note B:* The contract with the Tribunal secretariat includes a performance measure that 100 percent of hearings start within 28 days of application. For 2014/15 the target measure was lowered from 100 percent to 75 percent. The new lower target has not been met. The reasons for the delays in hearings include:

- the challenge of scheduling a hearing date that all parties can attend
- not all Tribunal members can attend all cases
- the availability of lawyers to represent patients at MHRT hearings
- conflicts of interest
- a number of applications where the applicant has unrealistic expectations of the role of the Tribunal, or the applications fall out of the jurisdiction of the Tribunal

- special requests, for example, the request for Māori representation – it takes time to facilitate additional/replacement members for the Tribunal
- adjournments at the patient's request
- unexpected events (eg, staff bereavement leave)
- Christmas and Easter periods, and the resulting backlogs.

## Summary of financial performance

<b>Actual</b> <b>30/06/2014</b> <b>\$000</b>		<b>Actual</b> <b>30/06/2015</b> <b>\$000</b>	<b>Main</b> <b>estimates</b> <b>30/06/2015</b> <b>\$000</b>	<b>Voted</b> <b>appropriation</b> <b>30/06/2015</b> <b>\$000</b>
12,976	Health Quality and Safety Commission	12,976	12,976	12,976
10,920	Health and Disability Commissioner	11,670	10,920	11,670
2834	Non-government organisations	2937	3200	2950
<b>26,730</b>	<b>Total appropriation</b>	<b>27,583</b>	<b>27,096</b>	<b>27,596</b>

### Comments

This appropriation was overspent by \$0.487 million against the Main Estimates (2 percent of appropriation). Funding of \$0.500 million approved in the Supplementary Estimates was transferred in for the Health and Disability Commissioner's cost pressures.

# National child health services

The funding and purchase of child health services directly by the Crown. This appropriation is intended to ensure services are provided that support the development of New Zealand children and establish a foundation for those children to live longer, healthier, and more independent lives.

The Well Child/Tamariki Ora (WCTO) service is a screening, surveillance, education and support service offered to all New Zealand children and their family or whānau from birth to five years. It assists families and whānau to improve and protect their children's health.

B4 School Check services have been funded by government for all families with children turning four since September 2008. The funding is distributed to DHBs through Crown Funding Agreements. DHBs are accountable for offering a B4 School Check to a minimum of 90 percent of their eligible population and 90 percent of their high deprivation population.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
<b>Well Child/Tamariki Ora Framework</b>			
<b>Well Child/Tamariki Ora Framework services are available nationally</b>			
Estimated at 52,825 babies enrolled (89.9% based on actual births in year to 31 Dec 2013)	At least 85% of new babies are enrolled with Plunket national Well Child Services	49,900 babies enrolled (85% of est. birth rate based on actual births in year to 31 Dec 2013)	53,143 babies enrolled (87% of est. birth rate based on actual births in year to 30 June 2015)
Telephone information and advisory services to support the Well Child/Tamaki Ora Framework are delivered (PlunketLine):			
100%	• Phone line service is available 24/7	≥ 99%	100%
6.7%	• Call abandonment rate (percentage of calls offered)	< 10%	8%
<b>B4 School Checks</b>			
91%	Percentage of the eligible population delivered B4SCs	90%	92%
90%	Percentage of high deprivation population delivered B4SCs	90%	92%
17	DHBs that provide the volumes of checks as specified in funding arrangements	20	16

## Well Child/Tamariki Ora

Services are provided in conjunction with the Well Child Tamariki Ora National Schedule (June 2013) which outlines the assessment, intervention and health education activities for each of the eight universal core contacts. These are delivered to children and their families when the child reaches between four and six weeks of age, and continues until the child is five years old.

The schedule divides the care into three parallel streams that are to be delivered as an integrated package of care for each child and their family/whānau. The schedule describes the core screening, surveillance, education and support entitlements (including timing).

All children enrolled with the national WCTO service are entitled to seven core contacts (excluding the B4 School Check which is delivered separately). These services include core contacts provided from the time of handover from the lead maternity carer through to five years. Additional contacts can be provided when there is an assessed need. These include first-time parents as of right or where there are issues such as postnatal depression, or infant feeding or behaviour concerns.

Enrolling with a WCTO provider at birth, or as soon as possible thereafter, allows sufficient time for WCTO providers to deliver the first core contact on time at around six weeks and therefore meet the quality indicator of delivering the full entitlement to children in the first year of life (if core 1 is missed, they are unable to meet the full entitlement measure).

The Ministry is responsible for funding comprehensive WCTO service coverage in each DHB district via two contracted programmes: the Plunket national contract and through each DHB's WCTO Crown Funding Agreement (CFA). The national service provides for approximately 85 percent of service coverage for children up to four years. The balance of service coverage is the responsibility of local providers who are contracted via DHBs, but funded via a CFA.

A new national Plunket agreement is now in place and runs until 30 June 2018. The DHB CFAs have been renewed to June 2016. The agreements are designed to drive Plunket and DHB collaboration and collective responsibility to achieve the universal coverage of core contacts, and additional contacts allocated as required, to improve health outcomes for all children and especially high need and vulnerable children.

## **Plunketline**

Plunketline provides telephone advice and information about parenting, child development and behaviour, nutrition and other Well Child topics. Plunketline supports the family and whānau of children enrolled with all WCTO providers, not only with Plunket, and supports the services delivered under the WCTO National Schedule by all providers. Calls about sick or symptomatic children are transferred from Plunketline to the national Healthline service. Plunketline is included in the new Plunket Agreement. Administrative changes to call handling by Plunketline have enabled an increase in Plunketline's capacity to deliver follow-up call backs to Plunketline callers in appropriate cases.

## **B4 School Check**

DHBs are accountable for ensuring B4 School Checks are delivered to a high quality and are nationally consistent in accordance with service requirements. DHBs engage a B4 School Check Coordinator to ensure the success of the programme and its sustainability. Coordinators are responsible for monitoring the completion of checks, actioning and tracking referrals, and ensuring a high quality service is provided, including the management of the consent process. In some regions the DHB will contract a lead provider to deliver and manage the service (primary care led, Plunket led, or through the public health nursing workforce).

Feedback is provided to DHBs on trends in national service provision and areas of focus for quality improvements to the B4 School Check programme. A total of 58,626 children were checked during 2014/15.

## Summary of financial performance

<b>Actual</b>		<b>Actual</b>	<b>Main</b>	<b>Voted</b>
<b>30/06/2014</b>		<b>30/06/2015</b>	<b>estimates</b>	<b>appropriation</b>
<b>\$000</b>		<b>\$000</b>	<b>30/06/2015</b>	<b>30/06/2015</b>
			<b>\$000</b>	<b>\$000</b>
24,681	DHBs	27,946	25,298	27,415
54,140	Non-government organisations	54,592	56,885	56,289
<b>78,821</b>	<b>Total appropriation</b>	<b>82,538</b>	<b>82,183</b>	<b>83,704</b>

## Comments

This appropriation was overspent by \$0.355 million against the Main Estimates (0.4 percent of appropriation); the variance is not significant.

# National contracted services – other

The scope of appropriation is limited to the purchase of other services directly by the Crown to support the health and disability services sector, including the national management of pharmaceuticals, and health research.

Parts of this appropriation are reported to Parliament by PHARMAC and the Health Research Council. Their annual reports are against the performance measures in their Statements of Intent.

This report covers the part of the appropriation that funds other health services. The Pacific Innovation Fund recognises the need to design responsive services across health, education, housing, justice, social services, employment, and lifestyle. The fund, to be invested over four years, is aligned to the vision of Whānau Ora for Pacific peoples and will support Pacific peoples to develop Pacific solutions to the issues they face as distinct communities.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>PHARMAC</b>		
	The performance measures are those contained in the Crown entity's Statement of Intent		
	<b>Health Research Council</b>		
	The performance measures are those contained in the Crown entity's Statement of Intent		
	<b>Pacific Innovation Fund</b>		
95%	Number of reports received on time	95%	95%
100%	Proportion of contracts with evaluation frameworks in place	100%	100%

## Pacific Innovation Fund

The key objectives of the Pacific Innovation Fund are to:

- implement proven Pacific models of care that are responsive to the needs of Pacific peoples
- evaluate Pacific health outcomes, along with quality and safe care
- promote sustainable Pacific service delivery systems that value health and social service integration, and employ family-centred interventions
- improve the health of Pacific peoples by delivering clinical and non-clinical interventions.

The Pacific Innovation Fund is invested in Pacific health initiatives that demonstrate innovation through the application of new strategies, models and methods of service delivery. The focus of the funding is to support innovation projects that:

- strengthen Pacific child and youth protective factors
- reduce the prevalence of risk factors affecting Pacific people's health (eg, obesity and smoking).

Seven Pacific innovation contracts started from June 2013. The contracts are spread across the country and are with community, church and provider-led groups delivering services to address diabetes prevention, obesity, health literacy, antenatal care and suicide prevention. Providers contracted to deliver innovation projects have started, or are in the process of starting, their project evaluation.

## Summary of financial performance

Actual 30/06/2014 \$000		Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
5973	DHBs	1028	1497	–
14,209	PHARMAC	15,780	13,822	15,780
2250	Health Research Council	–	3000	–
1378	Other Crown entities	–	–	–
-883	Non-government organisations	4363	5578	5850
<b>22,927</b>	<b>Total appropriation</b>	<b>21,171</b>	<b>23,897</b>	<b>21,630</b>

## Comments

This appropriation was underspent by \$2.726 million against the Main Estimates (11 percent of appropriation). A net reduction of \$2.267 million was approved through the Supplementary Estimates and the Section 26A transfers.

# National disability support services

The scope of appropriation is the delivery of disability support services provided through DHBs and third-party service providers.

This appropriation is intended to achieve quality disability support services for people with long-term impairments who require ongoing support to help them carry out their daily lives. It supports the purchase of quality disability support services for people with a long-term physical, intellectual and/or sensory impairment that will require ongoing support (and who meet relevant eligibility criteria).

Support services include home help, assistance with personal care, supported living independently or in group homes, and the provision of equipment and modifications to housing and vehicles. Disability supports also cover support for carers taking a break from the usual caring arrangements and support for resident family members to care for their disabled family member.

The aims of this appropriation include the following.

- Disabled people have more choice and control over their support/services.
- Providers and carers are supported to deliver high quality, person-directed supports and services.
- Accessible, understandable and reliable information about disability support services is available to people.
- Needs assessment and service coordination functions are delivered in an effective and efficient way.
- Disability support services are developed to ensure capacity and capability across the sector in order to meet demand.
- Compulsory care and rehabilitation services are provided for people who are subject to the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
<b>Needs assessment and service coordination</b>			
86%	All new eligible Disability Support Services clients are assessed within 20 days of referral	≥ 80%	84.4%
88%	All new clients assessed as being eligible for Ministry-funded support are provided with their support options within 20 days of assessment	≥ 80%	88.3%
<b>Home and community services</b>			
New	Percentage of disability support service clients receiving community support	65%	70%
1996	The number of individualised funding arrangements to improve client and family choice and control	2200	2440
<b>Residential care</b>			
88.3%	Residential services support people to have an everyday life: the percentage of clients and families satisfied with the service, as demonstrated through the developmental evaluations	≥ 80%	96%
269	The number of clients in very high cost services (High and Complex Services) will be maintained at a sustainable level	Under 500 people	257
<b>Environmental support</b>			
75.1%	The percentage of equipment supplied from the Ministry of Health equipment list	>75%	78.7%
49.4%	The percentage of equipment items supplied that are refurbished and reissued	>45%	38.3%

### Residential care

This broad-based community service provides support for 7100 residential, rest home and hospital-based clients plus 2633 community-based clients living in their own accommodation with supported living. During the year the Ministry supported new initiatives that continue supporting disabled people and families/whānau with individual and flexible packages that enhance their lives. The service has improved this year to include young persons taking up new community-based support options such as choice in community living.

### Needs assessment and service coordination agencies

The Ministry of Health contracts needs assessment and service coordination agencies (NASCs) and disability information and advisory services (DIAS) organisations throughout the country to inform disabled people about funded supports they can access. NASCs also work with disabled people to determine eligibility, assess their support needs and coordinate services through contracted providers and individualised funding. This work is led by a commitment to transform the disability support system to increase disabled people's choice, control and flexibility over their funded supports. The focus is on improvements that help remove some of the restrictions which limit people's choices on what and how they access their supports. This includes improvements through individualised funding, better information and assistance and a new supported self-assessment.

## **Community services**

Community-based services include support for clients to live in their own homes. These services include individualised funding that allows people to manage their personal care, household management, caregiver support and respite allocations. Enhanced individualised funding, which is being trialled in one NASC region, gives people a wider range of choices and flexibility on what supports they access.

Support for carers taking a break from their usual caring arrangements and support for a disabled person to live with other people allows more choice as clients and their families are able to employ their resident family member to care for them. A new national behaviour support service supporting younger persons with disabilities was also rolled out during the year.

Community services support individualised funding for home and community support services (HCSS) and respite which enables disabled people to directly manage the funding they have been allocated for disability supports (20,888 of 30,819 clients are now accessing HCSS). The service now supports 2326 people using enhanced individualised funding for managing their support allocation.

## **Environmental support**

Environmental support services provide equipment and supports for eligible people who have a long-term disability that may be physical, intellectual or sensory (vision and hearing).

The largest service within environmental support is equipment and modification services. This service provides equipment, housing and motor vehicle modifications for disabled people across New Zealand. The equipment prioritisation tool was fully implemented this year with 12,120 assessments completed using the tool. The prioritisation tool provides a nationally consistent tool to determine access to funding. The tool ensures those with the greatest need and ability to benefit get funding for complex equipment and modifications.

In 2014/15 the service funded sequential cochlear implants for 43 children under six years of age for and 46 bilateral implants for children aged 0–18 years including surgery for both ears. A further 15 children aged 0–18 years received a unilateral implant for clinical reasons. A further 40 adults were also funded for single cochlear implants this year.

## **Other disability services**

Disability support services hosted five regional hui for Māori clients and providers which provided feedback on implementation of Whāia te ao Marama, the Māori Disability Action Plan.

The Disability Consumer Consortium, the Māori Monitoring and Advisory Group and the Faiva Ora Leadership Group each met twice during the year to advise the Ministry on issues relating to disability support services.

Disability support services consulted widely with disabled people, families/whānau, disability support providers and disabled persons' organisations during the year to update the service specifications for its key services, and to develop outcome measures for these services.

## Relevant 2014/15 reports published on the Ministry website

- *Disability Support Services Strategic Plan 2014 to 2018*, June 2015, Ministry of Health.
- *Demographic Information on Clients Using the Ministry of Health's Disability Support Services*, April 2015, Ministry of Health.
- *Stocktake and Needs Analysis of Low Vision Services in New Zealand*, March 2015, Litmus.

## Summary of financial performance

Actual 30/06/2014 \$000		Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
183,262	DHBs	181,827	179,970	179,970
98	Other Crown entities	–	–	–
903,407	Non-government organisations	944,235	937,577	946,440
<b>1,086,767</b>	<b>Total appropriation</b>	<b>1,126,061</b>	<b>1,117,547</b>	<b>1,126,410</b>

## Comments

The overspend of \$8.514 million against the Main Estimates (0.76 percent of appropriation) is related to a demand increase in the disability support services including community living services and family and community services. A fund transfer for the overspend was approved by the Minister of Finance under Section 26A of the Public Finance Act 1989.

# National elective services

The scope of the appropriation is the funding for the purchase of additional elective surgery services. This appropriation is intended to improve access to elective procedures by funding more procedures and improvements to how elective procedures are provided or supported.

Previous reporting for National Elective Services was delegated to all DHBs. From 2015/16 the reporting will be against the measures below. The 2015/16 budget standards are based on the 2014/15 Crown Funding Agreements.

	2014/15	2015/16
Assessment of performance	Standard	Standard
<b>Electives and ambulatory initiative</b>		
Auckland DHB	4848	4848
Bay of Plenty DHB	1338	1338
Canterbury DHB	5317	5317
Capital and Coast DHB	2440	2440
Counties Manukau DHB	3758	3758
Hawkes Bay DHB	1373	1373
Hutt Valley DHB	1048	1048
Lakes DHB	961	961
MidCentral DHB	1642	1642
Nelson Marlborough DHB	1335	1335
Northland DHB	1725	1725
South Canterbury DHB	449	449
Southern DHB	2504	2504
Tairāwhiti DHB	349	349
Taranaki DHB	1067	1067
Waikato DHB	3488	3488
Wairarapa DHB	374	374
Waitemata DHB	5184	5184
West Coast DHB	255	255
Whanganui DHB	559	559
Total electives and ambulatory initiative	40,014	40,014
<b>Bariatric initiative</b>		
All 20 DHBs Total Bariatric Initiative	126	126
<b>Quality initiative</b>		
All 20 DHBs	20	20
<b>Mobile surgical services</b>		
The elective day surgery target of case-weights (approximately 1500 operations per annum)	on track (479 at Feb 2015)	650
Rural health professional development and remote collaboration services volume targets met	62%	100%

## Comments

The output is the agreed number of discharges, above the base funding for each DHB, which are funded through NDE funding only. This is only a proportion of each DHB's total health target expectation.

- The elective initiative supports agreed levels of delivery of surgical discharges.
- The ambulatory initiative supports agreed levels of surgical and medical first specialist assessments, community referred tests and some non-admitted procedures.
- The bariatric initiative supports agreed levels of bariatric surgery discharges above DHB base levels.
- The quality initiative is targeted funding to support DHBs in maintaining timely access, implementing system change or new models of care to create capacity to elective surgery.

## Summary of financial performance

<b>Actual</b>		<b>Actual</b>	<b>Main</b>	<b>Voted</b>
<b>30/06/2014</b>		<b>30/06/2015</b>	<b>estimates</b>	<b>appropriation</b>
<b>\$000</b>		<b>\$000</b>	<b>30/06/2015</b>	<b>30/06/2015</b>
			<b>\$000</b>	<b>\$000</b>
300,241	DHBs	289,139	294,378	286,728
1325	Non-government organisations	833	3449	3449
<b>301,566</b>	<b>Total appropriation</b>	<b>289,972</b>	<b>297,827</b>	<b>290,177</b>

## Comments

The underspend of \$7.855 million against the Main Estimates (3 percent of appropriation) relates mainly to the colonoscopy capacity initiative being transferred to the National Personal Health Services appropriation.

# National emergency services

The scope of the appropriation is for the funding and purchase of health emergency services directly by the Crown. This appropriation is intended to ensure emergency services to assist people who require urgent acute health care (air and road ambulances) are provided in a timely fashion.

This appropriation provides funding contributions for the following services:

- emergency road and air ambulance services
- disaster preparedness for all regions
- Primary Response in a Medical Emergency (PRIME) for selected rural regions
- emergency ambulance communication centre services for the whole country
- funding for projects set out in the New Zealand Ambulance Service Strategy (2009).

Emergency Ambulance Services (EAS) are part of the first line in the continuum of health care. EAS operates 24 hours a day seven days a week and responds to medical emergencies and accidents, providing clinical assessment and advice by phone, treatment at the scene and, if necessary, transportation to hospital. The primary role of EAS is to meet emergency pre-hospital care needs.

EAS aim to have a positive impact on patient outcomes by providing the right care, at the right time, in the right place, delivered by the right person. They determine the level of patient need through a telephone triage system, and authorise and dispatch the most appropriate and available EAS resource. They work closely with other pre-hospital acute and urgent care services, including primary care and Healthline.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	Emergency calls are triaged and services dispatched effectively and efficiently:		
94.47%	• Call response times – percentage of calls answered in 15 seconds	95%	95%
100%	• Calls reach compliance with the medical priority dispatch system performance indicators	100%	95%
	Ambulance response times – for immediately life-threatening incidents an ambulance reaches the scene within:		
53%	• Urban reached in 8 minutes	50%	56% see Note A
95%	• Urban reached in 20 minutes	95%	95%
51%	• Rural reached in 12 minutes	50%	52%
93%	• Rural reached in 30 minutes	95%	93%
New	Percentage of air ambulance activations that are within the target times	50%	66% see Note B
New	Percentage of Reportable Events that providers manage in accordance with the HQSC guidelines	100%	100%

## Comments

The Ministry contracts with:

- two ambulance communications centre providers
- two emergency road ambulance providers
- 12 emergency air ambulance providers.

*Note A:* Response times to the most urgent calls have improved steadily over 2013/14 and 2014/15 despite increasing numbers of calls, as St John and Wellington Free Ambulance have increased availability of resources and made improvements to their systems and processes. They have introduced clinical triage and advice by phone for less urgent calls which means some calls can be closed by clinical advisers over the phone without the need to dispatch an ambulance. This ensures more ambulances are available to travel quickly to life-threatening incidents.

*Note B:* This is a new measure introduced in 2014/15, for which there was no baseline information.

Emergency ambulance services, including call-taking, triage, dispatch, assessment, treatment and transport, have continued to be provided in accordance with specified national service requirements. Key service performance metrics are published on the National Ambulance Sector Office (NASO) website each quarter, together with summaries of ambulance services' serious and sentinel events. Ambulance services performed well during 2014/15, and achieved improved response times despite increasing demand. Demand for air ambulance services continues to rise.

During 2014/15 a new joint Ministry of Health/ACC funding model was introduced for road ambulance services, together with new performance targets. Other key developments during 2014/15 included the development of a clinical hub in the Auckland ambulance control centre. The hub is staffed by specially trained triage nurses who provide a second tier of assessment and advice for 111 calls deemed initially to be low need. The triage nurses speak with the caller and provide clinical assessment over the phone, and if appropriate, advice for self care, or referral to primary care services, or if the caller turns out to have more acute needs, an ambulance is dispatched. The service has been successful in meeting low level needs quickly and more appropriately, and reducing unnecessary ambulance dispatches.

During 2014/15 the electronic patient record project has also made good progress with systems and processes, and staff prepared for pilot in early 2015/16 and completion of the national rollout by June 2016. This is a big step forward in collection and communication of patient information between health agencies and will improve outcomes for patients.

During 2014/15, ambulance services worked with the New Zealand Police who are leading the Whole of Government Radio Network (WGRN) project, and completed detailed design and costings for ambulance to migrate to the Police digital network. The costs were higher than expected and the WGRN board therefore recommended that only the Wellington Free Ambulance migrate fully to the Police digital network.

## Summary of financial performance

Actual 30/06/2014 \$000		Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
95,490	Total appropriation	97,105	93,739	98,318

### Comments

The overspend of \$3.366 million against the Main Estimates (4 percent of appropriation) mainly relates to additional funding to establish a 111 clinical hub servicing the three Auckland Metro DHBs for one year.

# National health information systems

This appropriation is limited to the provision of information technology services for the New Zealand health and social sectors. This is a new appropriation, established in 2013/14. The appropriation is intended to ensure the Ministry of Health is able to fund or purchase health information systems on behalf of the health and social sectors, making that procurement more efficient and effective.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>E-prescription Tool</b>		
New	E-prescription Tool implemented over three years	Achieved	Achieved
	<b>Whānau Ora Information System</b>		
New	Whānau Ora information system implementation, starting from 1 July 2014	Achieved	Achieved
	<b>National Implementation of InterRAI Assessment Tool</b>		
20 DHBs	DHBs implement the InterRAI Home Care and Contact Assessments tools for assessing the needs of older people to access long-term support services in the community or residential care	20 DHBs	20 DHBs

## Information technology

Information technology services includes:

- Whānau Ora IT services from Te Puni Kōkiri to 2014/15 to 2019/20; the system will go live with the first collectives in 2015/16
- the NZ Medicines Formulary
- the National Immunisation Register
- a diagnostic system change
- E-Medicines
- InterRAI software
- National Child Health Services
- E-Medicine Reconciliation Software from the reprioritisation of underspends.

## National implementation of InterRAI assessment tool

InterRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. Appropriate assessment of older people in a timely fashion is one of the most significant aspects in the development of services for older people in New Zealand.

The interRAI comprehensive clinical assessment framework continues to be implemented in aged residential care. Alongside this implementation, the interRAI NZ Governance Board has been reconfiguring the Board's terms of reference and functioning. This will enable a refreshed Board to begin more active oversight of the interRAI programme, which will coincide with the establishment of a long-term budget and work programme for interRAI's implementation and operation.

## Summary of financial performance

Actual 30/06/2014 \$000		Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
3825	DHBs	4334	1874	1874
3877	Non-government organisations	9516	10,535	12,326
<b>7702</b>	<b>Total appropriation</b>	<b>13,851</b>	<b>12,409</b>	<b>14,200</b>

## Comments

This appropriation was overspent by \$1.442 million against the Main Estimates (12 percent of appropriation), and a transfer of funding of \$1.791 million was approved in the Supplementary Estimates. The additional funding is mainly for implementing patient portals to allow people to securely access their health information online.

# National Māori health services

The scope of appropriation is for the funding and purchase of Māori health services directly by the Crown. This appropriation is intended to ensure the provision of health services by and for Māori is supported and encouraged.

The Minister purchases the following services:

- activities to support Māori health and disability providers, including implementation of Taonga Tuku Iho (rongoā Māori traditional healing services and the development of national standards for rongoā)
- implementation of He Korowai Oranga: Māori Health Strategy to achieve whānau ora
- robust statistical data to inform good planning to improve Māori health outcomes
- the development of research projects in target areas.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>Funding and purchasing of services to reduce Māori health disparities and improve Māori health outcomes</b>		
	<b>Rongoā (traditional Māori healing) services</b>		
15	The number of Rongoā providers delivering at least 650 client contacts	15	15 Jul–Mar 19 April onwards
	<b>Provision and funding to support the delivery of health services for Māori</b>		
97%	The percentage of providers who deliver services in accordance with their provider contracts with the Ministry of Health	100%	97%

## Comments

Seventy contracts are administered with organisations providing a range of services including rongoā services, governance training, cultural competency, oral health, rheumatic fever, health literacy, child health, health of older people, improving Māori access, researching publications and reports, sudden unexpected death of an infant (SUDI) prevention, supporting Māori health providers, and ethnicity data.

Thirty-five out of a total of 36 Māori health service contracts (excluding 34 rongoā service contracts) provided services in accordance with their provider contracts (97%). One Māori health service contract was exited due to non-delivery.

## Rongoā

The 15 rongoā services contracts were extended for nine months, from 1 July 2014 to 31 March 2015. The extension was required to allow time for the Ministry to conduct a procurement process to select providers to deliver rongoā services. From April 2015 the Ministry has 19 rongoā service providers. The total annual client contacts for the new contracts range from 300 to 1500 client contacts.

## Governance training

The New Zealand Public Health and Disability Act 2000 requires DHBs to enable Māori to participate in the improvement of Māori health. This appropriation provides support, professional development and networking opportunities for Māori DHB board members and DHB Māori Relationship Board members.

## Research

Comprehensive high quality Māori health research and information is necessary to inform Ministry of Health policy advice. Relevant 2014/15 reports published under the research topic include:

- Kerse N, LiLACS NZ. 2014. *Alcohol Use in Advanced Age: Findings from LiLACS NZ*. Auckland: School of Population Health, The University of Auckland.
- Kerse N, LiLACS NZ. 2014. *Falls in Advanced Age: Findings from LiLACS NZ*. Auckland: School of Population Health, The University of Auckland.
- Kerse N, LiLACS NZ. 2014. *Hospital Visits in Advanced Age: Findings from LiLACS NZ*. Auckland: School of Population Health, The University of Auckland.
- Kerse N, LiLACS NZ. 2014. *Income in Advanced Age: Findings from LiLACS NZ*. Auckland: School of Population Health, The University of Auckland.
- Kerse N, LiLACS NZ. 2014. *Medication Use and Perceptions of GP Care in Advanced Age: Findings from LiLACS NZ*. Auckland: School of Population Health, The University of Auckland.
- Kidd J, et al. 2014. *Kia Mau te Kahu Whakamauru: Health Literacy in Palliative Care*. Auckland: The University of Auckland.
- Ministry of Health. 2015. *A Framework for Health Literacy*. Wellington: Ministry of Health.
- Ministry of Health. 2015. *Health Literacy Review: A guide*. Wellington: Ministry of Health.
- Ministry of Health. 2014. *Māori and Palliative Care from a Health Literacy Perspective*. Wellington: Ministry of Health.
- Ministry of Health. 2015. *Report on the Performance of General Practices in Whānau Ora Collectives as at December 2014*. Wellington: Ministry of Health.
- Rauawaawa Kaumātua Charitable Trust Project Team. 2014. *Māori Health Literacy and Communication in Palliative Care: Kaumātua led models*. Hamilton: Rauawaawa Kaumātua Charitable Trust.
- Steinman M, Nichol J, Wright S, et al. 2015. *Oranga niho me ngā tangata whaiora: Oral health and Māori mental health patients*. University of Otago.
- White C, Reid S, Damiris V. 2014. *Māori Health Literacy Research: Gestational diabetes mellitus*. Auckland: Workbase Education Trust.

## Service development

Service development aims to improve access to, and effectiveness of, health services for Māori by funding projects including oral health, a cultural competence training tool, health literacy, SUDI prevention, and supporting Māori health providers.

## Summary of financial performance

<b>Actual</b>		<b>Actual</b>	<b>Main</b>	<b>Voted</b>
<b>30/06/2014</b>		<b>30/06/2015</b>	<b>estimates</b>	<b>appropriation</b>
<b>\$000</b>		<b>\$000</b>	<b>30/06/2015</b>	<b>30/06/2015</b>
			<b>\$000</b>	<b>\$000</b>
4697	Non-government organisations	4195	7308	4808
<b>4697</b>	<b>Total appropriation</b>	<b>4195</b>	<b>7308</b>	<b>4808</b>

## Comments

This appropriation was underspent by \$3.113 million against the Main Estimates (43 percent of appropriation) mainly due to delays in contracting. A fiscally neutral transfer of \$3.5 million has been approved through the Section 26A.

# National maternity services

The scope of appropriation is for the funding and purchase of maternity services directly by the Crown. This appropriation funds community-based lead maternity carers (LMCs) and other health professionals for the provision of primary maternity care.

This appropriation is intended to ensure women are supported with antenatal care, care during labour and birth, and postnatal care, so that the health of both mothers and babies is promoted. This appropriation provides for the child of an eligible person, regardless of whether the eligible parent is male or female, with antenatal, labour and birth, and postnatal care.

Most pregnancy and childbirth services are 'primary maternity services' delivered in the community by a lead maternity carer (LMC). Most LMCs are midwives; some general practitioners (doctors) and obstetricians also act as LMCs.

Primary maternity services are funded under Section 88 of the New Zealand Public Health and Disability Act 2000 (the Notice). The Notice sets out the terms and conditions for authorised health professionals to provide and claim for primary maternity services.

The objectives of primary maternity services are to:

- give each woman, her partner and her whānau or family every opportunity to have a fulfilling outcome to the woman's pregnancy and childbirth by facilitating the provision of primary maternity services that are safe, informed by evidence and based on partnership, information and choice
- recognise that pregnancy and childbirth are a normal life-stage for most women
- provide each woman with continuity of care through her LMC who is responsible for assessing her needs, planning her care with her, and the care of her baby
- facilitate the provision of appropriate additional care for those women and babies who need it.

Radiology services and non-LMC services for specified care provided by health professionals during pregnancy and childbirth are also funded through the Notice.

Primary maternity services are also delivered outside the Notice by DHBs, along with secondary and tertiary maternity services (Caesarean sections, terminations for foetal abnormality).

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>Lead maternity carer</b>		
	<i>Lead maternity carers (LMCs) deliver quality maternity services in compliance with the Section 88 Primary Maternity Services Notice 2007 (excludes DHB primary maternity services)</i>		
New	The percentage of new babies enrolled with a GP or a Well Child/Tamariki Ora provider at birth	100%	Not available <sup>1</sup>
84% 48,988	Percentage of women giving birth in the year who receive primary maternity services through the section 88 Primary Maternity Services Notice	>70% (42,300 women, based on birth data for the year to 30 Sep 2012)	83% 50,528

<sup>1</sup> The measure was not able to be reported on and has been removed from the 2015/16 Estimates.

## Birth and service trends over time

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Live births <sup>2</sup>	62,960	64,120	62,660	61,400	61,816	60,500	60,944
Labour and birth claims (% share of births)	46,195 (73.4%)	46,076 (71.9%)	47,008 (75.0%)	44,800 (73%)	50,291 (81.3%)	48,988 (81%)	50,528 (83%)

The Section 88 Notice and performance standard is based on 70 percent of births managed by LMCs under the Notice and 30 percent of births managed by DHB primary maternity services. The percentage of births with a labour and birth claim from the Section 88 Notice has continued to increase since 2007 and the performance standard of >70 percent continues to be exceeded.

## Summary of financial performance

Actual 30/06/2014 \$000		Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
3872	DHBs	4214	4557	4466
137,485	Non-government organisations	139,634	142,609	140,200
<b>141,358</b>	<b>Total appropriation</b>	<b>143,848</b>	<b>147,166</b>	<b>144,666</b>

## Comments

This appropriation underspent by \$3.318 million against the Main Estimates (2 percent of appropriation). The variance is not significant.

<sup>2</sup> The births data was extracted from the Ministry of Health's National Maternity Collection which includes data from hospital birth records and claims made by Lead Maternity Carers.

# National mental health services

The scope of appropriation is for the funding and purchase of mental health services directly by the Crown. This appropriation is intended to ensure people are supported with mental health issues, including addiction, and work is undertaken to respond to suicidal behaviour and reduce its impact on communities.

The Mental Health appropriation supports the delivery of Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017. Rising to the Challenge sets the direction for mental health and addiction service delivery across the health sector. The Mental Health Services appropriation addresses key health priorities aimed at achieving further system-wide change to make service provision more consistent and to improve outcomes both for people who use primary and specialist services and for their families and whānau. Mental health promotion, prevention and de-stigmatisation are critical to achieving the vision and for this reason Rising to the Challenge also includes actions in these areas.

This appropriation funds service level contracts with non-governmental organisation (NGO) providers, non-devolved funding for DHBs, and infrastructure initiatives for:

- mental health services including inpatient services at Ashburn Clinic, youth forensic services, cross-agency conduct problem work streams, the implementation of an adolescent e-therapy tool as part of the Prime Minister's Youth Mental Health Project, and perinatal and infant mental health services
- the National Depression Helpline programme
- research and development which includes a service line of the Te Pou agreement which is dedicated to mental health research development and service modelling
- alcohol and other drug services including services to implement the Methamphetamine Action Plan, and youth addiction treatment services for the Prime Minister's Youth Mental Health Project
- mental health and addiction promotion and prevention services including services that contribute to the National Depression Initiative and Like Minds, Like Mine, services for Māori youth aged 10–13 years, and a mental health and addiction literacy programme
- suicide prevention programmes including skills training and the Travellers Programme.

A range of other services are also funded under this appropriation including:

- the delivery of an adolescent e-therapy tool called SPARX as part of the Prime Minister's Youth Mental Health Project
- the implementation of contracts in North Island DHBs to deliver services for women who are pregnant or in the first 12 months postpartum who are experiencing acute mental illness
- a key performance indicator framework for mental health and addiction services, which is now being used by DHBs and NGOs in all DHB areas
- contracts for methamphetamine treatment programmes.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
<b>Mental health programmes</b>			
New	Inpatient mental health services; national specialist Ashburn clinic: the percentage of occupied bed days	95% occupancy	81% occupancy see Note A
22,999	Number of annual contacts made through the National Depression Helpline service	25,000	16,609 see Note B
Achieved	Deliver on the work schedule for four Mental Health and Addiction Workforce Centre work plans	Achieved	Achieved
<b>Addictions</b>			
Deliver on the Tackling Methamphetamine Action Plan:			
New	<ul style="list-style-type: none"> <li>the number of people receiving residential treatment</li> </ul>	200 people	172 people see Note C
Deliver on the Drivers of Crime Action Plan:			
New	<ul style="list-style-type: none"> <li>Drug Court: the number of participants</li> </ul>	100 people	98 people
New	<ul style="list-style-type: none"> <li>Alcohol Brief Intervention and Screening: the percentage of people older than 12 years of age who receive Primary Mental Health (PMHI) who are screened</li> </ul>	50%	38% see Note D
New	<ul style="list-style-type: none"> <li>Triple P Parenting Programme: the number of practitioners trained</li> </ul>	60	88
New	<ul style="list-style-type: none"> <li>Triple P Parenting Programme: the number of families receiving an intervention</li> </ul>	800	1461
Deliver on the Drivers of Crime Action Plan and PM Youth Mental Health Project:			
New	<ul style="list-style-type: none"> <li>Exemplar Youth Mental Health Services</li> </ul>	see footnote <sup>3</sup>	Achieved
<b>Deliver on the Suicide Prevention Action Plan:</b>			
New	<ul style="list-style-type: none"> <li>Implement actions from the action plan for one-off community Suicide Prevention initiatives</li> </ul>	see footnote	Achieved
New	<ul style="list-style-type: none"> <li>Implement actions from the action plan for up to three years community-based Suicide Prevention initiatives</li> </ul>	see footnote	Achieved

### Mental health programmes

The 25 beds for inpatient psychiatric treatment services provided at Ashburn Clinic in Dunedin is a national service within a therapeutic community model of care. It specialises in eating disorders, borderline personality disorder, mood disorders and alcohol and drug issues. It also caters for impaired professionals who are unable to receive treatment in their own or neighbouring DHBs for privacy reasons.

*Note A:* The new 95 percent target for percentage of occupied bed days was an estimation. We are now aware that the unique nature of this service would not achieve this level of occupancy and the target needs to be revised.

<sup>3</sup> The Budget Standard will be confirmed in the following year.

## **National depression helpline service**

National depression initiative (NDI) helpline services are delivered by Lifeline Aotearoa. Service volumes are directly related to media campaigns and advertising delivered by the NDI providers. The initiative is a key component of the suicide prevention programme, and the mental health and addictions service development plan which promotes primary care for people with depression and other mental health issues. NDI facilitates access to primary care and also moderates demand through a self-managed programme linked with the depression helpline, online and text-based support services, health education materials and two interactive websites.

The Journal, fronted by Sir John Kirwan and launched in June 2010 as part of the [www.depression.org.nz](http://www.depression.org.nz) website, is an online interactive self-management programme for people who are experiencing mild to moderate depression. It is based on structured problem-solving therapy and users can complete a self-managed programme and can also, if they choose, seek additional support via the Depression helpline.

There were 676,800 unique visitors to [depression.org.nz](http://depression.org.nz) in the 2014/15 financial year, an increase from 602,600 in 2013/14. The [depression.org.nz/rural](http://depression.org.nz/rural) page, which features farmers speaking about their experiences of mental health issues, had 8900 unique visitors, an increase from 4200 in the previous financial year.

There were 5700 people registered to use The Journal in 2014/15 compared to 7600 in 2013/14. This number is expected to increase once a planned technical update to The Journal takes place which will enable access by mobile phone and tablet.

A youth website, [www.thelowdown.co.nz](http://www.thelowdown.co.nz), helps young people understand and recover from depression. It provides information and fact sheets along with online self-tests and support for youth who are experiencing depression or who know someone experiencing depression. It enables users to interface with the depression helpline by phone, email, text or instant messaging. This website has recently been refreshed with a new layout, and new and updated content, and has been designed for access on mobiles and tablets. The new website features videos of young people sharing their experiences of mental health issues and what helped them recover.

There were 109,500 unique visits to The Lowdown in 2014/15, down from an estimated 146,300 in 2013/14. This number is expected to increase now that the website has been refreshed and is available on mobiles and tablets.

*Note B:* The depression helpline support services provide support to The Journal and both websites ([depression.org.nz](http://depression.org.nz) and [thelowdown.co.nz](http://thelowdown.co.nz)). There were 16,609 annual contacts made through the national depression helpline service. This is a significant reduction in the number of callers from April to June of this year. The Ministry is following up with the provider regarding this. Over 46,000 text messages were processed between users and the helpline in this same period. This is a reduction on the 2013/14 financial year volumes. The volumes are directly related to media campaigns and, due to planned updates to the content and websites, there has been limited advertising in recent months.

## **Youth exemplar services**

The 2014/15 target was to have youth exemplar services established in two regions. Following a contestable procurement process, the Ministry identified Southern DHB and Northland DHB as the areas for implementation. Services are now well established and are contributing to addressing the significant gaps that existed in youth alcohol and other drug (AOD) service provision.

Mirror HQ, the Southern youth exemplar service, is a cohesive, effective, specialist multidisciplinary team. The provider reports that some of the concerns for young people with AOD issues and mental health issues that have been raised for decades are finally being addressed. There are approximately 200 existing clients in the service. Of the new referrals in the April to June 2015 quarter, 55 were male and 31 female, 69 percent were NZ European, 20 percent Māori, 3 percent Pacific and 8 percent Other.

The client group has complex needs and many require extensive case management. The highest presenting concerns are in order: cannabis use; alcohol use; familial AOD use; and co-existing problems with depression, anxiety, past trauma, low mood, criminal offending, separated family issues, tobacco use, child/parent relationship issues, aggressive/violent behaviour, relationship issues, familial mental health, situational crisis, grief/loss, violence, neglect and sleep problems.

The Rubicon exemplar service is delivered in the Whangarei/Kaipara and Far North Districts. Specialist positions have been filled in psychology and nursing, and practitioners have been employed for the Co-Existing Problem CEP service.

The daily after school youth activity programme, run from the Whangarei office of Rubicon, for at-risk youth continues to be successful. There are a range of activities planned for four nights per week including weekly boxing classes, a gym programme, swimming, music lessons, basketball and touch. There is a homework station with computers and internet access, and resources and equipment are supplied to ensure youth can complete their work. Daily responsibility for planning meals, cooking, and general clean-up is taken on by the young people, teaching them social skills and health and nutrition. The registered nurse is available one night per week for the young people to access health checks.

## **Addictions**

### **Tackling methamphetamine**

Treatment providers report that there is strong demand for methamphetamine-related treatment services. This includes not only residential and detox services but also the Alcohol Drug Helpline and MethHelp which allow people to manage their own treatment. As initiatives by Police and Customs continue to reduce the availability of methamphetamine, it is likely that users will seek treatment.

*Note C:* A hard core of persistent users remain, rather than higher number of new users forecast. Treatment providers will continue to see clients with related issues for some time.

Contracts for methamphetamine treatment programmes were reviewed. Adult residential treatment services contracts have been renewed with an outcomes framework. Youth residential treatment services have been consolidated with a single provider. Social detox/withdrawal management services have been extended for one year, while new models of care for these services are developed.

### **Multi-level approach to conduct problems**

The conduct problems workstream is one of four workstreams that make up the cross-government initiative, Addressing the Drivers of Crime. The approach is based on expert advice from the Advisory Group for Conduct Problems (AGCP) on the most effective programmes to reduce conduct problems in 3–7-year-old children. One of the Drivers of Crime health-led

deliverables is implementation of the Multi-level Approach to Conduct Problems in four participating DHBs.

Triple P (positive parenting programme) and Incredible Years are being delivered through Manukau Counties, Bay of Plenty, MidCentral and Waitemata DHBs. Triple P and IY are delivered by a skilled workforce in both primary care and specialist settings. During 2014/15 a total of 88 practitioners were trained and 1461 families have participated in the Triple P programmes. Data for Incredible Years was incomplete at the time of this report. Ten contracts provide support for the multi-level, multi-agency response to conduct problems, which include the Triple P and Incredible Years parenting programmes. Both the Triple P and Incredible Years programmes continue to maintain positive accounts of improvements in child behaviours and improvements in wellbeing and confidence in parenting.

*Note D:* Under the Alcohol Brief Intervention & Screening, 38 percent of people older than 12 years of age who received Primary Mental Health (PMHI) were screened, against a target of 50 percent.

### **The Prime Minister's Youth Mental Health Project**

The Ministry of Health has been the lead agency for the implementation of the Prime Minister's Youth Mental Health Project since July 2012. The project comprises a suite of 26 initiatives designed to improve the mental health and wellbeing of young people aged 12 to 19 years. The key agencies involved with implementing the initiatives are the Ministry of Health, Ministry of Social Development and Te Puni Kōkiri.

The Ministry of Health is specifically responsible for eight of the 26 initiatives including:

- extending school-based health services to decile 3 secondary schools
- expanding the use of HEEADSSS<sup>4</sup> wellness checks in schools and primary care settings
- expanding primary mental health services to young people aged 12 to 19 years
- introducing an e-therapy tool for young people
- improving the responsiveness of primary care to youth
- improving follow-up care for those discharged from Child and Adolescent Mental Health Service (CAMHS) and from youth alcohol and other drug services
- improving access to CAMHS and to youth alcohol and other drug services.

Good progress has been made across all initiatives, with changes evident on the ground including:

- the HEEADSSS Wellness Checks initiative has been completed; 1295 users have accessed the online training, which remains available
- over 8000 12–19 year olds have accessed primary mental health services this financial year
- for the period 1 July 2014 to 30 June 2015 there were 29,851 website visitors, 23,040 unique visitors, 17,834 SPARX e-therapy page views, 2477 registered to use the tool and a total of 2026 who identified as young people aged 12–19 years old
- nationally 85 percent of young people have been seen by youth AOD services within three weeks. This exceeds the waiting time target of 80 percent.

<sup>4</sup> Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety Assessment.

## **The Suicide Prevention Action Plan**

The Suicide Prevention Action Plan (2013–2016) aims to further existing suicide prevention work and address gaps that were identified in the first action plan (2008–2012). It comprises 30 actions under five objectives with a particular emphasis on assisting communities and frontline workers to identify and respond to suicidal behaviour and reducing the impact of suicide on communities.

Implementation of the Action Plan is progressing well with all 30 initiatives in place or well under way. The level of engagement by communities, DHBs and government agencies is particularly encouraging. Highlights in the 2014/15 year include:

- all DHBs have developed local suicide prevention and postvention plans for their regions
- tailored training programmes on mental health and suicide prevention are now in place or about to commence for staff in key government agencies
- full establishment of an information-sharing system that provides DHBs with timely coronial information about suspected suicides in their region.

Māori and Pasifika suicide prevention approaches are being strengthened through Waka Hourua (Action 1.1 of the Action Plan), the combined Māori and Pasifika suicide prevention programme which was established in 2013. A one-off contestable community fund has now supported 63 community-based suicide prevention initiatives and an evaluation framework has been completed. Approximately 15 of the initiatives have been evaluated to date and show positive results for building the knowledge of Māori whānau about suicide risk, and increasing understanding about how to access services available to them.

## **Other mental health services**

### **Adolescent e-therapy tool**

An online e-therapy tool (SPARX) has continued to be delivered as part of the Prime Minister's Youth Mental Health Project. Smart, Positive, Active, Realistic, X-factor thoughts (SPARX) is an online e-therapy tool that teaches young people the key skills needed to help combat depression and anxiety. Young people can access, register and start using SPARX independently, anonymously and in their own time, making help available to more people around New Zealand. SPARX uses proven cognitive behavioural therapy techniques in a youth friendly game format to teach young people how to cope with negative thoughts and feelings and think in a more balanced way. SPARX is fully implemented and is currently being evaluated.

For the period 1 July 2014 to 30 June 2015 there were 29,851 website visitors, 23,040 unique visitors, 17,834 SPARX e-therapy page views, 2477 registered to use the tool, and a total of 2026 who identified as young people aged 12-19 year olds.

### **Services for women who are pregnant**

The full range of new and enhanced acute services for mothers, babies and their whānau is now in place. While recruitment continues for some permanent clinical positions, these vacancies are being covered to ensure full service provision. New and enhanced services include a three-bed acute inpatient service at Starship in Auckland, enhanced clinical services and increased community-based respite and support services delivering packages of care.

## Key performance indicator framework for mental health and addictions services

A key performance indicator framework for mental health and addictions services is being used by DHBs and NGOs in all DHB areas. This has led to improved quality in data collection and service delivery. Work is occurring in the areas of adults, child and youth, and forensic services.

Key performance indicators (KPIs) are tools that help define and measure progress towards organisational goals to support benchmarking and guide service and quality improvement. KPIs can be used at regional and national provider levels to provide a picture of system performance.

The goals to support benchmarking include:

- improve mental health and information intelligence
- improve the availability of information and information systems to underpin service development which supports decision-making and improves services for people
- provide the sector and the public with important signals about the progress the mental health and addiction sector is making towards achieving intended outcomes (people receive better health and disability services).

## Summary of financial performance

<b>Actual</b> <b>30/06/2014</b> <b>\$000</b>		<b>Actual</b> <b>30/06/2015</b> <b>\$000</b>	<b>Main</b> <b>estimates</b> <b>30/06/2015</b> <b>\$000</b>	<b>Voted</b> <b>appropriation</b> <b>30/06/2015</b> <b>\$000</b>
14,863	DHBs	12,722	14,230	14,834
6018	Health Promotion Agency	5521	4509	5521
–	Environmental Science Research (ESR)	1710	–	–
1110	Other Crown entities	601	–	–
25,599	Non-government organisations	25,069	37,137	25,784
<b>47,590</b>	<b>Total appropriation</b>	<b>45,623</b>	<b>55,876</b>	<b>46,139</b>

## Comments

The underspend of \$10.253 million against the Main Estimates (18 percent of appropriation) mainly relates to funding transferred to other Votes and/or years: \$6.8 million for the Specialist Sexual Violence Sector and Youth One Stop Shops was transferred to Vote Social Development and \$3 million for Youth Forensic Services was transferred to 2015/16.

# National personal health services

This appropriation is limited to personal health care and support services purchased directly by the Crown, including mobile surgical services, telephone and online advice services, hospice services, sexual and reproductive health services, and services associated with the implementation of the Oral Health and Cancer Strategies. It is intended to ensure people are supported with the identification, management, and treatment of personal health conditions (for example, treatment for cancer, and hospice services).

The National Personal Health Services appropriation is intended to achieve a number of outcomes for personal health services:

- health information and recommendations of appropriate care for telephone callers with symptoms
- comprehensive, quality services for people living in rural areas
- an improvement across the cancer pathway which will contribute to better overall cancer outcomes
- a systematic approach to comprehensive geriatric assessment in New Zealand
- one-off treatments not otherwise funded by the public health system
- identifying and continuing to improve cardiac-related services in New Zealand
- sustainable growth in transplants.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>Nationally purchased personal health</b>		
	<b><i>National telephone triage and health advice services (Healthline)</i></b>		
100%	Phone line service is available 24/7	99%	100%
6.3%	Call abandonment rate (percentage of calls offered)	<10%	8%
81.2%	Percentage of calls answered within 20 seconds	>80%	84%
99%	Percentage of surveyed callers satisfied or very satisfied with the Healthline service	>95%	98.5%
	<b>Mobile surgical services</b>		
675	The elective day surgery target of case-weights (approximately 1500 operations per annum)	650	718
100%	Rural health professional development and remote collaboration services volume targets met	100%	100%
	<b>Cancer services</b>		
New	Six-monthly progress reports on regional implementation of national priorities are received from the four Regional Cancer Networks (RCNs)	4 RCNs	4 RCNs
New	Boost Hospice Funding passed on to all hospices	100%	100%
New	DHBs who receive funding from the Faster cancer treatment service improvement fund implement service improvements to support achievement of the new health target for cancer and implement the tumour standards	100%	100%
New	DHBs maintain performance against the Shorter waits for cancer treatment health target – radiotherapy and chemotherapy	100%	100%
	<b>Bowel cancer</b>		
100%	Completed progress reports for evaluation of bowel screening pilot	100%	100%
100%	Fund and monitor the bowel screening pilot by December 2014	100%	100%

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>High cost treatment pool</b>		
100%	The percentage of completed applications managed within three weeks	100%	100%
	<b>Cardiac services</b>		
4 DHBs	The number of DHBs with cardiac facilities using the Licensing and Development of Cardiac Surgery Registry	<5 DHBs	5 DHBs
19 DHBs	The number of DHBs using the Acute Coronary Syndrome Registry	15–20	20
	<b>Additional organ donations</b>		
	<b>Deceased organ donors</b>		
4 Reports	Quarterly and annual reports about deceased organ donors	Reports received	Reports received
	<b>Long term conditions</b>		
New	DHBs report quarterly on implementation of Diabetes care improvement packages	100%	100%

### Nationally purchased personal health

National telephone triage and health advice services (Healthline) is staffed by experienced registered nurses who provide health information and recommend appropriate care for callers with symptoms. Healthline provides advice about a child of any age who is unwell or hurt, or has any symptoms of sickness. Healthline also provides a full range of telephone triage and health advice for children over five and adults.

Healthline answered 401,410 calls in the year to 30 June 2015 (392,204 in 2014; 390,470 in 2012; 374,444 in 2011; 353,941 in 2010). Healthline was available 24 hours a day, seven days a week during 2014/15 (at no time was this service unavailable). The call abandonment rate was notably low at 8 percent (6 percent 2013/14).

### Mobile surgical services

Mobile surgical services provide elective day surgeries to many rural communities throughout New Zealand.

A review of mobile surgical services and related services in 2013/14 enabled the Ministry to determine the scope and role of rural/mobile surgical services, rural health professional development services and remote collaboration (telepresence) services beyond the current contract term. The review results have ensured that services purchased are completely aligned with, and contribute to, achieving the objectives and outcomes set out for mobile surgical services.

### Cancer services

This work is intended to support implementation of the New Zealand Cancer Plan 2015–2018 and the National Cancer Programme 2014/15 work plan to achieve the vision of all people easily accessing the best services in a timely way to improve overall cancer outcomes. This includes implementing the new faster cancer treatment health target, implementing tumour standards for 11 tumour types, and activity to improve the sustainability of medical oncology and radiation oncology services. The Ministry continues to monitor shorter waits for cancer treatment, which transitioned from a health target to a policy priority measure from 1 October 2014. All patients who were ready for treatment received their radiotherapy and chemotherapy within four weeks of the decision to treat in quarter four 2014/15.

The bowel screening pilot continues to be on track to inform and provide good information in preparation for a possible national rollout of a bowel screening programme. As part of Budget 2015 \$12.4 million has been allocated for a two-year extension of the bowel screening pilot.

The Interim Evaluation Report of the Bowel Screening Pilot: Screening Round One was published in June 2015. The key findings from the report are that:

- the participation rate in round one was higher than the internationally accepted minimum
- the bowel cancer detection rate was within the range reported by other international population-based screening programmes that use the same type of test
- participants and stakeholders were positive about their experiences with the pilot.

### Special High Cost Treatment Pool

The Special High Cost Treatment Pool is used for funding for one-off treatments, not otherwise funded by the public health system. Special high cost treatments include medical treatments that are only available outside New Zealand or treatments that are only currently available outside the public health system. For 2014/15 the budget was \$2,015,780 (\$2,458,000 in 2013/14). There were a total of 36 applications received and of those 24 were approved.

The following table shows which DHBs have made applications to the Special High Cost Treatment Pool.

	2012/13	2013/14	2014/15
Northland	3		
Waitemata	1	2	
Auckland	10	6	15
Counties Manukau	1		
Bay of Plenty	1		1
Hawke's Bay	2	1	
MidCentral		1	1
Capital & Coast	9	2	9
Hutt Valley	1		
Wairarapa		1	
Canterbury	15	1	5
South Canterbury		1	
Southern	2		3
DHB not identified		6	
Tairāwhiti			1
<b>Total</b>	<b>45</b>	<b>21</b>	<b>36</b>

### Cardiovascular disease and diabetes health

It is important to have a national audit system for identifying and continuing to improve cardiac-related services in New Zealand. The interventional cardiology and cardiac surgery registries have been developed and are now in use.

Dendrite Clinical Systems Ltd has implemented the Cardiac Surgery Registry. The Registry was successfully deployed nationally at the end of 2013/14 and the first uploads of national data occurred in quarter two of 2014/15.

Enigma Solutions Ltd with Auckland Uniservices undertake training, audit and data analysis of the Coronary Syndrome Registry. The registry is in use by all DHBs nationally and data derived from it is being used in the sector.

### Additional organ donations

The demand for organs significantly surpasses the number of donors everywhere in the world. The current New Zealand deceased donor rate is relatively static. There are more potential recipients on organ donation waiting lists than organ donors. In particular, due to significant advances in dialysis techniques, patients suffering from end-stage renal disease (ESRD) can survive longer than ever before so the need, especially for kidneys, rises every year.

Progress has been made to establish operational and strategic leadership for the new National Renal Transplant Service. This builds on additional investment of \$4 million in Budget 2013 and \$4 million in Budget 2014 to accelerate the number of renal transplants. A clinical lead was identified, and commenced on 1 September 2014. The clinical leader will work with the national renal transplant leadership team to provide expert clinical advice and leadership to the improving renal transplantation processes and increase in renal transplantation volumes. Work will be undertaken with each renal service to review their processes and advise on improvements to ensure consistent best practice across all renal departments, as well as engaging with sector stakeholders to support successful implementation of the National Renal Transplant Service. Supporting this programme will be the continuation of the Paired Kidney Exchange Programme piloted by Auckland DHB, and the appointment of donor liaison coordinators in the renal service provider DHBs. These initiatives are intended to produce sustainable growth in transplants by increasing the number of deceased organ and live donors that are identified and worked up to completed transplant operations.

### Summary of financial performance

<b>Actual</b>		<b>Actual</b>	<b>Main</b>	<b>Voted</b>
<b>30/06/2014</b>		<b>30/06/2015</b>	<b>estimates</b>	<b>appropriation</b>
<b>\$000</b>		<b>\$000</b>	<b>30/06/2015</b>	<b>30/06/2015</b>
			<b>\$000</b>	<b>\$000</b>
38,282	DHBs	45,051	25,760	42,968
46,951	Non-government organisations	39,697	59,302	43,177
<b>85,233</b>	<b>Total appropriation</b>	<b>84,748</b>	<b>85,062</b>	<b>86,145</b>

### Comments

The underspend of \$0.314 million against the Main Estimates (0.4 percent of appropriation) is not significant.

# Primary Health Care Strategy

This appropriation is limited to services to implement and deliver the Primary Health Care Strategy. This appropriation is intended to ensure accessible primary care services are provided in New Zealand communities, enabling people to live healthier, more independent lives.

This appropriation is intended to achieve services and models of care that provide services closer to home; high needs patients accessing primary health care services; free under sixes general practice services nationally for enrolled children; pharmacists being part of primary health care teams; provision of advice and support for shifting services from secondary to primary care settings; and the development of Integrated Family Health Centres, new models of care and other integration initiatives.

Funding is provided for primary health care services to further develop the primary health care sector. The majority of the appropriation is managed by DHBs and reported in their annual reports.

All people enrolled through their general practices in a primary health organisation (PHO) have access to subsidised primary health care services. Primary health care has seven key funding streams to improve access: First Contact; Very Low Cost Access; Zero Fees for Under Sixes; Services to Improve Access; Health Promotion; Care Plus; and Management Fees.

All PHOs receive funding for primary mental health services from DHBs. A key aim of these services is to increase patients' access to talking therapies and other psychosocial interventions. Some elements of primary care, such as immunisation and access to cardiovascular disease (CVD) services, are represented by health targets and are reported fully in the annual report of the Ministry of Health and the annual reports of individual DHBs. Additional performance measures are contained in DHBs' Statements of Intent.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>Care closer to home</b>		
96%	DHB progress against clinical integration activities agreed in 2014/15 Annual Plans, including but not limited to: shifting services to primary care; and Integrated Family Health Centre development. The percentage of DHBs achieving Annual Plan expectations	85%	100%
3,800,000	GP consultations for high need groups	3,800,000	3,792,377 <sup>5</sup>
900,000	Practice nurse consultations for high need groups	900,000	1,100,000 see Note A
	<b>Access to affordable primary health care services</b>		
98.4%	New Zealand children who receive free access to Under 6 services during day time and after hours	97%	99%
New	The number of high needs patients in very low cost access (VLCA) practices	1,300,000	1,335,486
New	The number of patients receiving a long-term conditions (LTC) service in pharmacies nationally	140,000	127,700

<sup>5</sup> The total number from 31 of 32 PHOs.

## **Care closer to home**

Integration is a key component of placing patients at the centre of the system, increasing the focus on prevention avoidance of unplanned acute care and redesigning services closer to home. Integration includes both clinical and service integration to bring organisations and clinical professions together, in order to improve outcomes for patients and service users through the delivery of integrated care.

As part of the DHB annual plans for 2014/15, DHBs are asked to report on their integration activities. This is a qualitative measure that requires DHBs to supply a progress report against the integration activities that were agreed in their annual plans.

As part of the Primary Health Care Strategy, DHBs provide a general primary care response to the needs of people of any age with mild to moderate mental illness. In addition to this, access to primary mental health interventions are funded for the following specific population groups:

- The enrolled adult population focused on Māori, Pacific and/or low income. The expected outcome is increased access to psychological and psychosocial interventions for these at-risk groups.
- Youth primary mental health services, available to all youth in the 12 to 19 year age group (regardless of PHO enrolment) who require such a service. The expected outcomes are to enable early identification of developing mental health and/or addiction issues and better access to timely and appropriate treatment and follow up.

Primary mental health services are in place in all districts and the population groups noted above have free access. Primary mental health interventions are based on a stepped care model with interventions matched to service user needs in terms of level of intensity.

Additional primary care funding is provided to some general practices to increase access for people in high needs groups. This is measured by the total number of GP consultations and the number of patients in very low cost access (VLCA) practices. Funding is also provided for access to free visits and prescriptions for under 6s.

*Note A:* Changes have also been made to contracting arrangements to encourage people to use practice nurses more for their care. This is measured by the number of people with high needs accessing practice nurse services.

## **Pharmacy long-term conditions adherence service**

The pharmacy long-term conditions adherence (LTC) service is a medicines adherence service for community-based patients who have long-term medical conditions, who take regular medicines and who require additional help to be able to adhere to their medicines. As at 30 June 2015 there were approximately 127,700 patients enrolled in this service.

## Summary of financial performance

Actual		Actual	Main estimates	Voted appropriation
30/06/2014		30/06/2015	30/06/2015	30/06/2015
\$000		\$000	\$000	\$000
156,421	DHBs	149,596	139,937	139,937
4869	Non-government organisations	5340	29,804	15,353
<b>161,290</b>	<b>Total appropriation</b>	<b>154,935</b>	<b>169,741</b>	<b>155,290</b>

## Comments

The underspend of \$14.806 million against the Main Estimates (9 percent of appropriation) mainly relates to the post-budget transfer of \$15 million of after-hours funding to DHB appropriations.

# Problem gambling services

The scope of appropriation is funding to support the research and implementation of strategies to prevent and minimise the harm from gambling, the provision of treatment services to problem gamblers and assistance to their families and whānau in accordance with the Gambling Act 2003. This appropriation is intended to ensure the harm caused by problem gambling is reduced.

This appropriation is for implementation of the Preventing and Minimising Gambling Harm (PMGH) Strategic Plan 2010/11–2015/16. The Ministry has implemented an outcomes monitoring framework to measure outcome progress for each of the objectives identified in the PMGH Strategy. The overall goal of the PMGH Strategy is for the Government, the gambling industry, communities and families/whānau to work together to prevent the harm caused by problem gambling, and to reduce health inequalities associated with problem gambling.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
100%	The percentage of problem gambling service providers who provide services in accordance with their provider contracts with the Ministry of Health	100%	100%
7164	The number of people seeking support from problem gambling services	6300	6300
New	Percentage of treatment service users experience an improvement in their condition	90%	90%

## Comments

Services purchased under the Gambling Act 2003 included:

- intervention services for those experiencing gambling harm and for their families/whānau, including screening and brief intervention services, counselling, and help to access allied health and social services and follow-up services
- primary prevention services to protect people from health threats and promote better health for all New Zealanders (primary prevention services are population-focused, and include targeted programmes for specific groups of people disproportionately affected by gambling harm)
- a research programme to inform further policy and service development to prevent and minimise gambling-related harm.

Contract monitoring and verification visits confirm 100 percent compliance with contract requirements. There were 7211 people seeking support from Problem Gambling Services as at 30 June 2015 (7164 in 2013/14).

Support includes people seeking help through treatment services due to their own or someone else's gambling. Most of the people who make contact with treatment services are in crisis. Face-to-face services assisted over 12,741 people in the 2014/15 year. In addition the Gambling Helpline received an average of 150 calls per month from new clients.

2014/15 was the second year of implementing the Preventing and Minimising Gambling Harm Service Plan, which covers a three-year period.

## Summary of financial performance

<b>Actual</b>		<b>Actual</b>	<b>Main</b>	<b>Voted</b>
<b>30/06/2014</b>		<b>30/06/2015</b>	<b>estimates</b>	<b>appropriation</b>
<b>\$000</b>		<b>\$000</b>	<b>30/06/2015</b>	<b>30/06/2015</b>
			<b>\$000</b>	<b>\$000</b>
154	Health Sponsorship Council	109	–	–
1621	Health Promotion Agency	1680	1680	1680
15,895	Non-government organisations	13,946	15,853	17,653
<b>17,670</b>	<b>Total appropriation</b>	<b>15,735</b>	<b>17,533</b>	<b>19,333</b>

## Comments

The appropriation was underspent by \$1.798 million against the Main Estimates (10 percent of appropriation) and the variance is not significant.

# Public health service purchasing

This appropriation is intended to ensure communities are supported with the identification, management, and treatment of public health issues. This includes, for example, health promotion, screening for cancer and other conditions, investigating environmental or border health issues, and identifying and managing communicable diseases.

The Minister of Health has funding agreements for the delivery of public health services with around 250 providers, including 12 DHB public health units (PHUs). The scope of public health services is mandated by the New Zealand Health Strategy and the Nationwide Service Framework. Public health services protect people from health threats, promote better health for all New Zealanders, and are targeted at specific groups of people, particularly high risk groups.

The services include the following core public health functions: health assessment and surveillance; public health capacity development; health promotion; health protection, and preventive interventions. They cover the following issues:

- national screening services
- tobacco control
- communicable diseases and immunisation
- physical and social environments
- emergency preparedness
- suicide prevention
- services for children
- prevention of alcohol and other drug-related harm
- sexual and reproductive health
- rheumatic fever prevention
- injury prevention
- refugee and migrant health promotion.

This comprehensive range of public health services supports the administration of regulations and provides scientific and technical advice to health officials and DHB public health officers. Public health service providers support the Ministry and public health statutory officers to protect people's health through encouraging safe and healthy environments, working with other sectors to promote or maintain safe and healthy environments, and reducing the impacts of communicable diseases, non-communicable diseases and environmental hazards on at-risk communities.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
<b>National Screening Unit</b>			
<b><i>National Cervical Screening Programme (NCSP) eligible women to be screened every three years:</i></b>			
76.6%	<ul style="list-style-type: none"> <li>The number of women screened within the last three years, as a proportion of the eligible population (women aged 25–69 hysterectomy adjusted) by December 2014</li> </ul>	80%	76.5%
-0.1%	<ul style="list-style-type: none"> <li>Increase in Māori eligible women screened by June 2015</li> </ul>	8% <sup>6</sup>	-0.1%
0.3%	<ul style="list-style-type: none"> <li>Increase in Pacific eligible women screened by June 2015</li> </ul>	8% <sup>7</sup>	3.9%
9621	<ul style="list-style-type: none"> <li>The number of additional women aged 25–69 years screened</li> </ul>	51,475	16,497 see Note A
<b><i>BreastScreen Aotearoa (BSA) eligible women to be screened every two years:</i></b>			
72.6%	<ul style="list-style-type: none"> <li>Women screened within the last two years, as a proportion of the eligible population (women aged 45–69 years)</li> </ul>	>72%	72.1%
1%	<ul style="list-style-type: none"> <li>Increase in Māori eligible women screened by June 2015</li> </ul>	4% <sup>8</sup>	-1.9% see Note B
73.4%	<ul style="list-style-type: none"> <li>Maintain coverage of Pacific eligible woman above national target of 70%</li> </ul>	>73%	72.6%
<b><i>Newborn metabolic screening</i></b>			
New	Newborn babies screened	60,000	58,364 Jan–Dec 2014
<b><i>Universal newborn hearing</i></b>			
New	Newborn babies screened	55,000	55,474 Jan–Dec 2014
<b><i>Antenatal HIV</i></b>			
New	Number of women diagnosed with HIV during pregnancy	<5	1 (Jul–Dec 2014)
New	Mother to child transmission rate following antenatal HIV screening	0.0%	Data not available see Note C
<b><i>Antenatal screening for Down syndrome and other conditions</i></b>			
New	Number of pregnant women screened	47,000	48,470 Jan–Dec 2014
<b>Tobacco control programme</b>			
75.06%	The proportion of Year 10 students identifying as 'never smoked'	73%	76.93%
<b><i>Hospitalised smokers and those presenting to primary care will be provided with advice and help to quit:</i></b>			
95%	<ul style="list-style-type: none"> <li>For hospitalised smokers</li> </ul>	95%	95.6%
85.8%	<ul style="list-style-type: none"> <li>For primary care smoker presentations</li> </ul>	90%	90.5%
Not available	<ul style="list-style-type: none"> <li>For pregnant women, progress toward</li> </ul>	90%	Not available <sup>9</sup>

<sup>6</sup> This target was reforecast from 2% to 8%, however a data entry error showed the target as 4% in the Supplementary Estimates of Appropriations 2014/15 B.7; page 382.

<sup>7</sup> This target was reforecast from 2% to 8%, however a data entry error showed the target as 4% in the Supplementary Estimates of Appropriations 2014/15 B.7; page 382.

<sup>8</sup> This target was reforecast from 2% to 4% in the Supplementary Estimates of Appropriations 2014/15 B.7; page 382.

<sup>9</sup> The maternity target data is not able to be reported on in 2014/15, but this will start from 2015/16.

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>Smokefree New Zealand 2025 Innovation Fund</b>		
New	The number of projects funded across New Zealand will be between	15–25	22
Revised	The percentage of project reports due that are received for assessment will be no less than	90%	100%
New	The percentage of project reports received that have been reviewed and assessed will be no less than 100%	100%	100%
	<b>Tobacco</b>		
54% (45,029)	Quit Group will increase quit attempts from 75,000 to 90,000	70% (65,000)	72% (46,107) See Note D
7%	Quit Group will maintain an annual average abandonment rate of no more than 10%	<10%	4%
	<b>Enforce Smokefree Environments Act 1990</b>		
100%	All DHB-owned public health units report six monthly on number of tobacco retailer education visits, controlled purchase operations (CPOs), number of retailers visited during CPOs and number of positive sales	100%	100%
	<b>Environmental and border health</b>		
	All DHB-owned public health services investigate any public health event or emergency (relating to environmental and border health) with inter-district, national or potentially international implications:		
96%	• notify the Ministry of Health within 24 hours	90%	100%
100%	• submit an investigation report to the Ministry of Health no later than 14 days after the occurrence of the event	90%	99%
100%	• Border Health Response Plan maintained and up to date	100%	100%
New	Providers of environmental and border protection scientific, surveillance, analysis, and/or advisory services, with contracts over \$500,000 per annum, deliver milestones in accordance with contract requirements	95%	100%
New	The number of training courses, workshops and forums provided to public health statutory officers from DHB public health units during the year	15	16
	<b>Increased compliance with Sale and Supply of Liquor Act</b>		
92%	All applications and renewals for alcohol licences were enquired into and where any matters in opposition were identified these were reported to the relevant licensing committee within 15 days	90%	91%
	<b>Services for children</b>		
	<b><i>The proportion of infants exclusively and fully breastfeeding at:</i></b>		
76%	Six weeks	76%	74%
55%	Three months	57%	55%
	<b><i>Other child and youth – Violence Intervention Programme</i></b>		
95%	DHBs achieve Violence Intervention Programme benchmark audits scores of 70/100	90%	95%
95%	DHBs have improved programme responsiveness to Māori through implementation of their Whānau Ora plan	90%	91%
	<b>Drinking water subsidies</b>		
100%	Percentage of applications approved by the Associate Minister that meet the Government's criteria	100%	100%
	<b>Community action on alcohol and drugs</b>		
100%	CAYAD service providers meet all contractual obligations and deliver services in accordance to quality specifications	100%	100%

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
100%	<b>Rheumatic fever</b> Providers of rheumatic fever prevention services with contracts over \$500,000 per annum, deliver milestones in accordance with contract deliverables	95%	86% see Note E
95%	<b>Communicable diseases</b> Providers of scientific advice, outbreak response and surveillance with contracts over \$500,000 per annum, deliver milestones in accordance with contract requirements	95%	90%
New	<b>Immunisation</b> Annual Influenza Immunisation Programme: Over 1 million people are vaccinated annually and 75% of over 65 year olds are immunised	75%	69%
0 Overdue	<b>Hepatitis Foundation</b> The number of quarterly reports sent to the Ministry on time Completion of Pilot Report by 30 June 2014 and National Implementation Plan by 30 July 2014	4 Achieved	3 Achieved
100%	<b>Sexual and reproductive health</b> <b>New Zealand AIDS Foundation</b> The percentage of all clients tested for HIV/AIDS are provided with a pre and post counselling session Convene and facilitate National HIV/AIDS Forum	100% Achieved	100% Achieved
159,278	<b>New Zealand Family Planning Association</b> The number of general consultations across the 17 DHB regions contracted to deliver services	159,309	158,245
8,685	The number of school linked and outreach consultations across the 17 DHB regions contracted to deliver services	12,600	8151 (20/07/15) see Note F
8,927	The number of pregnancy/maternity single episode consultations across the 17 DHB regions contracted to deliver services	12,250	8890 (20/07/15) see Note G
Achieved	<b>Emergency Preparedness</b> Maintain National Reserve Pandemic stocks	Achieved	Achieved
11	The number of Emergo Train Mass Casualty simulations in DHBs (33 over three years)	11	11
Achieved	Maintain emergency management capability and capacity in road ambulance services	Achieved	Achieved
On track	Development of an appropriately trained, resourced and equipped NZ Medical Assistance Team capability by 2015	On track	On track
Achieved	Develop capability and capacity within the health sector	Achieved	Achieved
90%	<b>Like Minds Like Mine</b> The percentage of providers who achieve the agreed number of tangata whaiora leadership workshops, staff training activities, destigmatisation community and media awareness activities as approved by the Ministry in their annual plans	90%	Not applicable <sup>10</sup>
100%	<b>Suicide Prevention</b> <b>Kia Piki Te Ora All Age Suicide Prevention</b> The percentage of providers who report six-monthly on the number of community suicide prevention workshops, media promotions, across sector developments achieved from their annual plans	100%	100%

<sup>10</sup> The funding for this deliverable has been transferred to the Health Protection Authority.

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>Community postvention response</b>		
18	The number of completed assessments to identify possible emerging clusters per annum	50	40 see Note H
5	The number of communities that are experiencing level three cluster suicides, provided support per annum	3	2
	<b>Bereavement support service</b>		
1003	The number of number of family/whānau members bereaved by suicide, provided with support	800	2400 see Note I
	<b>MH101 – Mental health literacy</b>		
39	The number of mental health literacy workshops delivered	40	41
	<b>Applied suicide intervention skills training</b>		
264	The number of partially subsidised places at ASIST trainings delivered	250	260
30	Travellers school based education programme for at-risk youth The number of new schools recruited to the Travellers programme	10	30
	<b>Communicable Disease Outbreak Response Plan</b>		
100%	The percentage of Public Health Units with Communicable Disease (CD) outbreak response plan and capability, taking account of CD Manual and ESR guidance on outbreak investigation	100%	92%
	<b>Injury Prevention National Poisons Centre (NPC)</b>		
6%	National Poison Centre Phoneline – percentage of calls abandoned (over total number of calls)	<10%	5%
	<b>National Poison Centre Treatment Outcome</b>		
73%	Six-monthly reporting of treatment outcomes to the Ministry on the percentages of no treatment required, self management and medical referrals (over the total number of calls with poisons exposure)	100%	100%

## National Screening Unit

The National Screening Unit (NSU) is responsible for delivering safe, effective and equitable screening programmes nationwide. In 2014/15 five screening programmes and one quality improvement initiative were delivered:

- National Cervical Screening Programme
- BreastScreen Aotearoa
- Newborn Metabolic Screening Programme
- Universal Newborn Hearing Screening and Early Intervention Programme
- Universal Offer Antenatal HIV Screening Programme
- quality improvement measures for antenatal screening for Down syndrome and other conditions.

## **National Cervical Screening Programme**

Cervical cancer is one of the most preventable cancers. Cervical screening reduces the risk of women developing cervical cancer. The aim is to increase cervical screening coverage to 80 percent for all ethnic groups. Overall coverage (three-year) for the National Cervical Screening Programme (NCSP) is 76.5 percent for women 25–69 years old as at 30 June 2015. Five-year coverage is measured to capture women that may access screening slightly later than the recommended three-yearly interval but still importantly are being screened. The coverage for the five-year period is 90.7 percent. NCSP continues to promote participation through education and awareness strategies.

*Note A:* The additional women needing to be screened to reach the 80 percent coverage target are primarily in the (NCSP) priority groups which are Māori, Pacific, Asian, unscreened and under-screened women. In particular inequities remain for Māori and Pacific women. The NCSP is addressing this through multiple strategies, for example monitoring provider initiatives through contracts, cervical screening coverage included as a target in the Integrated Performance and Incentive Framework (IPIF) and DHB Māori Health Plans, provision of some free smears for priority women, data matching to target under-screened women, and social marketing strategies. NCSP and BreastScreen Aotearoa are also reviewing their support to screening services contracts to ensure the service delivery model supports women to access the screening programmes, targets priority women and provides value for money.

## **BreastScreen Aotearoa**

Eligible women are invited to be screened every two years under the BreastScreen Aotearoa (BSA) programme. Overall coverage for BSA exceeds the 70 percent target and is 72.1 percent for women 45–69 years old as at 30 June 2015. Coverage for Pacific women also exceeds the 70 percent target; however inequities remain for Māori women which BSA is working to address.

*Note B:* BSA is addressing inequities in coverage for Māori women through multiple strategies including data matching with primary care to identify under-screened women, regional collaboration, DHB Māori Health Plan activity, support to screening services contracts and social marketing initiatives.

## **Antenatal and newborn screening**

Around 58,000 newborn babies are screened each year through the Newborn Metabolic Screening Programme for over 20 rare metabolic disorders, to prevent severe disability or even death.

Newborn hearing screening aims to detect moderate or more severe hearing loss so that early intervention can be commenced by six months of age. This improves the social, cognitive and developmental behaviours for the child. Around 55,000 newborn babies are screened each year through the Universal Newborn Hearing Screening and Early Intervention Programme.

*Note C:* Antenatal HIV screening aims to prevent mother to child transmission of HIV by detecting this earlier and providing appropriate treatment. No perinatal transmission to babies has been notified to the NSU for this screening since 2011. Following this final report, the NSU will no longer be producing monitoring reports for this screening. HIV screening is now well embedded in antenatal care, and all pregnant women will continue to be offered screening and treated appropriately by existing services.

Antenatal screening for Down syndrome and other conditions is offered to pregnant women so that they can be informed about their pregnancy and supported in the decisions that are right for them. Around 48,000 pregnant women are screened each year.

### **Tobacco control programme**

The tobacco control programme incorporates internationally recommended strategies towards minimising the harm from tobacco through legislation, taxation, health promotion and smoking cessation services. New Zealand is at the forefront of tobacco control internationally and has made steady progress in reducing smoking prevalence and tobacco consumption.

The Government has set an aspirational goal of reducing smoking prevalence and tobacco availability to minimal levels, to make New Zealand essentially smokefree by 2025.

To achieve this goal we are:

- investigating changes to Acts and Regulations
- ensuring cessation, advocacy, compliance and enforcement services are operating efficiently and effectively
- monitoring and evaluating research and cessation initiatives to assess their relevance to New Zealand
- supporting the wider sector to implement smokefree policies
- monitoring New Zealand's progress towards a Smokefree New Zealand 2025.

The 2014 survey of Year 10 students (aged 14 and 15 years) showed 76.93 percent had never smoked. In 2000, 33.0 percent of Year 10 students had never smoked, and in 2005 this had risen to 49.4 percent; it was 64.4 percent in 2010, 70.1 percent in 2012 and 75.07 in 2013.

### **Smokefree New Zealand 2025 Innovation Fund**

The Smokefree New Zealand 2025 Innovation Fund was established to invest in the design, development, promotion and delivery of innovative efforts to reduce the harm and wider costs of smoking through a supportive and comprehensive public health environment approach.

The purpose of the Fund is to make meaningful progress towards the Smokefree New Zealand 2025 goal. Funding is targeted at vulnerable populations with high smoking prevalence including Māori, Pacific people, pregnant women and young people.

Of the \$5 million budget in 2014/15, including \$250,000 which was allocated to support small community groups with 16 one-off grants, over 96 percent was allocated, mostly to 24 multi-year projects so final evaluations have not yet been completed. An initial overall evaluation will be completed in 2015/16.

## **Tobacco**

From 2009 to 2012 the quit attempt target was increased incrementally from 55,000 to 100,000 per annum to broaden the reach of the service. In 2012/13 50,297 quit attempts were made, which represented a 20 percent decrease from the year prior (62,580). There were a number of reasons for fewer quit attempts being achieved, including the Quitline service using the Tier 1 smoking cessation service specification which reduced Quit Attempts by 12 percent, the impact of the January 2013 tax increase compared to previous years, and lower levels of sector-wide media presence and advertising. A revised target of 65,000 quit attempts was introduced in 2013/14.

*Note D:* Although the Quit Group did not achieve the target of 65,000 quit attempts, they continued to use multiple strategies such as increased advertising, increased stakeholder engagement, the introduction of new technologies for quitting, and the introduction of new and more efficient processes. Compared with 2013/14, Quitline achieved a 2.2 percent overall increase in the number of quit attempts supported. As the smoking population declines, Quitline has had to work harder to stimulate the Quit Attempts. While Quit Attempt year-to-date volumes are around the same as the prior year, service delivery levels to clients to support their quit journeys remained at a high level, with around 172,000 unique website visits, 75,000 unique website logins by registered clients and 107,000 Blog postings.

An abandonment rate of 4 percent of calls reflects a high grade of service delivered by the Quitline Service.

## **Enforce Smoke-free Environments Act 1990**

The Smoke-free Environments Act 1990 seeks to reduce the effects of tobacco use by limiting the availability and use of tobacco, and reducing harm from existing tobacco use. One key strategy to achieve this under the Act is by prohibiting sales of tobacco products to persons aged under 18 years. All DHB-owned PHUs are funded to employ officers who are designated under the Act to enforce the provisions of the Act. These officers conduct controlled purchase operations to identify which retailers are or are not complying with the Act by selling tobacco products to persons under the age of 18.

During 2014/15, PHUs conducted 2460 tobacco retailer education visits, and undertook 83 controlled purchase operations that reached a total of 1483 retail outlets and resulted in 104 sales to persons aged under 18. All 12<sup>11</sup> PHUs submitted their smoke-free enforcement reporting.

Amendments to the Smoke-free Environments Act 1990, which came fully into force on 23 July 2012, established a regime where infringement notices could be issued for a range of offences that do not have to go through the courts. From 1 July 2014 through to 30 June 2015 82 offences were committed and 84 infringement notices were issued. All the notices issued were for selling a tobacco or herbal smoking product to a person under the age of 18.

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<sup>11</sup> The Ministry of Health has 13 contracts with host DHBs for PHU services. However the combined services delivered by the PHUs in MidCentral DHB and Whanganui DHB make up the comprehensive set of services for the MidCentral/Whanganui region.

Infringement fees for sale of tobacco products to a person under 18 are set at \$1000 for a company and \$500 for individuals. Fees for selling a herbal smoking product to a person under 18 are \$400 for a company and \$200 for individuals. Seventy-three infringements were issued (tobacco and herbal smoking products) of which 16 were for sales of herbal smoking products (such as K2).

### **Environmental and border health**

Environmental and border health protects the public from environmental health risks, working with other sectors to promote or maintain safe and healthy environments, reducing the impacts of environmental hazards on at-risk communities. This service reduces the incidence and impact of public health risks at New Zealand points of entry, including managing biological, chemical and radiological risks of international concern and undertaking surveillance, exclusion, eradication, and effective management of pests of public health significance.

This service includes guidance and information on border health protection and quarantine procedures in New Zealand. Environmental and border health includes the requirements for ships and aircraft arriving from overseas, and provision of public health response to public health events of international concern at points of entry that is appropriate to the public health risk, which avoids unnecessary interference with international traffic and trade.

The 12 DHB-owned public health units employ public health statutory officers, including Medical Officers of Health and Health Protection Officers, who are designated or appointed by the Director-General of Health (on the advice of the Director of Public Health) to exercise statutory powers or contribute to the enforcement of legislation.

Acts administered by the Ministry (where the Ministry has policy and primary implementation responsibility) and that are designated to Medical Officers of Health and Health Protection Officers are the:

- Health Act 1956
- Tuberculosis Act 1948
- Smoke-free Environments Act 1990
- Misuse of Drugs Act 1975
- Burial and Cremation Act 1964
- Radiation Protection Act 1965
- Epidemic Preparedness Act 2006.

Acts that are administered by other departments, but where public health units have certain implementation and/or enforcement responsibilities, are the:

- Biosecurity Act 1993
- Building Act 2004
- Civil Defence and Emergency Management Act 2002
- Hazardous Substances and New Organisms Act 1996
- Local Government Act 2002
- Prostitution Reform Act 2003

- Sale of Liquor Act 1989
- Sale and Supply of Alcohol Act 2012
- Education (Early Childhood Services) Regulations 2008
- Waste Minimisation Act 2008
- Resource Management Act 1991.

### **Increased compliance with Sale and Supply of Alcohol Act 2012**

The Sale and Supply of Alcohol Act 2012 changed the law relating to the sale, supply and consumption of alcohol. The emphasis is to ensure that the sale, supply and consumption of alcohol are undertaken safely and responsibly, and the harm caused by the excessive or inappropriate consumption of alcohol is minimised.

The law extended the role of the Medical Officer of Health to have a duty to enquire into and comment on licensing (and re-licensing) of premises with On Licences or Club Licences. The new law covers, in addition, both off-licensed premises and groups applying for special licences. The legislation also specifies timeframes which must be adhered to, including a requirement that if Medical Officers of Health have any matters in opposition to an application for a licence, they must file a report on it with the licensing committee within 15 working days after receiving a copy of it. These legislative changes significantly increased the number of formal enquiries that Medical Officers of Health are required to undertake, and shifted the focus of their activity.

The Ministry monitored the number of alcohol licence applications enquired into by Medical Officers of Health. Accordingly the Actual Standard reported of 92% has been assessed as follows:

- In 2014/15, 97 percent of alcohol licence applications (16,037 out of 16,500) were enquired into. Not all applications were enquired into due to the Christmas/New Year break.
- Of the total number of applications enquired into, 665 (4%) had matters raised in opposition.
- Of the 665 reports where matters in opposition were raised, 614 (92%) were provided to the district licensing committee within 15 days.
- Fifty-one applications were not provided to the district licensing committee within 15 days because they were:
  - off licence premises and the PHU opposition related to clarifying the interpretation of the single alcohol area provisions of the Sale and Supply of Alcohol Act 2012. These matters remain on hold pending a decision from the High Court
  - satisfactory and prompt resolution of the issue with the applicant so the PHU did not need to report to the district licensing committee.

### **Services for children**

Breastfeeding has a positive influence on the health status and social wellbeing of the baby, mother, family and community. Breastfeeding rates have multiple drivers including drivers outside the health sector's influence. Work continues to improve rates through the WCTO quality improvement programme and through breastfeeding-related initiatives such as improved resources for clinicians (Mama Aroha Talk Cards) and the Baby Friendly Hospital Initiative.

## **Other child and youth – Violence Intervention Programme**

Implementation of the national child protection alert system (NCPAS) by all 20 DHBs is an indicator of the Better Public Services target to reduce the number of assaults on children. Currently 18 of the 20 DHBs are approved to lodge alerts on the NCPAS and two DHBs are working towards NCPAS approval. Monitoring and reviewing implementation of NCPAS will ensure consistency and availability of the system across all DHBs.

Work continues towards reducing assaults on children by embedding the Violence Implementation Programme in designated services, including routine partner abuse screening and child abuse and neglect risk assessment in maternity and child health, mental health, alcohol and drug, sexual health and emergency department services.

The Violence Intervention Programme is now implemented in all 20 DHBs. The Violence Intervention Programme seeks to reduce and prevent intimate partner violence and child abuse and neglect through identification, assessment, and referral of victims presenting to health services. Under the Violence Intervention Programme, all DHBs have comprehensive systems in place, including policies, initial and ongoing training, and quality improvement activities.

## **Drinking-water subsidies**

The drinking-water subsidy scheme has an annual appropriation of \$10 million. Water suppliers can apply for a subsidy if they meet eligibility criteria relating to size (25–5000 people), geographic location (city councils are not eligible) and relative deprivation (Deprivation Index 7 or above). Successful applicants may receive up to 85 percent of the cost of the works, depending on their Deprivation Index (more disadvantaged communities receive a greater rate of subsidy). The value of the drinking-water subsidies approved to date is around \$85 million (excluding GST).

The final round of subsidies closed on 28 February 2015. The Ministry received 40 applications, seeking subsidies of around \$30 million. Applications have been assessed against the eligibility criteria and given an engineering review by Health officials. The Sanitary Works Technical Advisory Committee met to consider the review reports and formulate its advice to the Associate Minister of Health on whether to approve, conditionally approve, or decline the applications.

Since 2006, of the 291 drinking-water subsidies which were approved:

- 234 projects are completed (although final reports/invoices are awaited for 12 projects)
- 13 projects did not proceed
- 40 projects are active
- 4 projects approved in 2014 still have to provide information to enable contracts to be developed.

## **Rheumatic fever**

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.

The Ministry is responsible for the delivery of the Rheumatic Fever Prevention Programme. There has been a total of \$65.6 million allocated to the programme. The programme began on 1 July 2011 and has been significantly expanded since then. It aims to reduce the rate of new cases of rheumatic fever by two-thirds, from a baseline rate of 4.0 cases per 100,000 total population (three-year average rate 2009/10–2011/12) to 1.4 cases per 100,000 total population by June 2017.

The programme targets areas of New Zealand with the highest incidence rates of rheumatic fever. The incidence rate for first episode rheumatic fever hospitalisations for 2014/15 was 3.0 per 100,000 (135 hospitalisations). This was a statistically significant decrease from the 2013/14 rate of 3.9 per 100,000 (175 hospitalisations). There has been a 24 percent decrease from a baseline rate of 4.0 per 100,000 (2009/10–2011/12) – this decrease is also statistically significant.

Antibiotic adherence has been a key area of focus. A series of pilots has been completed and the lessons learned are being rolled out to improve completion of antibiotic courses for our target group. A free e-learning course has been launched and is aimed at primary care nurses, public health nurses and community health workers working with families whose children are at risk of developing rheumatic fever. The course will also be useful for locum general practitioners, general practitioners new to New Zealand and pharmacists.

Funding has been provided to community groups to support getting rheumatic fever interventions and messages into their priority communities. This includes the Pacific Engagement Strategy (PES) which is delivered in two regions that have high rates of rheumatic fever for Pacific people: Auckland (Counties Manukau, Waitemata and Auckland Central) and Wellington (Porirua and Hutt Valley). The PES is delivered by Pacific health providers and involves in-home face-to-face engagement with Pacific families and community events. As at 30 June 2015, over 15,200 families have been engaged through the PES in Auckland and Wellington. As part of the Pacific Community Innovation Funds, 11 community organisations (churches, sport clubs) are being funded to deliver innovative community initiatives to raise awareness of rheumatic fever. Seven community organisations are in the Auckland region and four community organisations are in the Wellington region.

*Note E:* The programme has seven contracts over \$500,000 in the 2014/15 financial year. One of the providers did not meet all of their milestones. The Ministry is working closely with the provider and has an agreed process in place to monitor progress and recover funds if necessary.

## **Immunisation**

The Ministry monitors the volume of influenza vaccine doses distributed annually. The seasonal influenza immunisation programme ended on 11 September 2015 with 1,211,152 doses of influenza vaccine distributed.

## **Sexual and reproductive health**

The total yearly sexual and reproductive health services spend is \$56 million. Of this \$34 million is managed by DHBs who fund PHOs and a range of specialist services and clinics. The Ministry manages \$22 million to fund 28 providers to deliver sexual and reproductive health services.

Clinical sexual and reproductive health services continue to be offered throughout New Zealand by New Zealand Family Planning who have 70 clinics across the country comprising 30 general

clinics, 30 school-linked clinics and 10 outreach clinics. These services are offered to people at all stages of their life and include sexual and reproductive health information, contraception options, sexually transmitted infections screening, cervical screening, advice on menopause, vasectomy, pre-menstrual syndrome and pregnancy.

*Notes F and G:* Volumes were renegotiated upon renewal of the contract for 1 July 2014 to recognise the changed demographics of reduced birth rates and population distribution post-Christchurch earthquakes. School and outreach consultations are at 65 percent of target and single episode consultations are at 72 percent of target. This is an ongoing challenge – the clinics are provided but attendances are low in some areas despite actively promoting them within schools and communities. Clinical services are actively collaborating with the Family Planning Health Promotion team in further efforts to increase awareness and develop new initiatives to increase attendance. They have also implemented an 0800 free calling number in Gisborne, Whanganui, Whangarei and Northland, and have advised alternative education institutions of this as well to reduce barriers to access.

The New Zealand AIDS Foundation provided pre- and post-counselling services to all 2496 people who sought an HIV/AIDS test through their organisation during the 2014/15 financial year. However the significant increase in requests for testing have exceeded capacity with two-week wait lists now in place. In addition to the above, the Ministry of Health also manages 23 other contracts that are mostly with regional NGOs to provide specialist health promotion services to urban and rural populations of need. This includes kaupapa Māori and Pacific providers.

### **Emergency preparedness**

The Ministry of Health is the lead agency across all-of-government for pandemics and other human health threats, and has a supporting role in responding to a wide range of hazards and threats led by other agencies due to the potential impact on public health.

The health sector also 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 and have the capability and capacity to respond in an emergency that has health implications. This includes responsibilities to link and coordinate planning with other agencies, in particular civil defence and emergency management.

The Ministry's emergency management work programme is strongly focused on increasing the capability and capacity of the health sector to deal with health emergencies.

During 2014/15 the emergency management team has worked with the sector and other government agencies on a wide range of projects to enhance the readiness, reduction, response and recovery capacity and capability of the sector, in line with the National Civil Defence Emergency Management (CDEM) Strategy. This has included ongoing maintenance of national pandemic reserve supplies, funding Wellington Free Ambulance and St John to maintain and develop major emergency capability (including the delivery of mass casualty simulation exercises in hospitals) and the ongoing development of the New Zealand Medical Assistance Team capability.

Key achievements this year included:

- funding enabling St John to enhance the medical support to New Zealand Fire Service Urban Search and Rescue (USAR) in order to develop required capabilities for them to be assessed by the United Nations International Search and Rescue Advisory Group as a 'Heavy USAR Team' in March. This provides a team of 18 advanced paramedics and up to five medical specialists trained in USAR and available to support a deployed USAR Taskforce
- maintaining 40 specialist hazardous material trained paramedics in St John and Wellington Free Ambulance. As part of the domestic readiness for Ebola Virus Disease, these personnel would have provided the specialist workforce to implement the highly infectious patient transfer capability, if it was required.
- developing capability that enabled the New Zealand Medical Assistance Team to deploy effectively as part of the New Zealand Government humanitarian response to Vanuatu following Tropical Cyclone Pam. This mission provided over 300 outpatient consults during a two-week mission deployed to remote islands on board HMNZS Canterbury. This response was made possible by the support of the sector to release trained staff who have been trained over the last four years. Sixty personnel were trained domestically in 2014/15 and this coming year it is intended to register the New Zealand Medical Assistance Team with the World Health Organization Global Foreign Medical Registry.

During this period the Ministry also led the all-of-government readiness activities for Ebola Virus Disease. This resulted in the development and exercising of a wide range of advice and new capability. While the likelihood of an imported case was extremely low, the readiness activity enhanced arrangements for a wide range of emerging infectious diseases and emergencies. Concurrently the Ministry also supported the Ministry of Primary Industry and New Zealand Police as part of Operation Concord in response to the 1080 milk formula poisoning threat. This involved the development of a wide range of health professional and consumer advice, and enhancing our ability to disseminate information at short notice.

### **Suicide prevention**

Suicide prevention services are contracted in line with the New Zealand Suicide Prevention Strategy 2006–2016 and the New Zealand Suicide Prevention Action Plan 2013–2016.

### Community postvention response

*Note H:* The Community Postvention Response Service provides support and expert advice to communities experiencing a suicide cluster or contagion. This is a reactive service with service demand fluctuating from year to year depending on the unique demands of communities. Community risk assessments help identify whether a cluster/contagion is occurring and at what level support is required. 2014/15 was a low demand year with fewer communities requiring risk assessments.

### Bereavement support service

*Note I:* 2014/15 saw expansion of the bereavement support service for the bereaved delivered by Victim Support from its five original sites to national coverage. This has resulted in a significant increase in the number of bereaved provided support by volunteers with specific training in trauma and bereavement.

## Kia Piki te Ora

The nine Kia Piki te Ora (KPTO) providers, operating in eight DHB regions, are one element of the social sector's work towards longer-term goals of reduced suicides and harm associated with suicidal behaviour in Māori communities. In May 2014 the Ministry commissioned an evaluation of KPTO focusing on service delivery for the period July 2010 to December 2013. The Ministry is about to undertake a post-evaluation work programme which may see a change in how Māori suicide prevention services are delivered.

## Suicide prevention gatekeeper training

The Applied Suicide Intervention Skills Training (ASIST) has been funded since 2005. A one-off pilot of Question Persuade Refer online (QPR Online) was completed in late 2014. To be better informed about the comparative utility of both programmes to New Zealand audiences, an evaluation of both ASIST and QPR Online was undertaken. The evaluation report highlights areas for improvement for both programmes. A post-evaluation action plan will inform funding decisions about investment into suicide gatekeeper training.

## Travellers

Travellers is a resilience building programme delivered by schools to at-risk year 9 students. School staff are trained as Travellers facilitators. Recruitment efforts to increase the number of schools participating in the programme were more successful than anticipated in 2014/15. This was due to reduced programme costs for schools and more intensive marketing of the programme.

## **Communicable disease outbreak response plan**

Communicable diseases remain a significant public health priority. The challenges are diverse and include rheumatic fever, food-borne diseases, sexually transmitted diseases, vector-borne diseases and vaccine-preventable diseases. New, emerging and re-emerging diseases, such as novel strains of influenza virus, also pose potential threats to public health.

Eleven of twelve PHUs (92%) have maintained their communicable disease Outbreak Response Plan. One plan is under review to incorporate an all-hazards approach; the PHU concerned has maintained ongoing capacity and capability to respond to outbreaks.

## **Injury prevention**

The University of Otago is funded to deliver the National Poisons Centre service. The service delivers information and advice on poisonings and poisons via a 24 hours a day seven days a week 0800 telephone line that is available to the public and health professionals. The service addresses the need for immediate, accurate and current information about poisoning management and treatment. It is delivered by suitably qualified and trained professionals who also manage and disseminate information by maintaining an up-to-date poisons database.

## **National Poison Centre treatment outcome**

Seventy percent (20,133) of total calls answered related to poisons exposure. The other calls related to enquiries about poisons and hazardous chemicals, plants, insect bites/stings, psychoactive substances/herbal products, fungus, and industrial products.

## Summary of financial performance

Actual 30/06/2014 \$000		Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
177,925	DHBs	170,297	155,013	157,194
12,669	Institute of Environmental and Scientific Research	14,708	15,355	14,558
7952	Health Promotion Agency	9044	9924	9355
6687	University of Auckland	5421	5454	5462
2187	University of Otago	2110	2250	3064
2089	Other Crown entities	6496	2445	3732
186,541	Non-government organisations	188,494	239,087	207,561
<b>396,050</b>	<b>Total appropriation</b>	<b>396,570</b>	<b>429,528</b>	<b>400,926</b>

## Comments

The underspend of \$32.957 million against the Main Estimates (8 percent of appropriation) mainly relates to the timing of projects in the Sanitary Works Subsidy Scheme. The funding was transferred to 2015/16 where it was needed to meet the expected cost of contracts.

# Non-departmental other expenses

## Provider development

The scope of appropriation is funding to provide assistance for the development of the third party health service workforce, in particular, Māori and Pacific people's providers. This appropriation is intended to ensure third party health services, particularly those providing predominantly for Māori and Pacific peoples, are supported to become more effective, efficient, and sustainable.

The Māori provider development within this appropriation aligns with He Korowai Oranga, the Māori Health Strategy, and is implemented across three programmes:

- The Māori Provider Development Scheme (MPDS) is a fund to improve the capacity and capability of Māori health and disability providers. The scheme also awards Hauora Māori Scholarships to Māori students undertaking a course in health and disability studies that has been accredited by the New Zealand Qualifications Authority (NZQA).
- The Māori Health Workforce Programmes are aimed at increasing the number of Māori students taking up health careers. Building a competent, skilled and experienced Māori health and disability workforce is crucial to improving health outcomes for Māori, as well as providing appropriate care for Māori individuals and their whānau.
- Te Ao Auahatanga Hauora Māori, the Māori Health Innovation Fund seeks to improve Māori health outcomes and advance Whānau Ora by supporting new Māori health innovation programme pilots over a four-year funding cycle.

The Pacific Provider Workforce Development Fund (PPWDF) within this appropriation aligns with 'Ala Mo'ui Pathways to Pacific Health and Wellbeing 2014–2018 ('Ala Mo'ui).

The aims of the PPWDF funds are to:

- increase the Pacific health workforce through a pipeline approach
- fund Pacific health provider collectives with the aim of strengthening Pacific health providers to be sustainable and deliver quality health services that best meet the needs of the Pacific communities
- fund the Pacific health providers network to strengthen the synergies of activities by Pacific providers as collectives within a region.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
	<b>To support the sustainability of viable Māori providers for improving access to, and the quality of, services</b>		
122	The number of Māori providers receiving funding	<115	113
	<b>To recruit and retain Māori health professionals onto a health career pathway</b>		
535	The number of students funded by Hauora Māori Scholarships	520	586
	<b>Māori Innovation Fund</b>		
100%	Percentage of programmes monitored and identified with successful models of innovation	100%	100%
100%	Percentage of six-monthly reports reviewed against contracted deliverables	100%	100%
100%	Monitoring reports within four weeks of date for submission to Ministry	100%	100%
	<b>To support the sustainability of viable Pacific providers for improving access to, and the quality of, services</b>		
	Pacific providers are supported to improve access and service delivery to the Pacific communities they serve:		
New	• The Pacific Provider Collectives receive funding in Auckland, Midlands, Wellington and South Island regions	4	4
New	• The Pacific Collectives cover a percentage of Pacific providers in their regions that is not less than	80%	80%
	To recruit and retain Pacific health professionals onto a health career pathway:		
185	• The number of students funded is at least	180	118
100%	• The percentage of pass rate for students doing Pacific Foundation Science course and achieving entry into health sciences at the tertiary level	100%	100%

## Māori providers

**The Māori Provider Development Scheme** funded 113 Māori providers to improve their capability and capacity. Support has been provided to gain quality accreditation, implement and upgrade client and information management systems, provide training (first aid) and to purchase clinical equipment.

**Hauora Māori Scholarships** have contributed to strengthening the health workforce by providing 586 scholarships for psychology, nursing, medicine, management, public health, health sciences, social sciences and other health-related programmes. This year it included 82 postgraduate students and 35 scholarships for unregulated community health workers.

**The Te Ao Auahatanga Hauora Māori (Māori Innovations programme)** funded 30 providers during this period. Twenty Māori providers are funded to develop an innovation from idea to implementation over a four-year period. Six providers have adopted innovative approaches for implementation. Four contracts came to an end during the 2014/15 year. Short-term results are expected to show from 2015/16. There is already considerable interest in some services including a skin infection elimination service.

**The Māori Health workforce programme** includes nine workforce services aimed at recruitment, support and retention of Māori pursuing health as a career pathway. The University of Otago and Auckland University have seen significant increases in Māori entering and completing health science degrees. Forty Māori nurses and midwives in District Health Boards have been supported to complete leadership and professional development programmes.

## Pacific providers

The Pacific Provider and Workforce Development Funds have the following activities funded under each priority.

### Increase the Pacific health workforce

#### Attract and train

- Three Health Science Academies for Pacific students taking science subjects in years 11, 12 and 13 are funded in Auckland, providing additional academic and pastoral support to 75 Pacific students.
- Mentoring of up to 50 students at Auckland tertiary institutions.
- Mentoring and academic support to 400 students at the University of Otago.
- Ten Pacific students are funded to go through the foundations programme to gain entry into first year health science subjects at the University of Otago.

#### Strengthen and upskill and retain

- Twenty-six students are funded to go through the Masters of Nursing in Pacific Health Programme.
- Fifteen students will be funded by 2017 to attend the return to midwifery programme.
- Forty community health workers are supported to gain NZQA health related qualifications.
- An approach is being developed to support Pacific Health Professional Organisations (PHPOs).

### Strengthen Pacific providers to deliver quality health services

A total of 24 Pacific providers are part of the four Pacific health provider collectives across New Zealand. Pacific contracts are for improved capacity and capability of Pacific health providers, reductions in transactional costs, and improving efficiencies through shared services.

Two of the Pacific health collectives (Midlands and South Island) were able to secure Whānau Ora funds through Pasifika Futures. The South Island Collective has also secured the Healthy Families NZ contract for the Spreydon-Heathcote area and the Auckland Collective is a partner in delivering Health Families NZ in Manukau and Manurewa-Papakura. The success in securing and/or being a partner in delivering these contracts has been largely attributed to the support provided to these Pacific health collectives.

Three Pacific Health Providers Network contracts have been established (Auckland, Midlands and Wellington). Work delivered by the networks included the identification and promotion of the use of effective Pacific models of care and best practice, the development of regionalised communication and engagement strategies, and better coordination of Pacific health services.

## Summary of financial performance

Actual		Actual	Main estimates	Voted appropriation
30/06/2014		30/06/2015	30/06/2015	30/06/2015
\$000		\$000	\$000	\$000
1357	DHB	1302	–	–
24,098	Non-Crown entities	23,124	25,414	25,623
<b>25,455</b>	<b>Total appropriation</b>	<b>24,426</b>	<b>25,414</b>	<b>25,623</b>

## Comments

This appropriation was underspent by \$0.988 million (4 percent of appropriation) and the variance is not significant.

# Non-departmental capital expenditure

## Equity for capital projects for DHBs and health sector Crown agencies

The scope of the appropriation is capital contributions to District Health Boards and health sector Crown agencies to cover new investments and reconfiguration of their balance sheets. This appropriation is intended to ensure equity funding is provided to DHBs to fund the cost of capital projects, where the DHB is unable to fund the projects entirely within their cash flows.

### Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
100%	DHB capital projects receive equity funding for their approved business cases	100%	100%

### Comments

The following DHBs received an equity injection for their approved business cases: Capital and Coast DHB, Hutt DHB, West Coast DHB and Southern DHB. Details of the capital expenditure will be included in the DHBs' Annual Reports.

### Summary of financial performance

Actual 30/06/2014 \$000		Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
27,526	Total appropriation	15,880	259,600	51,970

### Comments

The underspend of \$243.720 million against the Main Estimates (94 percent of appropriation) relates to the timing of funding required for DHB capital projects. This appropriation holds capital funds pending their drawdown by DHBs to meet the funding requirements for capital projects approved by Cabinet or joint Ministers of Health and Finance. This funding has been carried forward for projects in outyears.

# Health sector projects

The scope of the appropriation is capital investment in specific health sector assets. This appropriation is intended to ensure Ministry of Health-managed capital projects are delivered on behalf of the Crown, supporting health sector organisations to deliver health services for New Zealanders.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
New	Canterbury rebuild project meets project milestones	100%	95%

## Comments

### Burwood

The project was slightly behind in time and spend due to the discovery of asbestos in the buildings. Burwood will be finished in March 2016, about one month behind the initial project date. Completion and transfer to Canterbury DHB will occur by May 2016.

### Acute Services Building (ASB)

The ASB is still in the initial phases with no construction yet under way. Foundations are being laid and are on schedule though the full programme. Additional costs over the detailed business plan have been incurred but there is time to value manage to the budget figure.

## Summary of financial performance

Actual 30/06/2014 \$000	Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
- Total appropriation	109,750	335,000	155,280

## Comments

The underspend of \$225.250 million against the Main Estimates (67 percent of appropriation) is due to the timing of funding required for health sector capital projects mainly relating to the Canterbury Hospital Rebuild that are managed or co-managed by the Ministry. The underspend was carried forward to 2015/16 for work on the Canterbury hospitals rebuild.

## Refinance of Crown loans

The scope of this appropriation is limited to refinancing existing Crown loans made to DHBs for the purpose of facilities redevelopment and other purposes agreed by the Crown including balance sheet reconfiguration.

This appropriation is required so that DHBs can refinance capital expenditure loans with the Crown. This expenditure is a technical financial matter, and is not reflected by any actual change in the DHBs' or Crown's assets or liabilities.

### Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
100%	Crown loans are refinanced on or before their expiry date	100%	100%

### Comments

This is for the renewal of existing loans held by DHBs. Details of the loans are reported in the DHBs' Annual Reports.

### Summary of financial performance

Actual 30/06/2014 \$000		Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
143,359	Total appropriation	476,036	439,700	480,090

### Comments

The overspend of \$36.336 million against the Main Estimates (8 percent of appropriation) relates to short-term loans that rolled over within the financial year.

# Refinance of DHB private debt

The scope of the appropriation is provision of funding to DHBs to replace their current debts held by private banking institutions as they become due for refinancing. This appropriation is intended to enable DHBs to refinance private debts when they mature.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
N/A	Crown loans are refinanced on or before their expiry date	100%	N/A

## Summary of financial performance

Actual 30/06/2014 \$000	Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
-	-	50,000	-
<b>Total appropriation</b>			

## Comments

The underspend of \$50 million against the Main Estimates (100 percent of appropriation) relates to a private debt held by Auckland DHB. The funding was transferred to the 2015/16 year as the debt will not require refinancing until then.

## Residential care loans – payments

The scope of the appropriation funding is to provide interest-free loans to people entering into aged residential care facilities.

### Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
Increases in levels of loans funded as required	Funding for increases in levels of residential care loans	Increases in levels of loans funded as required	Increases in levels of loans funded as required

### Comments

Funding to allow older people to move into residential care through having access to interest-free loans, rather than being obliged to sell their homes, if they are above the asset thresholds.

### Summary of financial performance

Actual 30/06/2014 \$000		Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
11,643	Total appropriation	10,518	15,000	15,000

### Comments

The underspend of \$4.482 million against the Main Estimates (30 percent of appropriation) is a result of the demand being lower than expected. This appropriation is driven by the number of people who qualify for the loans.

# Loans for capital projects

The scope of the appropriation is provision of new loans to DHBs for the purpose of facilities redevelopment and other purposes agreed by the Crown including balance sheet reconfiguration.

## Summary of output performance

Actual 2013/14	Performance measure	Standard 2014/15	Actual 2014/15
New	DHB seeking debt funding for approved business cases receive that funding <sup>12</sup>	100%	100%

## Comments

Payments were made to the following DHBs who sought debt funding based on approved business cases: Bay of Plenty DHB, Counties Manukau DHB and Waitemata DHB.

## Summary of financial performance

Actual 30/06/2014 \$000	Actual 30/06/2015 \$000	Main estimates 30/06/2015 \$000	Voted appropriation 30/06/2015 \$000
-	<b>Total appropriation</b>	<b>50,700</b>	<b>0</b>
		<b>0</b>	<b>82,546</b>

## Comment

The overspend of \$50.7 million against the Main Estimates (100 percent of appropriation) relates to the timing of funding required for District Health Board capital projects. Funding from the capital envelope, which is appropriated into the Equity for Capital Projects for DHBs and Health Sector Crown Agencies appropriation, is transferred to this appropriation with Ministerial approval, as the Ministry and DHBs agree during the year. In 2014/15 year the total of \$82.546 million was transferred.

<sup>12</sup> This performance measure was inserted in the Supplementary Estimates of Appropriations 2014/15 B.7, page 386.