

Minister of Health

Pae Ora Health Strategies

8 August 2023

These documents have been proactively released.

Title of minutes: Pae Ora Health Strategies (CAB-23-MIN-0291 and GOV-23-MIN-0020)

Title of Cabinet paper: Pae Ora Health Strategies

Final drafts of the:

New Zealand Health Strategy

Hauora Māori Strategy

Te Mana Ola – The Pacific Health Strategy

Provisional Health of Disabled People Strategy

Women's Health Strategy

Rural Health Strategy

Key to redaction code/s:

Parts of CAB-23-Min-0291 have been redacted as they are out of scope of this proactive release.

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Cabinet


Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Report of the Cabinet Government Administration and Expenditure Review Committee: Period Ended 30 June 2023

On 3 July 2023, Cabinet made the following decisions on the work of the Cabinet Government Administration and Expenditure Review Committee for the period ended 30 June 2023:

Out of scope




GOV-23-MIN-0020

Pae Ora Health Strategies
Portfolio: Health

CONFIRMED

Out of scope



Diana Hawker
Acting Secretary of the Cabinet



Cabinet Government Administration and Expenditure Review Committee

Minute of Decision

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Pae Ora Health Strategies

Portfolio **Health**

On 29 June 2023, the Cabinet Government Administration and Expenditure Review Committee:

- 1 **noted** that the Pae Ora (Healthy Futures) Act 2022 requires the Minister of Health to make six strategies for improving the health status of New Zealanders: the New Zealand Health Strategy, the Hauora Māori Strategy, the Pacific Health Strategy, the Health of Disabled People Strategy, the Women's Health Strategy, and the Rural Health Strategy (the Strategies);
- 2 **noted** that the purpose of the above Strategies is to provide a framework to guide health entities in protecting, promoting, and improving people's health and wellbeing;
- 3 **noted** that the Strategies have been developed through a broad collaborative process with input from a wide range of stakeholders across the health system and with the public;
- 4 **agreed** to publicly release the following Strategies, attached to the paper GOV-23-SUB-0020:
 - 4.1 New Zealand Health Strategy;
 - 4.2 Hauora Māori Strategy;
 - 4.3 Te Mana Ola – The Pacific Health Strategy;
 - 4.4 Provisional Health of Disabled People Strategy;
 - 4.5 Women's Health Strategy;
 - 4.6 Rural Health Strategy;
- 5 **authorised** the Minister of Health and Associate Ministers of Health to approve the final design and any further minor and technical changes and additions to the Strategies prior to their publication, including Ministerial forewords;
- 6 **noted** that the Hauora Māori Strategy is an interim Strategy, intended to cover the period until He Korowai Oranga: Māori Health Strategy is reviewed and refreshed, and the implementation of Whakamaua: Māori Health Action Plan 2020- 2025 is completed;

- 7 **noted** that the Health of Disabled People Strategy will be published in a provisional form to allow for further targeted community engagement and shaping of priorities;
- 8 **invited** the Minister of Health to submit a finalised Health of Disabled People Strategy for Cabinet agreement;
- 9 **noted** that, subject to Cabinet agreement to publicly release the Strategies, the Minister of Health will present the Strategies to the House of Representatives, and they will be published on the Manatū Hauora website;
- 10 **noted** that supporting material including the summary report on engagement on the Strategies, and the Health and Independence Report 2022, will be published alongside the Strategies;
- 11 **noted** that the Minister of Health will regularly monitor and review the Strategies and assess the performance of the health sector against the Strategies.

Sam Moffett
Committee Secretary

Present:

Hon Grant Robertson (Chair)
Hon Dr Ayesha Verrall
Hon Andrew Little
Hon Nanaia Mahuta
Hon Dr Duncan Webb
Hon Dr Deborah Russell
Hon Jo Luxton

Officials present from:

Office of the Prime Minister
Officials Committee for GOV

In Confidence

Office of the Minister of Health

Cabinet Government Administration and Expenditure Review Committee

Pae Ora Health Strategies

Proposal

- 1 This paper seeks agreement to publicly release the attached suite of six health strategies required by the Pae Ora (Healthy Futures) Act 2022: the New Zealand Health Strategy, the Hauora Māori Strategy, Te Mana Ola – The Pacific Health Strategy, the Health of Disabled People Strategy, the Women's Health Strategy, and the Rural Health Strategy (the Strategies).

Relation to government priorities

- 2 The Strategies support the next phase of delivery of the Government's health reforms, following from the implementation of initial system changes set out in the Pae Ora (Healthy Futures) Act 2022. They complement proposals I am intending to take to the Social Wellbeing Committee on the future of primary and community health care.

Executive summary

- 3 From 1 July 2023, the Pae Ora (Healthy Futures Act) 2022 requires the Minister of Health to make six health strategies: the New Zealand Health Strategy, the Hauora Māori Strategy, Te Mana Ola - The Pacific Health Strategy, the Health of Disabled People Strategy, the Women's Health Strategy, and the Rural Health Strategy. These will be the first Government health strategies for Pacific peoples, disabled people, women and rural population groups.
- 4 The Strategies are intended to provide a framework to guide health entities in improving people's health and wellbeing. They set the medium and long-term direction for health and identify priority areas for change in order to improve health outcomes.
- 5 My vision is that over the next decade, we will create a healthcare system that honours Te Tiriti o Waitangi, is inclusive of people, protects and promotes health and wellbeing, meets people's needs, and prevents illness, injury, and harm throughout the life course, including through addressing wider social determinants of health. I intend to use the Strategies to set, promote and achieve this vision.
- 6 The Strategies have been developed following broad engagement with a wide range of stakeholders including health sector agencies, the public, iwi and other Māori organisations, service providers, health care workers, and representative organisations from the health sector and the community.

- 7 The Hauora Māori Strategy is an interim Strategy intended to cover the period until He Korowai Oranga: Māori Health Strategy is reviewed and refreshed, and the implementation of Whakamaua: Māori Health Action Plan 2020-2025 is completed.
- 8 The Health of Disabled People Strategy is being published in a provisional form to allow for further targeted community engagement and shaping of priorities as we continue to shift the health system towards achieving pae ora for disabled people and their whānau.
- 9 The Strategies are intended to operate as a cohesive suite. The New Zealand Health Strategy and the Hauora Māori Strategy, in recognition of Te Tiriti o Waitangi obligations, together set the overarching direction. Following the direction set by those strategies, each of the other strategies sets a more focused direction for their population groups.

Background

- 10 The Minister of Health is required under sections 41 to 46 of the Pae Ora Act to make six strategies (the Strategies) to improve the health status of New Zealanders:
 - 10.1 the New Zealand Health Strategy,
 - 10.2 the Hauora Māori Strategy,
 - 10.3 Te Mana Ola – The Pacific Health Strategy,
 - 10.4 the Health of Disabled People Strategy,
 - 10.5 the Women’s Health Strategy, and
 - 10.6 the Rural Health Strategy.
- 11 The process for making the Strategies is set out in section 47 of the Pae Ora Act. Section 48 of the Pae Ora Act requires the Minister to regularly monitor and review the Strategies and assess the performance of the health sector against the Strategies.
- 12 The statutory requirements above do not come into effect until 12 months after the commencement of the legislation (Schedule 1, clause 3 of the Pae Ora Act refers). Accordingly, they will come into effect on 1 July 2023.

Purpose and role of the Strategies

- 13 The Pae Ora Act provides that the purpose of the New Zealand Health Strategy is to provide a framework to guide health entities¹ in protecting, promoting, and improving people’s health and wellbeing. The purpose of each of the five population strategies is to provide a framework to guide health entities in improving health outcomes for that population. The Pae Ora Act

¹ The health entities under section 4 of the Pae Ora Act are Te Whatu Ora, Te Aka Whai Ora, Te Tāhū Hauora Health Quality and Safety Commission, Pharmac, and the New Zealand Blood and Organ Service.

requires health entities to 'have regard' to the Strategies where relevant when exercising/ undertaking their powers, functions and duties.

- 14 The Strategies play a significant role in the reformed health system. They are a core element of the Pae Ora Act and are part of the accountability framework introduced by the reforms. They set the medium and long-term direction for health and identify priority areas for change to improve health outcomes. The Pae Ora Act provides that the Minister of Health must have regard to the Strategies when preparing a three-yearly Government Policy Statement on Health (GPS).
- 15 The GPS sets out the specific priorities and expectations for the health system over a three-year period. It is the key document for Government to set its priorities, confirm actions for entities and funding for the health system, and detail how progress and success will be measured. The GPS will reflect the long-term direction of the strategies, and include more detailed actions for health entities in the short-term that work towards the strategic goals. The GPS is agreed by Ministers, closely linked to Budget funding decisions, and health entities must give effect to it.
- 16 The New Zealand Health Plan (NZHP) | Te Pae Tata is a three-year national service plan, that specifies the service priorities and areas for improvement that will achieve Government's expectations in the GPS. The NZHP includes more detailed plans for health services, programmes and enablers that show how the health entities will meet priorities within the funding available. The NZHP is developed by health entities and approved by Ministers. I intend to use the Strategies to set, promote and achieve my vision of a healthcare system that honours Te Tiriti o Waitangi, is inclusive of people, protects and promotes health and wellbeing, and prevents illness, injury, and harm throughout the life course, including through addressing wider social determinants of health.
- 17 In order to do this, the New Zealand Health Strategy and the Hauora Māori Strategy together set the overarching direction for a health system that is focused on achieving pae ora | healthy futures and eliminating health inequity. The New Zealand Health Strategy provides a whole population and systemic focus on issues and priorities and the Hauora Māori Strategy sets the health system's direction to honour Te Tiriti o Waitangi and achieve health equity for Māori. Taken together, they set a vision and high-level priorities that guide the other strategies and will inform government's longer-term strategy and priority work.
- 18 The other population strategies (for Pacific health, health of disabled people, women's health and rural health) set a more focused direction for their specific groups. Each builds on and reflects the higher-level priorities set in the New Zealand Health and Hauora Māori strategies but sets out their own focus areas identified through engagement with their communities. They reinforce that Pacific peoples, disabled people, women and rural communities are (in addition to Māori) priority groups for achieving equity and improving health outcomes, as follows:

- 18.1 The first Pacific Health Strategy provides a focus on achieving equity in health and wellbeing outcomes for Pacific peoples, for whom health inequities are seen throughout the life course.
- 18.2 The first Women's Health Strategy provides a focus on addressing gaps in the health system for issues and conditions that only affect women or are more common in women, and barriers to access that disproportionately affect women. These gaps exist even though women make up just over half of our population and 81% of our health practitioner workforce.
- 18.3 The Health of Disabled People Strategy is the first dedicated, health system-led strategy for disabled people. It provides a focus on achieving equity in health and wellbeing outcomes for disabled people, who make up almost a quarter of New Zealand's population.
- 18.4 The first Rural Health Strategy provides a focus on improving the health of rural communities where one in five New Zealanders live, that have generally been overlooked and underserved.

How the Strategies reflect Crown obligations under Te Tiriti o Waitangi

- 19 All the Strategies are underpinned by the health sector principles in section 7 of the Pae Ora Act, which are intended to give effect to the principles of Te Tiriti o Waitangi in health. The health sector principles are aimed at improving the health system for Māori and improving hauora Māori outcomes.
- 20 Since 2002, He Korowai Oranga: Māori Health Strategy, has set the strategic direction for Māori health development. Refreshed in 2014, the overall aim of He Korowai Oranga is 'Pae ora – Healthy futures for Māori'. Whakamaua: Māori Health Action Plan 2020-2025 (Whakamaua) continues to set the government's direction for Māori health advancement until 2025. Whakamaua encompasses the Crown's response to the recommendations from the Waitangi Tribunal's Hauora report from the Health Services and Outcomes Kaupapa Inquiry (Wai 2575).
- 21 The vision and direction of He Korowai Oranga and direction of Whakamaua continue to enjoy strong support from Māori and the Māori health sector.² The interim Hauora Māori Strategy focuses on the changes needed over the next two years to harness the potential of the current reforms to reinforce the vision of He Korowai Oranga and maintain the direction and actions of Whakamaua. This places Māori needs and aspirations at the heart of the next stage of the reform implementation.
- 22 The interim Hauora Māori Strategy marks a first step ahead of a broader process to refresh He Korowai Oranga, to be jointly led by Manatū Hauora (the Ministry of Health) and Te Aka Whai Ora, as committed to in Whakamaua. This approach allows for the foundations of the reformed health

² Ngā Wānanga Pae Ora 2023.

system to be further embedded and the Whakamaua 2020-2025 implementation period to be completed.

Statutory content requirements

- 23 The Pae Ora Act sets the following mandatory content requirements for the New Zealand Health Strategy:
- 23.1 an assessment of the current state of health outcomes and health sector performance; and
 - 23.2 an assessment of the medium and long-term trends and risks that will affect health outcomes and health sector performance in the next 5 to 10 years; and
 - 23.3 opportunities and priorities for improving the health sector over at least the next 5 to 10 years, including workforce development.
- 24 Mandatory content for the other strategies is generally the same as that prescribed for the New Zealand Health Strategy, except that it is specific to the relevant population. The attached draft documents all meet these statutory requirements.

Collaborative strategy development

Engagement process

- 25 Under the Pae Ora Act, when making a health strategy, the Minister must consult health entities, individuals, and organisations that the Minister considers are reasonably likely to be affected by the health strategy.
- 26 The Strategies have been informed by broad engagement by Manatū Hauora and Te Aka Whai Ora. This took place over five months, with a wide range of stakeholders including health entities, other health agencies, the public, iwi, iwi-Māori partnership boards and other Māori partners, service providers, health care workers, and representative organisations.
- 27 Over 140 face-to-face events were held, including four regional wānanga with Māori (undertaken jointly between Manatū Hauora and Te Aka Whai Ora), 41 fono with Pacific communities and the Pacific health sector, and a wide range of meetings, workshops and other types of engagement with women, disabled people and their carers and whānau, rural communities and providers, ethnic communities (in partnership with the Ministry for Ethnic Communities), rainbow communities, older people, veterans and those with lived experience of mental health and addiction.
- 28 Manatū Hauora has also had more than 51,000 online engagements including through its online discussion platform, resulting in close to 8,700 written comments. Written submissions were also invited, resulting in around 700 submissions.

What people said

- 29 Through the engagement process, a number of themes emerged on the changes that people want to see made to the health system, and reflected in the Strategies, including:
- 29.1 **Voice of people, whānau and communities is key to changing the system:** people want their views heard, respected and validated by health professionals and decision makers. They want autonomy and agency over their health and care. There is a need for greater Māori and Pacific leadership and decision-making, and more lived experience and peer leadership across the system
 - 29.2 **There is a need for broader and more flexible responses that improve wellbeing:** there were concerns that narrow definitions of health, and legacy health services, often ignore wider concepts of wellbeing and other worldviews, particularly te ao Māori, and do not make sufficient provision for the wider determinants of health, including environmental, socioeconomic and commercial factors. There were strong calls for cross-sector multi-disciplinary approaches and support to address wider determinants of health and wellbeing.
 - 29.3 **New workforce and care models need to be prioritised:** people viewed flexible primary and community-led solutions, such as those responding to COVID-19 and Cyclone Gabrielle, as transformative changes and want to see them preserved and grown. In particular, there was strong demand to build on the Māori and Pacific-community led responses, and providers, and to use this strengths-based approach more widely. There was a desire to grow, value and provide ongoing development for a culturally competent and representative workforce, and for increased entry opportunities and easier recognition of overseas qualifications.
 - 29.4 **Changing mindsets is crucial to changing outcomes:** there were strong concerns about persistent and pervasive discrimination, racism, ableism and structural factors that hinder equity of access, experience, and outcomes. This was particularly the case for historically under-served population groups including Māori, Pacific People, disabled people and women. Participants said the health system and wider society need to shift beliefs, evidence and attitudes about mental health and addiction.
 - 29.5 **Barriers to services need to be tackled, especially for priority groups:** people described significant barriers to access, in particular for communities with the most need. These included availability, cost, transport and timeliness. Participants stressed that the health system needs to be easier to navigate. They noted the importance of interpretation and communication services for different cultural, linguistic and communication needs, and interpreters who understand medical language.

Pae Ora Strategies Framework

- 30 The Strategies respond to what we heard through the various engagements. They set out a direction, and opportunities to address inequity and improve health and wellbeing outcomes, by:
- 30.1 setting an ambitious vision of the “future state” we want to see in five to ten years for the prioritised health and wellbeing outcomes;
 - 30.2 describing the changes needed to achieve that vision;
 - 30.3 setting out priority areas for action to deliver these changes; and
 - 30.4 identifying the types of actions or steps necessary to realise the outcomes over the ten-year period.
- 31 Further detail is provided in the Annex 1.
- 32 The suite of Strategies is focused on creating the right conditions for change and maximising the opportunities of the reformed health system. While it sets direction and objectives, and indicates where change will be necessary, it does not commit to precise actions for entities. More specific actions and decisions on investment will be made as part of confirming the three-year Government Policy Statement on Health and the New Zealand Health Plan (Te Pae Tata) that will be set from July 2024. Service design and options will also be informed by locality plans from communities.

Key impact areas across the suite of Strategies

- 33 The Strategies set the direction and objectives for policies and actions that will enable people to have greater autonomy and control over their own health, and have more say in relation to the operation of the health system. For priority populations, this includes appropriate participation in decision making at all levels.
- 34 The Strategies are also aimed at making it easier for people to access locally-led person and whānau-centred health services that are focused on preventing ill health. This includes freedom from discrimination, and having service design, location and other accessibility factors tailored to the specific needs and aspirations of different groups.
- 35 Another key component of the Strategies is a focus on enabling the growth and development of a more diverse workforce that will be resourced and supported to meet the needs and aspirations of people, whānau and communities, without compromising quality of service. They envisage a workforce that is more representative of, and responsive to, the priority populations.
- 36 They also provide for a continuous learning system that supports quality, improvement, research and evaluation, and innovation. For priority populations, this includes ensuring their visibility in the data that informs policy design as well as monitoring, research and evaluation.

- 37 The Strategies recognise that barriers to good health are not experienced in isolation and that there are often multiple and overlapping factors that impact on lived experience and outcomes. For example, women are more likely to be sole parents, to be carers and to have a low income, all of which can contribute to poorer health outcomes. These inequities and challenges are greater for many groups of women, including wāhine Māori, Pacific women, rural women, and disabled women.
- 38 To address these and other intersectionalities, the Strategies are designed to function as a cohesive suite that supports partnership building across the health sector so that we are better able to address the inequities and challenges within the ambit of the sector. They also support the cross-government collaboration necessary to address the wider determinants of health (paragraphs 39 and 40 refer). For priority populations, the focus is on the existing and future partnerships, and wider determinants, that are most relevant to their population.

Action across government necessary to address wider determinants of health

- 39 Action will be required across a range of Government portfolios if we are to address the wider determinants of health, such as housing, education, environmental and socio-economic factors. The Strategies have been developed with input from agencies across government. Your support will be necessary to ensure that where government agencies have a role in relation to work in these areas, they will be able to consider how they can shift and align their work programmes, policies and investments with the direction and priorities set by the Strategies.
- 40 I expect that some of this work will complement and support existing cross-government work that the health sector contributes to, including the Oranga Tamariki Action Plan, the New Zealand Carers' Strategy, the Child and Youth Wellbeing Strategy and Te Aorerekura National Strategy to Eliminate Family Violence and Sexual Violence.

Next Steps

- 41 With Cabinet's agreement, I will present the Strategies to the House of Representatives as required by section 47 Of the Pae Ora Act and publish them on the Manatū Hauora website. I aim to have the Strategies published in early July.
- 42 Additional formats for the Strategies will be developed and published in the weeks following the initial publication, to increase the reach of the strategies and allow for a more targeted design and presentation towards certain audiences, in particular for the population strategies.
- 43 Several supporting documents will also be published along with the Strategies, including a summary report on engagement on the Strategies and the Health and Independence Report 2022. This latter report provides an evidence base that supports the assessment and direction in the Strategies. Additional material to support specific Strategies will also be published.

- 44 The Hauora Māori Strategy will be published as an interim Strategy intended to cover the period until He Korowai Oranga: Māori Health Strategy is reviewed and refreshed, and the implementation of Whakamaua: Māori Health Action Plan 2020-2025 is completed.
- 45 The Health of Disabled People Strategy will be published in a provisional form to allow for further targeted community engagement and shaping of priorities. I intend to submit the Health of Disabled People Strategy when finalised.
- 46 The GPS currently under development translates the broader direction of the Strategies into more specific objectives to be delivered by health entities in a three-year period, supported by a multi-year investment strategy and funding agreed through the Budget process in parallel. The next version of Te Pae Tata will provide the three-year operational plan, specifying how the service priorities and areas for improvement will achieve the Government's expectations in the GPS.

Financial Implications

- 47 There are no direct financial implications resulting from the adoption of the Strategies. Where agencies identify new areas of work which cannot be implemented within their baselines, additional funding will be sought through the Budget process. For health entities, Budget 2024 provides the first opportunity to advance changes in-line with the Strategies and the Government Policy Statement on Health.

Legislative Implications

- 48 There are no legislative implications arising from the Strategies.

Impact Analysis

Regulatory Impact Statement

- 49 The regulatory impact analysis requirements do not apply because there are no regulatory proposals in this paper.

Climate Implications of Policy Assessment

- 50 The Climate Implications of Policy Assessment requirements do not apply as the Strategies do not have a direct impact on emissions.

Population Implications

- 51 Implications for the priority population groups are discussed earlier in this paper, and in Annex 1. The table below summarises the implications of the Pae Ora Health Strategies for the following population groups: children, older people, veterans, ethnic communities and rainbow communities.

Population group	How the proposal may affect this group
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Children	Children will benefit from actions in the Women's Health Strategy that are aimed at improving health and wellbeing outcomes for mothers. Actions in the other population Strategies will benefit children from those population groups. New Zealand Health Strategy priorities that target children include building on Kahu Taurima, an initiative that seeks to create whānau centred service delivery through the redesign and integration of maternity and early years services, for a child's first 2000 days from conception to five years old, across Aotearoa.
Older people	The New Zealand Health Strategy strengthens the focus on older people through initiatives including targeted interventions to increase their social, cognitive, and physical activity and therapy-led services such as intermediate care that support older people to regain independence and avoid hospital admissions. Actions in the population Pae Ora Strategies are likely to benefit older members of those population groups. The Pae Ora Strategies complement and reinforce the Healthy Ageing Strategy 2016, which sets out a ten-year strategy for the health and wellbeing of older people.
Veterans	Veterans are recognised within <i>Kia Manawanui Aotearoa – Long Term Pathway to Mental Wellbeing (Kia Manawanui Aotearoa)</i> as one of the populations with specific needs that require a particular focus. The Strategies complement and reinforce <i>Kia Manawanui Aotearoa</i> . In relation to other aspects of health and wellbeing, Māori veterans will likely benefit from actions in the Hauora Māori Strategy (17% of Aotearoa New Zealand's regular forces are Māori), and women who are veterans, and their whānau will likely benefit from the Women's Health Strategy. The Pae Ora Strategies have been informed by consideration of Te Arataki mō te Hauora Ngākau mō ngā Mōrehu a Tū me ō rātou Whānau - The Veteran, Family and Whānau Mental Health and Wellbeing Policy Framework.
Ethnic communities	The New Zealand Health Strategy includes a focus on ensuring that ethnic communities, refugees and migrants are able to have a say in how health services are designed and delivered, and that services are flexible enough to adapt to the needs and aspirations of ethnic communities and cultures.
Rainbow communities	The New Zealand Health Strategy includes a focus on ensuring that rainbow communities are able to have a say in how health services are designed and delivered, and that services are flexible enough to adapt to their needs and needs and aspirations. Te Mana Ola – The Pacific Health Strategy includes a focus on the Pasifika rainbow community. The Rural Health Strategy notes that the data and evidence base for reporting rural health outcomes needs to include a focus on rainbow communities. The Women's Health Strategy is inclusive of gender diverse people. The Health of Disabled People Strategy's actions include improved data collection and more flexible and targeted commissioning models, to better meet the needs and aspirations of disabled rainbow communities.

Human Rights

- 52 The proposals in this paper are not inconsistent with the New Zealand Bill of Rights Act 1990 or the Human Rights Act 1993. The Strategies appear to be rights affirming, and work towards the progressive realisation of the Right to

Health as outlined in the International Covenant on Economic Social and Cultural Rights (ICESCR).

Consultation

53 The following government agencies and statutory bodies have been consulted on this paper and the attached suite of Strategies: Te Aka Whai Ora, Te Whatu Ora, Te Tāhū Hauora Health Quality and Safety Commission, New Zealand Blood and Organ Service, Pharmac, Te Aho o Te Kahu Cancer Control Agency, Health and Disability Commissioner, Sport New Zealand, Ministry of Education, Ministry of Justice, Ministry of Social Development, Whaikaha – Ministry of Disabled People, Ministry of Housing and Urban Development, Ministry of Primary Industries, Ministry of Business, Innovation and Employment, Ministry for Women, Ministry for Pacific Peoples, Ministry for Ethnic Communities, Ministry for the Environment, Department of Corrections, Oranga Tamariki–Ministry for Children, Te Puni Kōkiri, Te Arawhiti, Accident Compensation Corporation, Veterans' Affairs, Office for Seniors, Social Wellbeing Agency, Te Puna Aonui, Public Service Commission, the Department of the Prime Minister and Cabinet, and the Treasury.

Communications

54 I intend to launch the Strategies on 12 July. A communications and engagement plan to support the launch of the strategies is being developed which will include talking points and key messages, a stakeholder management approach and a publication plan to ensure broad reach.

Proactive Release

55 This Cabinet paper will be released when the Strategies are published, with redactions as appropriate under the Official Information Act 1982.

Recommendations

The Minister of Health recommends that the Committee:

1 **note** that the Pae Ora (Healthy Futures) Act 2022 requires the Minister of Health to make six strategies for improving the health status of New Zealanders: the New Zealand Health Strategy, the Hauora Māori Strategy, the Pacific Health Strategy, the Health of Disabled People Strategy, the Women's Health Strategy, and the Rural Health Strategy (the Strategies);

2 **note** that the purpose of the Strategies is to provide a framework to guide health entities in protecting, promoting, and improving people's health and wellbeing;

3 **note** that the Strategies have been developed through a broad collaborative process with input from a wide range of stakeholders across the health system and with the public;

4 **agree** to publicly release the Strategies attached to this paper:

- 4.1 New Zealand Health Strategy
- 4.2 Hauora Māori Strategy
- 4.3 Te Mana Ola – The Pacific Health Strategy
- 4.4 Provisional Health of Disabled People Strategy
- 4.5 Women’s Health Strategy
- 4.6 Rural Health Strategy

5 **authorise** the Minister of Health and Associate Ministers of Health to approve the final design and any further minor and technical changes and additions to the Strategies prior to their publication, including Ministerial forewords;

6 **note** that the Hauora Māori Strategy is an interim Strategy, intended to cover the period until He Korowai Oranga: Māori Health Strategy is reviewed and refreshed, and the implementation of Whakamaui: Māori Health Action Plan 2020-2025 is completed;

7 **note** that the Health of Disabled People Strategy will be published in a provisional form to allow for further targeted community engagement and shaping of priorities;

8 **invite** the Minister of Health to submit a finalised Health of Disabled People Strategy for Cabinet agreement;

9 **note** that subject to Cabinet agreement to publicly release the Strategies, the Minister of Health will present the Strategies to the House of Representatives, and they will be published on the Manatū Hauora website;

10 **note** that supporting material including the summary report on engagement on the Strategies, and the Health and Independence Report 2022, will be published alongside the Strategies;

11 **note** that the Minister of Health will regularly monitor and review the Strategies, and assess the performance of the health sector against the Strategies.

Authorised for lodgement

Hon Dr Ayesha Verrall

Minister of Health

Annex 1 - Pae Ora Health Strategies Vision and Priority Areas

1. As the New Zealand Health Strategy and Hauora Māori Strategy together form the foundation for the other population strategies, their vision statements, which are closely aligned, are summarised below in table 1.

Table 1

New Zealand Health Strategy Vision	Hauora Māori Strategy Vision
<p>Our long-term vision is to achieve pae ora – healthy futures – for all New Zealanders. This is a future in which all people from all communities are able to live long, healthy lives.</p> <p>Achieving pae ora healthy futures means looking at the many factors that influence people’s health and wellbeing, including the role of health services. This includes a focus on:</p> <ul style="list-style-type: none"> • improving people’s own health and wellbeing; • supporting strong and empowered family networks and recognising the impact of family on health and wellbeing; and • the impact of our communities and the places where we live, work and rest to our health and wellbeing. <p>Achieving pae ora healthy futures for all New Zealanders is a long-term challenge and requires a sustained long-term effort that lasts across generations. This Strategy sets out the next steps towards this vision and focuses on what can be achieved, and what change is needed, over the next five to ten years.</p>	<p>The Hauora Māori Strategy places Te Tiriti at the heart of the reformed health system to achieve ‘Pae ora – Healthy futures for Māori’. Pae ora has three interconnected elements:</p> <ul style="list-style-type: none"> • Mauri ora (healthy individuals) seeks to shift the mauri (or life force) of a person from one that is languishing to one that is flourishing. • Whānau ora (healthy families) is a fundamental philosophy for creating strong, healthy and empowered whānau. A strong healthy and empowered whānau can make the most significant difference to Māori health and wellbeing. • Wai ora (healthy environments) acknowledges the importance of Māori connections to whenua as part of the environments in which we live and belong – and the significant impact this has on the health and wellbeing of individuals, whānau, hapū, iwi and Māori communities. <p>Achieving this vision requires us to work collectively and in collaboration with the communities our system serves, with iwi, hapū and Māori communities, and with the wider organisations that contribute to the health and wellbeing of our whānau. This will enable Māori to live longer in good health, have improved wellbeing and quality of life, be part of healthy, inclusive and resilient communities, and live in environments that sustain their health and wellbeing.</p>

2. The other population strategies (for Pacific peoples, disabled people, women and people in rural communities) have vision statements that are consistent with those summarised above, but which apply a lens specific to their population community.

Achieving the vision

3. Each strategy focuses on the priority areas outlined in table 2 below, in which action is required to deliver the vision over a ten-year period. These priority areas seek to address the issues raised by stakeholders through the

engagement process, and also reflect the Cabinet-agreed health reform objectives.

4. While there is some variance across the suite in relation to the labelling and descriptions of priority areas, each strategy prioritises the matters set out in the table below. For each priority area, an example is provided to show how the population strategies focus on aspects of particular importance to their community.

Priority Area	Population strategy focus example
Enabling people, whānau and communities to have greater voice in the system, and greater autonomy and control over their own health	For Pacific peoples, this includes establishing robust mechanisms for Pacific patient and whānau voice in health care services and establishing structures that enable regular, meaningful engagement and ongoing, reciprocal relationships with Pacific communities and localities.
Growing and supporting a diverse workforce that meets the needs and aspirations of people, whānau and communities	For Māori, this includes balancing specific investment to rapidly build the capacity and capability of the Māori workforce, with a range of interventions that foster culturally safe environments that are conducive to Māori workforce wellbeing.
Redesigning care models to enable ease of access for all New Zealanders to locally-led person and whānau centred health services that provide promotive, protective, preventive, curative, rehabilitative, and palliative services throughout their lives	For rural communities, this includes having broader health care options delivered by locally-based entities, with community input into the services with local access. For Māori rural communities, local options could include marae-based clinics and mātauranga Māori services.
Creating a resilient and sustainable system enabling data, insights, and feedback loops so the system learns and adapts.	For women, this includes that they are involved in the monitoring process, which includes their feedback on service provision as well as data on treatment, referral, and outcomes for women.
Building partnerships across the health sector and across government to address the wider social, economic and environmental determinants of health and wellbeing, including income, education, housing and climate change.	For disabled people, their whānau and caregivers, this includes recognising that health services are the gateway to accessing other essential services and leveraging cross-agency partnerships (at both central and local levels) to improve connections between these services, including housing, education, employment and justice services.