

# Briefing

## Strategic communications to support the reform narrative

**Date due to MO:** 24 March 2023      **Action required by:** N/A

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**Security level:** IN CONFIDENCE      **Health Report number:** H2023022226

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**To:** Hon Dr Ayesha Verrall, Minister of Health

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### Contact for telephone discussion

Name	Position	Telephone
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### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# Health sector reform communications

**Security level:** IN CONFIDENCE

**Date:** 21 March 2023

**To:** Hon Dr Ayesha Verrall, Minister of Health

## Purpose of report

1. The purpose of this report is to lay out the strategic framework and reporting format the Ministry is using to communicate progress on health sector reforms and ministerial priorities.

## Summary

1. Communication on reform of the health system is being delivered into a challenging environment. The dedicated professionals of the system want to see immediate and visible change that directly impacts their patients. This is difficult in this phase of the reform where the focus is on structural change and building the roles and functions of the new entities
2. Given this, communications by the Ministry, Te Whatu Ora and Te Aka Whai Ora are emphasising the smaller, tangible changes being made, weaving in the wider reform messages for context and to ensure visibility.
3. Manatū Hauora developed a framework to ensure all reform messaging is linked back to the key components of the reform. This shows how your priorities are nested within the broader strategic priorities of the interim Government Policy Statement and the system shifts to achieve pae ora.
4. Through an agreed format, Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora continuously refresh joint messages for various audiences and outline upcoming opportunities.

## Recommendations

We recommend you:

- a) **Note** the content of this report

**Yes/No**



Sarah Turner

**Deputy Director-General**

**Te Pou Whakatere Kāwanatanga**

Date: 24 March 2023

Dr Ayesha Verall

**Minister of Health**

Date: 24 March 2023



# Health sector reform communication

## Purpose

2. At the officials meeting on Monday 20 March, you asked for greater visibility of the strategic approach to communicating the reform of the health system. This paper outlines that strategic approach and provides a point in time snapshot of current work.

## Background

3. Health reform communications is complex and challenging.
4. Manatū Hauora is balancing the desire to see immediate change with reflecting the complexity and significant effort required for meaningful change and the time it takes.
5. Every effort is being made to find opportunities that show real change from reform. Once mature structures are in place across all three entities, the best and most tangible examples of progress can be found and capitalised on to the greatest potential. While we are in the phase of building the plane while flying it, this is more difficult.
6. Beyond this, meeting the expectations of the health workforce and the public is also challenging. There is a recurring rhetoric that the system is broken and this is an easy stereotype for commentators to perpetuate and has gathered momentum.
7. There is a natural lag between reform commencing and results at an aggregate level. For this reason, communications must be respectful of time and focus on the smaller tangible changes being made while weaving in the wider reform messages for context and to ensure visibility.

## Communications objectives

8. Manatū Hauora has developed the following objectives to guide reform communications:
  - a. To build an understanding of the:
    - i. What - new roles and functions of the agencies
    - ii. Why - the health reforms are aimed at tackling long-standing barriers to equity, reducing variation, and supporting collaboration and partnership.
    - iii. How - showcasing real and tangible examples of the shifts and incremental progress being made.
    - iv. When - change has started with the new structural change while reiterating that these changes are a long-term programme. Change won't happen overnight.
  - b. To provide the right messages at the right time to audiences in the way they prefer.
  - c. To refine communications to use facts and data to dispel myths and counter misinformation.
  - d. To challenge the perception and associated narrative that the system is broken.

## How we are communicating the reforms

9. Figure 1 shows how your priorities are nested within the broader strategic priorities of the interim Government Policy Statement, the system shifts to achieve pae ora and how they connect to guide the system reform communications including Te Pae Tata. This schematic has been agreed by the Director-General and Chief Executives of Te Whatu Ora and Te Aka Whai Ora.
10. All reform messaging links back to the key components of the reform (i.e. keeping people well in their communities). This ensures consistency in messaging to enhance impact, as well as enabling us to better show how the system is changing over time (i.e. we are keeping track of the progress in consistent areas rather than random examples).
11. We continue with a programme of tactical engagements to communicate about progress in reform. This includes:
  - media interviews – such as a profile with New Zealand Doctor conducted on 27<sup>th</sup> March,
  - marking calendar events such as World Health Day and the year anniversary since reform of the system began,
  - engaging with running media stories where reform messaging can be seeded,
  - highlighting what the vision is for the future in engagements to develop the pae ora strategies
  - using 'influencers' to get deeper engagement with particular audiences to assist development of the pae ora strategies,
  - Continuous updating our website and communications collateral.

**Figure 1 – Reform communications schematic**





## Key messages have been developed for all communications activity

12. High level key messages have been developed for the reforms and your priorities in line with Figure 1. The summary version of these key messages is as follows:
  - a. Our long-term vision for health is for pae ora – healthy futures. This is where everyone in Aotearoa New Zealand lives longer, healthier lives and experiences equitable health outcomes.
  - b. We know the health system is under pressure and want to acknowledge the commitment of the highly skilled, hardworking health workforce, which is committed to providing the best level of care possible.
  - c. To achieve pae ora, our health system is changing. The first changes have already happened. We have new major health organisations:
    - i. Te Whatu Ora, Health New Zealand, that manages our hospitals and has replaced the previous district health boards. Te Whatu Ora has launched Te Pae Tata the new interim New Zealand Health Plan and a series of workforce initiatives to address the health workforce pressures; and
    - ii. Te Aka Whai Ora, the new Māori health authority, that has already made commissioning investment decisions with new funding of \$71.6 million for Māori health. This includes \$17.6 million for te ao Māori solutions, mātauranga Māori, and population health initiatives that are central to whānau wellbeing.
  - d. Manatū Hauora, the Ministry of Health, working with Te Aka Whai Ora and Te Whatu Ora, is developing a series of Pae Ora strategies. There is the New Zealand health strategy, the Hauora Māori, Pacific health, disabled people's, women, and rural health strategies, these will set out our health service priorities and system improvements over the next 5–10 years.
13. For the complete version of the high-level key messages including the key areas of change and what it means in practice refer to **Appendix 1**.
14. Messages in an agreed joint format for all three entities are also attached **Appendix 2**. This format enables the entities to show progress individually and collectively in messaging for specific audiences, to outline upcoming opportunities such as events and data that can be used as hooks to communicate. It also allows us to keep track of individual entity efforts as well as those jointly undertaken, so we can be well-coordinated to make the most out of opportunities and reduce the risk of parallel activity that is disconnected.
15. Messages are woven into all engagement platforms such as Tatoū, the digital engagement platform for the pae ora strategies development. They are also used at every opportunity to convey realistic expectations of when transformational change will occur while reinforcing the progress that has already been made.

## What we will provide to your office for your engagement with the sector

16. Each week we provide RADAR, a forward view of upcoming opportunities for communications and engagement using a six-week view. This is in conjunction with Te Whatu Ora. This week's document is attached at **Appendix 3**.

17. We work with your office to produce collateral to support your engagements, events, and key announcements. Following discussion with your press secretaries we have made further enhancements to this document.
18. The key messages for system reform and your priorities are updated fortnightly in the agreed joint format by the three entities. We will provide your office updated versions.
19. The three entities are working proactively to keep the health workforce and the public informed of reform progress. This will include considering both appropriate messengers (e.g clinicians), using agreed key messages and a range of platforms and mechanisms.

### **Next steps**

20. We welcome further opportunities to discuss how we can best meet your expectations on reform communications.

**ENDS.**



## Appendix 1 – High level key messages

1. Our health system is being transformed to support all New Zealanders to have better health outcomes. Our vision across the health reform programme is pae ora – healthy futures – where everyone in Aotearoa New Zealand lives longer, healthier lives and achieve equitable health outcomes.
2. The health reforms are aimed at tackling longstanding barriers to equity, reducing variation and supporting collaboration and partnership across the health sector.
3. At the heart of the reforms are five objectives:
  - a. **Partnership** – to develop a system that partners meaningfully with Māori and the communities that it serves; and that works collaboratively across organisations to improve health and wellbeing.
  - b. **Equity** – to tackle persistent inequities in health outcomes and access to services for many of our communities.
  - c. **Person and whānau-centred care** – to refocus the design and delivery of health services around the needs and aspirations of people.
  - d. **Sustainability** – to prevent, reduce or delay health need wherever possible, and ensure a more financially sustainable system.
  - e. **Quality** – to drive improvements in the quality and safety of care and reduce variation between services and areas.
4. These are long-term objectives and will not be delivered overnight. As a first step, we have reformed health system structures and created new entities to put in place the foundations for change.
5. At the centre of the reformed health system are three entities:
  - a. **Manatū Hauora (Ministry of Health)** is the chief steward of the health system and lead advisor to government on health. The Ministry sets direction, policy, the regulatory framework and investment for health, and monitors outcomes and system performance.
  - b. **Te Whatu Ora (Health New Zealand)** is a Crown entity, led by a board, that replaces the 20 district health boards. Te Whatu Ora plans, commissions, and provides most publicly funded health services through a nationally coordinated and regionally delivered health system. Te Whatu Ora regions oversee commissioning of primary and community services and manage the delivery of hospital and specialist services networks.
  - c. **Te Aka Whai Ora (Māori Health Authority)** is a statutory entity, led by a board, that drives a focus on hauora Māori, prioritising the voice of whānau Māori and ensuring health services deliver equitable outcomes to Māori. Te Aka Whai Ora works in partnership with Te Whatu Ora to plan and commission all health services jointly at a national, regional, and local level, commissions hauora Māori services directly, and monitors the system-wide outcomes for Māori.
6. The first two years of the reforms are focused on building these new roles and functions, while delivering early improvements and maintaining existing programmes and performance.
7. As these new arrangements embed, we will have a more collaborative and better functioning system, with shared leadership and common aims. This will strengthen how the system works as a whole and how it tackles inequities – and provide the platform for future improvements.
8. The next phase of reform from July 2024 onwards will be focused on taking forward those future improvements as we drive towards our five long-term objectives.
9. It's important to remember that implementing these changes is a long-term programme. We are in the early days of implementation, with new entities and ways of working. But we have already achieved a good deal:
  - a. Establishing the new entities on 1 July 2022.
  - b. The publication of the first, interim New Zealand Health Plan – Te Pae Tata – which sets national service priorities for improvement in the first two years.
  - c. New system leadership mechanisms, which are changing how the system is led and providing collective leadership and decision-making.



- d. The first tranche of 11 iwi-Māori partnership boards were formally recognised by Cabinet in December 2022.
- e. The removal of barriers such as inter-district flow funding has enabled patients to move around the country to receive appropriate care, and regional leadership changes have enabled services to support each other where there are capacity challenges (such as planned care delivery).

## **Key areas of change and what it means in practice**

### ***Sustainable and skilled health workforce***

10. These are big and complex issues and are seen all around the world. We need short term action and longer-term planning, but this won't be fixed immediately.
11. People are our greatest asset and the enabler to improving the health and wellbeing of New Zealanders. Many of the workforce issues faced by the health system are long-standing and require new approaches.
12. Manatū Hauora, Te Aka Whai Ora, and Te Whatu Ora are focused on a long-term strategic approach to give us a health workforce which can deliver on the promise of pae ora while addressing short-term priorities.
13. In the longer-term, we are developing a Health Workforce Strategy that will establish the priorities and direction required to support workforce development. This work will be informed by engagement with the health sector to date.
14. In the immediate term, the health reforms allow us to do things differently. As Te Whatu Ora is now the national employer, we can take a national approach to workforce issues.
15. Te Whatu Ora and Te Aka Whai have also established the Workforce Taskforce which will lead on the tactical responses to workforce challenges including by agreeing the key interventions for immediate workforce expansions where service failure is at risk.
16. Te Whatu Ora are working on a series of priority workforce initiatives to address health workforce pressures. This includes recruiting more doctors and nurses across the whole health system to ease the pressure on the frontline workforce, changes to immigration settings to support residency, supporting people back into the workforce and further training.

### ***Keeping people well in communities***

17. Our health system must focus on supporting people to stay well in their communities and preventing illness in the first place. This means taking a more holistic view of health and wellbeing while addressing immediate needs.
18. It also means shifting to provide more community-based services that are designed by and for the people that they serve, with a focus on improving support for Māori, Pacific people, disabled people, and other groups with the poorest outcomes.
19. The locality approach is at the heart of the health reforms. This is a way of bringing together voices from across our diverse communities to identify their aims and objectives for health, and for those objectives to drive the planning of local services to provide the care communities want in their own communities.
20. Nine prototypes have started testing the locality approach. By July 2024, every community in Aotearoa will be part of a locality.
21. In addition to supporting people in communities through the locality plans, we are implementing digital advancements, including telehealth and the 'zero data' programme. While over 90% of our population have access to a smart phone, a key barrier for access is the cost of mobile data. Te Whatu Ora is creating a 'zero data' programme to provide free access for consumers to access essential online health information and health services. The initiative is now generating interest from other government agencies who are discussing the creation of a 'multi-agency' portal.



### **Wait times (access to care)**

22. Increasing timely access to services is a priority for the reformed health system.
23. We know the health system has been under significant pressure from the Covid-19 pandemic, and more recently, the devastation we have seen as a result of Cyclone Gabrielle.
24. One of the major changes under the reforms is the ability to work nationally and use digital technology more consistently to support patients and clinicians. This means that in the future, patients can transfer across the country to ensure they get the best care regardless of where they live.
25. Te Whatu Ora has put in place national measures and escalation models so we can see where the pressures are in the system and allow our staff to make real-time decisions to improve hospital capacity in the most under pressure areas. This will help to ensure patients receive timely treatment and discharge and support regional and national collaboration.
  - a. For example, when Gisborne Hospital needed ICU nurse support, Tauranga Hospital could provide help through a newly established integrated operations centre.
26. Rather than disconnected planning across individual DHBs, planned care can now be managed nationally. For instance, hospital areas and regions are now collaborating to deliver planned care, such as South Canterbury providing extra orthopaedic operations to Canterbury patients who have been waiting over 365 days.
27. With the removal of inter-district flows, we have abolished one of the biggest barriers to people receiving care depending on where they live. This enables patient transfers across the country.
28. Te Whatu Ora has also established a Planned Care Taskforce to improve the quality, efficiency, and timeliness of planned care services. Additional funding has been reprioritised to support existing services and reduce wait times

## Appendix 2 – Key messages in agreed format

### 1. System reform

	Messaging	Opportunities
Minister	<ul style="list-style-type: none"><li>• Our health system is being transformed to support all New Zealanders to have better health outcomes.</li><li>• The new national health system provides the structural framework to support a fairer health system to achieve better health for all. It will take time to see the benefits of these changes.</li><li>• We have a highly skilled, hardworking health workforce, who are committed to providing the best level of care they can.</li><li>• We know the health system is under pressure.</li><li>• Manatu Hauora, Te Whatu Ora and Te Aka Whai Ora are working together to manage the current pressures.</li><li>• The immediate priorities are winter – in terms of acute demand, workforce and waiting times.</li><li>• Our long-term vision is for pae ora – healthy futures – where everyone in Aotearoa New Zealand lives longer, healthier lives and experiences equitable health outcomes</li><li>• The health reforms are aimed at tackling longstanding barriers to equity, reducing variation and supporting collaboration and partnership across the health sector.</li><li>• For New Zealanders, this mean being able to access the support and care they need, where and when they need it, in a way that works for them.</li><li>• Health entities continue to work closely with Immigration NZ to ensure the settings are appropriate.</li><li>• Te Aka Whai Ora has responded to the need for more services designed by and for Māori. We know these services are of benefit to Māori and to all New Zealanders.</li><li>• We have made significant commissioning decisions to increase funding for kaupapa Māori providers and mataūranga Māori services.</li></ul>	<ul style="list-style-type: none"><li>• A series of opportunities for the Minister to engage with the sector and the public have been provided to her office.</li></ul>



	<ul style="list-style-type: none"> <li>• Māori have a stronger voice in the new health system to embed Te Tiriti and improve health equity.</li> <li>• In December, Te Aka Whai Ora welcomed the establishment and formal recognition of the first 11 iwi-Māori partnership boards who represent the perspectives of whānau in the design and delivery of healthcare. Other emerging iwi-Māori partnership boards are working with us through the formal recognition process</li> <li>• Te Aka Whai Ora and Manatū Hauora recently completed a series of joint wānanga held throughout the country with Māori to feed into the interim Hauora Māori Strategy which will underpin our work, as outlined in the Pae Ora (Healthy Futures) Act 2022.</li> <li>• Te Aka Whai Ora has a specific focus on growing the number of kaimahi Māori to address workforce gaps setting up the workforce pipelines needed to grow new kaimahi, and supporting more Māori into leadership and decision-making roles</li> <li>• We know when we get the health system right for Māori, it is better for all New Zealanders.</li> <li>• Te Aka Whai Ora's Cyclone Gabrielle Response is an example of the effectiveness of our new health system.</li> <li>• Te Aka Whai Ora stood up a Māori health response in affected areas that is locally designed, and delivered, regionally coordinated and nationally supported.</li> <li>• The goal is to empower and support iwi, hāpu and hauora Māori providers working on the ground in the communities they know while ensuring they are well linked into the national response.</li> </ul>	
Health System	<ul style="list-style-type: none"> <li>• We know the health system is under pressure.</li> <li>• The health reforms are aimed at tackling longstanding barriers to equity, reducing variation and supporting collaboration and partnership across the health sector.</li> <li>• At the heart of the reforms are five objectives: <ul style="list-style-type: none"> <li>○ Partnership – to develop a system that partners meaningfully with Māori and the communities that it serves; and that works collaboratively across organisations to improve health and wellbeing.</li> <li>○ Equity – to tackle persistent inequities in health outcomes and access to services for many of our communities.</li> <li>○ Person and whānau-centred care – to refocus the design and delivery of health services around the needs and aspirations of people.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Sustainability – to prevent, reduce or delay health need wherever possible, and ensure a more financially sustainable system.</li> <li>○ Quality – to drive improvements in the quality and safety of care, and reduce variation between services and areas.</li> <li>• These are long-term objectives and will not be delivered overnight. As a first step, we have reformed health system structures and created new entities to put in place the foundations for change.</li> <li>• While there has been significant effort already put into reforming our structures and systems, there is more work to do to realise the full promise of the reforms.</li> </ul>	
Manatū Hauora	<ul style="list-style-type: none"> <li>• As part of our role to set the long-term direction for the health system and ensuring the changes will achieve pae ora for all New Zealanders, we are developing a series of health strategies to guide our health system.</li> <li>• We are also responsible for pulling the system together to make sure we get the changes we want to see.</li> <li>• We monitor the entities to make sure they are delivering the care people expect.</li> <li>• Manatū Hauora is working with Te Aka Whai Ora and Te Whatu Ora is developing the New Zealand health strategy, and the Hauora Māori, Pacific health, disabled people's, womens' and rural health strategies, which will set out our health service priorities and system improvements over the next 5–10 years.</li> <li>• In addition to the six strategies, we are also developing a Health Outcomes Framework.</li> <li>• The Women's Health Strategy, Rural Health Strategy and Health Workforce Strategy are new – New Zealand has not had strategies in these areas before.</li> <li>• Together, the strategies will set the direction across the health system and will inform decision-making and priority setting by Government and the health system.</li> <li>• The purpose of the strategies is to provide the roadmap for change – they won't commit us to the particular actions needed to get there. This will be the role of the New Zealand Health Plan and the next Government Policy Statement.</li> <li>• The strategies will: <ul style="list-style-type: none"> <li>○ assess the current state of health outcomes and system performance</li> <li>○ assess trends and risks in the next 5–10 years</li> <li>○ set out opportunities and priorities for improvement.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholder engagement on the long-term workforce strategy</li> <li>• Continued engagement to support development of the pae ora strategies</li> <li>• Increasingly refined targeting of online engagement of hard to reach communities through Ōu Huatau Hauora   Your Views on Health</li> <li>• Consultation on the review and</li> </ul>



	<ul style="list-style-type: none"> <li>• We will be talking to a wide range of individuals and groups to ensure our strategies meet the needs of those they're meant to serve.</li> <li>• We are not starting from scratch - the strategies will build on what people have shared with us so far.</li> <li>• It is critical that the strategies draw on the input and advice from the people and communities these strategies are for, as well as subject matter experts.</li> <li>• One way to contribute to the kōrero is on the Ministry of Health's new online discussion platform, Tātou (<a href="https://tatou.health.govt.nz/">https://tatou.health.govt.nz/</a>) or from the homepage of the Ministry's website (<a href="http://www.health.govt.nz">www.health.govt.nz</a>)</li> <li>• Tātou is aimed at the general public, encouraging them to share their thoughts about what good health looks like. People will also be encouraged to share their aspirations for a healthy future.</li> <li>• There are currently five discussion boards open on Tātou.</li> <li>• Other ways we are engaging are face to face meetings, wānanga, fono, focus groups, in-depth workshops and a digital outreach programme.</li> <li>• You might see posts asking for your thoughts on health on Facebook, TikTok, Snapchat or Twitter. Our hashtags are #YourViewsOnHealth and #AchievingPaeOra.</li> <li>• To stay up to date on our digital outreach, you can follow us on Facebook Oū huatau hauora   Your thoughts on health.</li> <li>• Manatū Hauora will be also reaching out directly to many groups with interests in promoting healthy futures soon with more information on how you can help us develop these strategies.</li> <li>• Engagement on all strategies will continue through to at least the end of March 2023, and the strategies will be delivered around July 2023.</li> </ul>	replacement of the Health Practitioners Competence Assurance Act 2003.
Te Whatu Ora		<ul style="list-style-type: none"> <li>• Launch of the National Workforce Action Plan</li> </ul>
Te Aka Whai Ora	<ul style="list-style-type: none"> <li>• Te Aka Whai Ora has responded to the need for more services designed by and for Māori. We know these services are of benefit to Māori and to all New Zealanders.</li> <li>• We have made significant commissioning decisions to increase funding for kaupapa Māori providers and mataūranga Māori services.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

	<ul style="list-style-type: none"> <li>• In November we made our largest commissioning investment decisions so far with new funding of \$71.6 million for Māori health, including \$17.6 million for te ao Māori solutions, mātauranga Māori, and population health initiatives that are central to whānau wellbeing</li> <li>• Māori have a stronger voice in the new health system to embed Te Tiriti and improve health equity.</li> <li>• In December, Te Aka Whai Ora welcomed the establishment and formal recognition of the first 11 iwi-Māori partnership boards who represent the perspectives of whānau in the design and delivery of healthcare. Other emerging iwi-Māori partnership boards are working with us through the formal recognition process</li> <li>• Te Aka Whai Ora and Manatū Hauora recently completed a series of joint wānanga held throughout the country with Māori to feed into the interim Hauora Māori Strategy which will underpin our work, as outlined in the Pae Ora (Healthy Futures) Act 2022.</li> <li>• Te Aka Whai Ora has allocated \$11.7 million to support innovation, workforce development, and whānau voice so Māori are part of the design, delivery, and evaluation of health services.</li> <li>• Our focus is on growing the number of kaimahi Māori to address workforce gaps, setting up the workforce pipelines needed to grow new kaimahi, and supporting more Māori into leadership and decision-making roles</li> <li>• We know when we get the health system right for Māori, it is better for all New Zealanders.</li> </ul>	
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## 2. Sustainable and skilled health workforce

	Messaging	Opportunities
Minister	<ul style="list-style-type: none"> <li>• The health workforce is an integral part of the health system.</li> <li>• Our health workforce is under considerable pressure.</li> </ul>	



	<ul style="list-style-type: none"> <li>Improving conditions for our health workers, and ensuring we have a sustainable, representative and responsive health workforce is a priority.</li> </ul>	
<p>Health System</p> <p>(What is different, how does the reformed system make things easier)</p>	<ul style="list-style-type: none"> <li>People are our greatest asset and the enabler to improving the health and wellbeing of New Zealanders.</li> <li>Manatū Hauora, Te Whatu Ora, and Te Aka Whai Ora are working to alleviate some of the pressures on health workers.</li> <li>We have heard from the health workforce what you think the priorities for change are.</li> <li>Many of the workforce issues faced by the health system are long-standing and require new approaches.</li> <li>The Health Reforms allow us to do things differently. Te Whatu Ora is now the national employer so we can take a national approach to workforce issues.</li> <li>Changes to immigration settings means nurses, midwives and all doctors are now eligible for residency immediately.</li> <li>Health entities continue to work closely with Immigration NZ to ensure the settings are appropriate.</li> <li>Te Aka Whai Ora is progressing specific initiatives to grow the number of kaimahi Māori to address gaps in the health workforce and support the expansion of te ao Māori solutions.</li> <li>Our health workforce as a whole are central to achieving genuine change for Māori and it is essential that all kaimahi across the health system from health promotion to specialist care are actively responsible for Māori health outcomes</li> <li>To achieve this Te Aka Whai Ora is working in partnership with Te Whatu Ora and Manatū Hauora on this work to ensure all workforce initiatives are fit for purpose and meet the needs of our Māori providers and communities.</li> <li>We know when we get the health system right for Māori, it is better for all New Zealanders.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Further changes to immigration settings</li> </ul>
Manatū Hauora	<ul style="list-style-type: none"> <li>These are big and complex issues and are seen all around the world. We need short term action and longer-term planning, but this won't be fixed immediately.</li> <li>People are our greatest asset and the enabler to improving the health and wellbeing of New Zealanders. Many of the workforce issues faced by the health system are long-standing and require new approaches.</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder engagement on the long-term workforce strategy</li> <li>Consultation on the review and</li> </ul>

	<ul style="list-style-type: none"> <li>• Manatū Hauora is developing a long-term health workforce strategy to guide system settings and ensure New Zealand has a sustainable, representative and responsive health workforce that can meet the future needs of people and whānau.</li> <li>• In the interim we are working to help Te Whatu Ora and Te Aka Whai Ora to find and implement more immediate actions.</li> <li>• The insights collected from the engagement to date will be used to inform development of the Health Workforce Strategy.</li> <li>• Some of these system level changes may require a review of legislation that impacts the way health professions are enabled to deliver care, or a review of the pathways from training and education through to employment to ensure we attract and retain the health workforce of the future.</li> <li>• The long-term health workforce strategy will align with the New Zealand Health Strategy and support system shifts towards pae ora (healthy futures).</li> </ul>	replacement of the Health Practitioners Competence Assurance Act 2003.
Te Whatu Ora	<ul style="list-style-type: none"> <li>• We announced a series of priority workforce initiatives In August 2022 to address health workforce pressures. Since then we have: <u>Nurses:</u> <ul style="list-style-type: none"> <li>○ <b>We are recruiting more nurses across the whole health system to ease the pressure on the frontline workforce.</b></li> <li>○ Recruitment campaigns include a critical care nursing campaign and an international generalist nursing campaign <ul style="list-style-type: none"> <li>▪ To date we've <b>545 applications received, have been deployed to fill regional roles and 32 additional nurses have been employed as at the end of January.</b></li> <li>▪ A further <b>780 Accredited Employer Work Visas were approved for nurses, and 150 of them have arrived in New Zealand.</b></li> </ul> </li> <li>○ <b>The Return to Nursing Support Fund</b>, which provides financial support to New Zealand-based nurses or internationally qualified nurses (IQNs) wanting to return to practice to achieve registration has received <b>225 approvals- and Maori and Pacific nurses are being prioritised.</b></li> <li>○ <b>The Internationally Qualified Nurse program has received over 800 valid registrations</b> – this fund allows overseas qualified nurses to take a competence assessment and we are working hard to progress these applications.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Launch the National Workforce Action Plan.</li> <li>• Collaborating with TVNZ on the first in a series of workforce services, with the first to focus on the NZREX programme.</li> <li>• Announcing Return to Midwifery Support Funds.</li> <li>• Possible funding announcement – funding offers set to go out to 600</li> </ul>



	<ul style="list-style-type: none"> <li>○ Increasing the numbers of funded places on the <b>Nurse Practitioner Training Programme with an increase from 50 to 72 in the 2023 academic year</b>, and up to 100 funded places in the 2024 academic year. The Programme has a focus on growing the Māori and Pacific nurse practitioner.</li> <li>○ Work is underway <b>to support the numbers of potential nurses coming through training</b>, recognising prior learning and working on placing people in clinical settings more quickly with appropriate support.</li> <li>○ We have consulted on a Return to Midwifery programme which we hope to implement in the next financial year.</li> </ul> <p><u>Doctors:</u></p> <ul style="list-style-type: none"> <li>○ A number of initiatives are underway, including funding two pilot programmes to support doctors already in New Zealand who hold overseas qualifications to become registered in New Zealand. <ul style="list-style-type: none"> <li>▪ <b>A two-year programme</b> to prepare doctors who want to practice in primary care (GPs) for community-based settings. The programme is underway, running in the Waikato region, with a cohort of 10.</li> <li>▪ <b>A six-month Bridging Programme</b>, due to start in March, will prepare doctors for entry into the two-year internship training programme in hospitals. The programme will run in the Northern region with a cohort of 10.</li> </ul> </li> <li>○ <b>GPEP (General Practitioner Education Programme)</b> We're partnering with the Royal College of GPs to grow our GP workforce (to 300 per year by 2026) through funding to match GP trainee pay with that of hospital counterparts, increased funding for teaching supervisors and a hosting fee for general practices who host post graduate trainees.</li> <li>○ <b>Rural Hospital Locum Service.</b> Te Aka Whai Ora and Te Whatu Ora in partnership with Hauora Taiwhenua (the Rural Health Network), is establishing a National Rural Hospital Locum Coordination Service in the first half of 2023. It will focus on supporting and strengthening the rural health workforce and implement initiatives to attract and grow a pool of New Zealand based and international locum doctors.</li> </ul>	<p>providers for nurses and kaiāwhina in Aged Residential Care, Hospice, Home and Community Support Services, and Maori and Pacific providers.</p>
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	<ul style="list-style-type: none"> <li>○ <b>We've started work to deliver a series of workforce initiatives focused on Pacific peoples</b>, including Te Ara Oranga (an ongoing programme focused on tertiary re-engagement), expanded Pacific Health Science Academies, and a new Pacific Health Wayfinders initiative and Pacific Nurses Bridging Programme.</li> </ul> <p><u>International Recruitment Campaign for both Doctors and Nurses</u></p> <ul style="list-style-type: none"> <li>○ We're removing barriers to make it easier for more overseas doctors and nurses to come and work in New Zealand. We are encouraged to have received strong international interest.</li> <li>○ <b>As of the end of January, 461 enquiries and 498 expressions of interest</b> have been received as a result of the current international recruitment campaign. Work to identify suitable candidates to follow up with is underway.</li> <li>○ While every effort is made to recruit and employ health workers as quickly as possible, international recruitment takes time, with a number of steps that need to occur before someone can start in a role.</li> </ul>	
Te Aka Whai Ora	<ul style="list-style-type: none"> <li>• Te Aka Whai Ora has a specific role to grow and support the Māori healthcare workforce right across our health system and people working in kaupapa Māori services.</li> <li>• Te Aka Whai Ora is progressing specific initiatives to grow the number of kaimahi Māori to address gaps in the health workforce and support the expansion of te ao Māori solutions.</li> <li>• In November 2022, Te Aka Whai Ora allocated \$11.7 million to support innovation, workforce development, and whānau voice so Māori are part of the design, delivery, and evaluation of health services.</li> <li>• Te Aka Whai Ora Te Pitomata grants opened on 17 March 2023 - \$3.27 million to support more Māori entering the health workforce. (Media release, social activity, and stakeholder communications begin 20 March 2023.)</li> <li>• Two RFPs close on 31 March 2023: <ul style="list-style-type: none"> <li>• Tuakana-Teina Programme - providing a range of peer to peer supports to Māori within and/or transitioning into the health workforce</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Updates on the response to Te Aka Te Pitomata grants and workforce RFPs</li> <li>• Te Mauri ō Rongo NZ consultation</li> <li>• Māori Health Research and Evaluation current state understood</li> </ul>



	<ul style="list-style-type: none"> <li>• Kaiāwhina Workforce Training and Development Programme.</li> </ul> <p>Updates on the level of interest and next steps will be communicated once the RFPs close.</p> <ul style="list-style-type: none"> <li>• Our health workforce as a whole are central to achieving genuine change for Māori and it is essential that all kaimahi across the health system from health promotion to specialist care are actively responsible for Māori health outcomes</li> <li>• To achieve this Te Aka Whai Ora is working in partnership with Te Whatu Ora and Manatū Hauora on this work to ensure all workforce initiatives are fit for purpose and meet the needs of our Māori providers and communities.</li> </ul>	
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### 3. Keeping people well in communities (includes winter wellness)

	Messaging	Opportunities
Minister	<ul style="list-style-type: none"> <li>• Our health system must focus on supporting people to stay well in their communities.</li> <li>• This means taking a more holistic view of health and wellbeing while addressing immediate needs.</li> <li>• We're anticipating the usual increase in seasonal respiratory illnesses such as cold and flu this winter, at the same time as COVID-19 is circulating</li> <li>• Vaccination continues to be our best defence against many illnesses.</li> </ul>	<ul style="list-style-type: none"> <li>• Roll out of community-based services</li> </ul>
Health System	<ul style="list-style-type: none"> <li>• We are working across the health system is prepared for any potential surge in winter illness or other infectious disease.</li> <li>• Winter is coming, bringing the usual seasonal respiratory illnesses such as cold and flu, at the same time as COVID-19 is still circulating.</li> <li>• With more people travelling across borders, there is also the risk of other infectious illnesses (such as measles) entering NZ.</li> <li>• We are embedding a population health approach across the health system.</li> <li>• A population health approach focuses on supporting whānau to stay well in their communities. It's about preventing illness in the first place.</li> <li>• This will take time but will help take pressure off our hospitals and specialist services.</li> </ul>	<ul style="list-style-type: none"> <li>• Launch of telehealth services for planned care on the Chatham Islands</li> <li>• Purchased \$1.9m doses of flu vaccines</li> <li>• CVTAG advice on bivalent vaccines</li> <li>• Public health messaging</li> </ul>

	<ul style="list-style-type: none"> <li>• This means being focused on the future, taking an evidence-informed approach and strengthening our national surveillance function.</li> <li>• The health system is shifting to provide more community-based services, with a focus on improving support for Māori, Pacific people, disabled people and other groups with the poorest outcomes.</li> <li>• We're working with others on this because communities have a big influence on the lifestyle choices people make. Creating better connections across health and social care agencies can lift the health outcomes of entire communities.</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 settings through regular Public Health Risk Assessments</li> <li>• Sector presentations and newsletters</li> </ul>
Manatū Hauora	<ul style="list-style-type: none"> <li>• Embedding a population health approach across the health system will support whānau to stay well in their communities.</li> <li>• This means being focused on the future, taking an evidence-informed approach and strengthening our national surveillance function.</li> <li>• There are steps we can all take to keep ourselves and whānau well, by keeping up to date with vaccinations and practising healthy habits to prevent the spread of illness.</li> <li>• Vaccination is still our best defence against COVID-19, flu, and many other infectious diseases, reducing our risk of infection, as well as the risk of passing it on to vulnerable people.</li> </ul>	<ul style="list-style-type: none"> <li>• Latest Public Health Risk Assessment could create opportunities for messaging and announcements on winter more generally.</li> <li>• Press releases</li> <li>• Social media channels</li> </ul>
Te Whatu Ora	<p><u>Localities</u></p> <ul style="list-style-type: none"> <li>• <b>Localities is a new national approach</b> to improve healthcare delivery in communities. This is about bringing healthcare and other well-being services to people in the way that works for them, rather than expecting them to come to us.</li> <li>• <b>These local services will focus on helping whānau stay well; give iwi and communities a strong voice in deciding what's needed in their local area;</b> and get different health and wellbeing organisations working together better to improve people's healthcare experience.</li> <li>• Localities focus on much more than health services. <b>They focus on achieving pae ora (healthy futures) for whānau by improving the environment people live in, how they live, and the opportunities they have to thrive, provide for their whānau and contribute to their communities.</b></li> <li>• By July 2024, every community in Aotearoa will be part of a locality.</li> </ul> <p><u>Immunisations</u></p>	<ul style="list-style-type: none"> <li>• Roll out of community-based services</li> <li>• Bivalent vaccine roll out. Expanded eligibility from April 1.</li> <li>• Influenza vaccine roll out and promotional activities begins April 1.</li> </ul>



	<ul style="list-style-type: none"> <li>• The flu vaccine will be funded for people over 65, people with long-term conditions (like asthma and diabetes), those who are pregnant, people with specific mental health conditions or addiction issues, those who are pregnant and children 6 months to 3 years who meet the criteria.</li> <li>• In addition, Te Whatu Ora has worked with Pharmac to extend the funding of the flu vaccine to Māori and Pacific people aged 55 to 64 years and children aged 3 to 12 years.</li> <li>• From 1 April, anyone aged 30 years and older will be eligible to receive the bivalent vaccine, at least 6 months since their last COVID-19 booster or positive COVID-19 test.</li> <li>• Engaging with healthcare providers and listening to the needs of local communities, <b>we are changing the information, the way it is delivered and the way we reach people to encourage them to immunise their children.</b> Māori and Pasifika advisors will work with communities, develop campaigns that are meaningful and encourage people to take control of their healthcare.</li> <li>• We think this has the potential to really improve immunisation rates. The new campaigns kick off from 1 March.</li> </ul>	<ul style="list-style-type: none"> <li>• Winter wellness digital promotion following Cabinet paper decisions.</li> </ul>
Te Aka Whai Ora	<ul style="list-style-type: none"> <li>• Delivering information and support to Māori health providers, local communities, leveraging regional partnerships, key link into hospital and primary care at a local level.</li> <li>• When given the opportunity and resources to develop their own solutions, our Māori communities mobilise quickly, reach deep into our communities and achieve results that matter.</li> <li>• Te Aka Whai Ora's approach is to build on previous success by ensuring a sustainable foundation for Hauora Maori providers, and enhancing and scaling up those services that work for whānau and deliver results – for Māori and for everyone in New Zealand who accesses these services.</li> <li>• In November 2022, Te Aka Whai Ora allocated \$13.0 million in new funding to Māori primary and community providers to address historic underfunding and support sustainability.</li> </ul>	

	<ul style="list-style-type: none"><li>• Te Aka Whai Ora is repurposing \$7.4 million of left over COVID-19 funding for vaccination and winter preparedness work. This funding will be distributed to Māori primary health organisations and hauora Māori providers to continue this work through to 30 June 2023.</li></ul>	
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PROACTIVELY RELEASED



#### 4. Wait times (access to care)

	Messaging	Opportunities
Minister	<ul style="list-style-type: none"> <li>Reducing waiting times is a priority for this government.</li> <li>We acknowledge the stress placed on both patients who cannot access the care and treatment they need in a timely way and those caring for them and advocating on their behalf.</li> <li>There is considerable pressures on all services and the reasons for this are complex – such as a burgeoning and ageing population, the impact of COVID-19, high numbers of winter acute admissions and workforce constraints.</li> <li>Keeping people safe while waiting for services, in some instances longer than intended, is a key focus of health providers in continuing to manage the care of their patients.</li> <li>We are all collectively, the government, Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora working to address waiting times.</li> <li>You will hear talk that the system is broken. It is not. This is sometimes the view of practitioners who are unaware of the wider changes taking place which will make an impact.</li> <li>The number of people on waiting lists and those waiting longer than intended for services are at historically high levels.</li> <li>We recognise that pressures will remain for some time, so there is a need to focus on how capacity is best utilised and actions that will enable sustainable waiting list reductions despite the persistent challenges.</li> <li>The Health agencies are working on a clear implementation plan, that prioritises actions that will have the most impact, identifies the trajectory of waiting list reductions and includes measures of progress. Noting that an implementation plan for the Taskforce's recommendations has been developed by Te Whatu Ora's Hospital and Specialist Services team.</li> </ul>	<ul style="list-style-type: none"> <li>A series of hosted Minister regional visits to the Te Whatu Ora facilities which are a mix of regions / Services where there is particular pressures on planned and acute care along with regional visits to facilities where progress is being made in addressing the recommendations of the Reset and Restore plan / or other positive initiatives in the planned care / acute care space. Where appropriate local media can be invited to an opportunity to talk to the Minister and officials following the visit – if possible to include some opportunities for media to film / photograph a portion of the tour.</li> <li>Opening of Procedure Suite, Hutt Valley Hospital</li> </ul>

	<ul style="list-style-type: none"> <li>In the months prior to COVID-19, waiting lists were already increasing because of capacity and workforce limitations, acute demand, increased complexity of presentations and an aging population. However, after an initial recovery, there was a significant reduction in activity during the COVID-19 pandemic which resulted in an increase in the size of the waiting list and number of people waiting too long for services.</li> </ul>	
Health System	<ul style="list-style-type: none"> <li>The health system has been dealing with significant pressures from high acute workload and workforce constraints.</li> <li>There is a good set of initiatives for the sector to move forward in the October 2022 Reset and Restore Plan from the Planned Care Taskforce which all three agencies - Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora are working to progress. All three agencies and my office will be providing further information on progress on the report's recommendations.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Manatū Hauora	<ul style="list-style-type: none"> <li>As part of Manatū Hauora's stewardship role, we will monitor the new system with a particular focus on opportunities for system improvement.</li> <li>Manatū Hauora continues to monitor planned care and provide support, advice and guidance based on experience of previous initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>Publications of public indicators</li> </ul>
Te Whatu Ora	<ul style="list-style-type: none"> <li>All regions are <b>working to book all patients waiting longer than 12 months</b> for surgery or treatments.</li> <li>Within Te Whatu Ora, <b>reprioritised funding of \$160m has been allocated for increasing surgical and diagnostic volumes</b> and will be invested in the current financial year (2022/23).</li> <li>This reprioritised <b>funding will be used to support existing services and reduce wait times</b> particularly for those who've waited the longest along with improving access for Māori and Pacific patients.</li> <li>One of the major changes under the new system is the <b>ability to work nationally and use digital technology</b> to support patients and clinicians.</li> <li><b>Planned care is improving because we have better data.</b> We now have nationally consistent measures and escalation models so we can see where the pressures are in the system. This allows our staff to make real-time decisions to improve hospital capacity in the most under pressure areas, ensures patients receive timely treatment and discharge, and supports regional and national collaboration.</li> </ul>	<ul style="list-style-type: none"> <li>Developing a detailed plan for monitoring baseline and additional volumes - February 2023.</li> <li>Agreeing additional capacity and initiatives to 30 June 2023 for dentistry, radiology and primary care and community initiatives - tbc</li> <li>Improved automated data to give an up-to-date picture of the waitlist - tbc</li> <li>Launching initiatives around theatre productivity, outpatients, waiting list management and clinical prioritisation - tbc</li> <li>Developing ways to reduce cancellations and maintain planned</li> </ul>



	<ul style="list-style-type: none"> <li>○ For example, when Gisborne Hospital needed ICU nurse support, Tauranga Hospital provided help through a newly-established integrated operations centre.</li> <li>• <b>National Directors chair weekday stand-ups with all regions to identify issues and find solutions across regions.</b> For example, Taranaki (Te Manawa Taki region) recently had a shortage of community oral health capacity. The daily stand-up identified that Whanganui (Central region) had capacity to provide aid to Taranaki, ensuring care was available where it was needed.</li> <li>• Rather than disconnected service planning across individual DHBs, <b>planned care can be managed nationally</b> e.g. Local hospital areas and regions collaborating to deliver planned care, such as South Canterbury providing extra orthopaedic operations to Canterbury patients who have been waiting over 365 days.</li> <li>• <b>Patients can now be easily transferred across the country</b> to ensure they get the best care regardless of where they live.</li> <li>• <b>We've improved the way we collect, manage and use data to support better decisions at the front line.</b> Previously, data months old and too late to be actionable. Now, Directors can make real-time decisions, across regions, to improve hospital capacity in the most under pressure areas and ensure patients receive timely treatment and discharge. Demographic data also allows Directors to direct resources to booking and treating the most vulnerable groups.</li> <li>• <b>We have made healthcare more accessible and taken the pressure of primary care services over the summer months,</b> particularly Māori and Pacific providers, through an expanded clinical telehealth service, providing: <ul style="list-style-type: none"> <li>○ access to 24/7 nurse triage and GP overflow services (telehealth doctor consultations if required at no cost to the patient or to general practices)</li> <li>○ This means patients can be seen at home, releasing pressure on ED and hospital admissions because early treatment is always better.</li> </ul> </li> </ul>	<p>care as part of wider Winter planning - tbc</p> <ul style="list-style-type: none"> <li>• Regional teams coordinating production planning with hospitals to increase volumes going forward into next year – tbc</li> <li>• Te Whatu Ora developing an overarching communications strategy for planned care.</li> <li>•</li> </ul>
Te Aka Whai Ora	<ul style="list-style-type: none"> <li>• Within planned care, improving equity of access, outcomes and data – is an immediate focus of Te Aka Whai Ora.</li> <li>• We are working in partnership with Te Whatu Ora on initiatives to reduce waiting lists.</li> <li>• Te Aka Whai Ora also works with Manatū Hauora and Te Puni Kōkiri to monitor outcomes for Māori across the system.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Our focus in the first two years is on the five key health areas which are the biggest contributors to health loss and health inequity for Māori and also represent the greatest potential for intervention:             <ul style="list-style-type: none"> <li>• Pae ora   Better health in our communities</li> <li>• Kahu Taurima   Maternity and early years</li> <li>• Mate pukupuku   People with cancer</li> <li>• Māuiuitanga taumaha   People living with chronic health conditions</li> <li>• Oranga hinengaro   People living with mental distress, illness and addictions</li> </ul> </li> </ul>	
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PROACTIVELY RELEASED



## 5. Setting the long-term direction for health

	Messaging	Opportunities
Minister	<ul style="list-style-type: none"> <li>• While there has been significant effort already put into reforming our structures and systems, there is a lot more work to do to realise the full promise of the reforms.</li> <li>• The approach to the reform has a dual focus: to deliver the short-term requirements in the first two years, and to put in place the system architecture to set and deliver long-term objectives from July 2024 onwards</li> <li>• Health strategies are how the long-term direction for health (and for the health system specifically) will be set by this Government.</li> <li>• Manatū Hauora is developing a suite of new strategies for the future of health: 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.</li> <li>• Manatū Hauora is engaging widely through many ways to enable as many groups, communities, and individuals as possible to be heard to help in development of the strategies.</li> <li>• However, this isn't a one and done approach, the strategies will be regularly reviewed.</li> <li>• Together, the strategies will set the direction across the health system and inform decision-making. While the strategies will be high level, they will inform the specific actions to be captured in the Government Policy Statement and the New Zealand Health Plan.</li> <li>• I know the public and the health sector are impatient for immediate change as am I, but we need the health agencies to do this right. It will take time. I have asked the agencies to keep the sector and the public as updated as they can on progress.</li> </ul>	

Health System	<ul style="list-style-type: none"> <li>• We have achieved a lot in the six months since reform of the system began.</li> <li>• But this is just the start of the work we need to do to realise the full promise of the reforms.</li> <li>• The approach to the reform has a dual focus: to deliver the short-term requirements in the first two years, and to put in place the system architecture to set and deliver long-term objectives from July 2024 onwards</li> <li>• Health strategies are how the long-term direction for health (and for the health system specifically) will be set by Ministers.</li> <li>• Manatū Hauora is developing a suite of new strategies for the future of health: 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.</li> <li>• Manatū Hauora is engaging widely through many different ways to enable as many groups, communities and individuals as possible to be heard to help in development of the strategies</li> <li>• The new system architecture will link long term outcomes and strategic direction-setting to this Government's medium-term priorities, financial settings and budget, and system-wide planning and accountability processes</li> <li>• Together, the strategies will set the direction across the health system and inform decision-making. While the strategies will be high level, they will inform the specific actions to be captured in the Government Policy Statement and the New Zealand Health Plan.</li> <li>• Manatū Hauora is also developing a Health Outcomes Framework to help grow a deeper understanding of how the health system is performing and to track longer term aspirations over time</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
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## Appendix 3 – RADAR

### Announcement Radar Confirmed Opportunities

Standing agenda

- Topical news / risks
- The RADAR as planned / anything changed / how things are tracking
- Upcoming opportunities

Minister Verrall (opportunities to be discussed) - Announcement Radar

W/C 27 March 2023

	confirmed media release by Minister		potential media release
	confirmed media release by agency		potential announcement/speech
	confirmed Ministerial announcement/speech		potential event opportunity
	confirmed agency announcement		
	confirmed event attended by Minister		

## Opportunities three weeks ahead

Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
30 March 2023 at 9.40am	Minister Verrall	Te Whatu Ora - Addictions		Minister Verrall will be delivering the opening address at the Addiction Leadership Day. The Minister will have the opportunity to address over 120 leaders from the addiction sector, including most of the members of the NCAT Board.	Rydges Hotel, Featherston Street, Wellington CBD	<ul style="list-style-type: none"> <li>• Speech</li> <li>• Runsheet</li> <li>• Event Briefing</li> </ul>	Speech and runsheets due 24/03	Luke Chivers
				While the primary topic for the day is likely to be workforce, it will be a good forum for the Minister to also discuss her priorities for the addiction sector and significant investments government is making in development, recruitment and primary care.			Event briefing due by 5pm 28/03	
1 April	Minister Verrall	Te Whatu Ora		<b>Winter preparedness media launch</b>		<ul style="list-style-type: none"> <li>• Talking Points</li> <li>• Run sheet</li> <li>• Draft media release</li> </ul>	27 March	Rob Mitchell/Tracie Simpson



Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
				Possible media opportunity to launch flu and bivalent vaccinations ahead of winter.				
First week of April	Minister Verrall	Te Whatu Ora		<p><b>Comprehensive Primary Care Teams and Workforce Funding</b></p> <p>Comprehensive primary care teams that include kaiāwhina and other wrap around services with GPs and nurses such as physiotherapists, practice-based pharmacists, care coordinators, and registered social workers will begin rolling out in Māori, Pacific, and lower income communities.</p> <p><b>(part of System Pressures and winter preparedness initiatives as per comms plan).</b></p>	Wellington	<ul style="list-style-type: none"> <li>Aide Memoire</li> <li>Potential Press Release</li> </ul>	30 March	Diane Berghan
Mar (TBC)	Minister Verrall	Te Whatu Ora		<p><b>Launch of telehealth services for planned care on the Chatham Islands</b></p> <p>An ISG project is upgrading the connectivity on the island so that residents can have their consultations for planned care where they live</p>	Chatham Islands, Canterbury			Julia Goode

Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
				<p>instead of having to fly to NZ. Currently only acute telehealth into ED/ICU is on offer.</p> <p>Opportunity is a media statement / visit to highlight better access to healthcare in local, hard to reach communities.</p> <p>Status: on hold</p>				
Late March (TBC)	Minister Verrall	Manatū Hauora – Mental Health and Addiction		<p><b>Oranga Hinengaro System and Service Framework</b></p> <p>Manatū Hauora will publish and promote the Framework to the sector.</p>	National			Peta Baily Gibson/Kiri Richards
Early April	Minister Verrall	Te Whatu Ora		<p><b>Rollout of pay disparity funding to community nurses</b></p> <p>The Minister of Health and Minister of Finance formally approved \$40 million for five sectors to reduce pay gap between community-employed nurses and Te Whatu Ora employed workers.</p>	Wellington	<ul style="list-style-type: none"> <li>Comms plan</li> <li>Ministerial PR</li> <li>Talking points</li> </ul>	sent	Deidre Mussen



Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
				The Minister to announce funding and work is underway to set up an appropriate visit to announce this funding rollout if confirmed.				
7 April	Minister Verrall			<p><b>World Health Day</b></p> <p>This World Health Day the World Health Organization will observe its 75th birthday.</p> <p>In 1948, countries of the world came together and founded WHO to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health and well-being.</p> <p>WHO's 75th anniversary year is an opportunity to look back at public health successes that have improved quality of life during the last seven decades. It is also an opportunity to motivate action to tackle the health challenges of today – and tomorrow.</p>	International	•		

## Opportunities six weeks ahead

Associate Minister of Health Willow-Jean Prime – Announcement Radar

W/C 27 March 2023

Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheet; talking points; Q & As)	Date due to MO	Person responsible for delivery
April/May	Minister Prime	Te Whatu Ora		<b>South Canterbury DHB Refurbishment of Child &amp; Maternity Facilities</b>  Complete refurbishment of Children's and Maternity ward. The space is finished but the Children's Ward has moved into the space while that ward is refurbished.  More information will be provided as it becomes available	South Canterbury	•		Karalyn van Deursen
April/May (TBC)	Minister Prime	Manatū Hauora/ Te Aka Whai Ora		<b>Surgical mesh</b>  Potential for event to launch new service for women who have been affected by pelvic surgical mesh.  We will provide communications support and material for an event.	Canterbury or Waitematā			Darin To'o/Kerri Osborne



				Discussion with office on potential for event and/or proactive media statement				
April/May TBC	Minister Prime	Te Whatu Ora		<p><b>Opening of a mother and baby therapeutic clinic</b></p> <p>Awaiting confirmation of event and date</p> <p>Addiction and wellbeing provider High Ground is opening a new service involving maternal mental health services. Former Prime Minister Ardern had been due to open this service, but the invite has been extended to both Minister Verrall while they work on a new plan.</p>	Te Atatu Peninsula, Auckland	<ul style="list-style-type: none"> <li>• Speech</li> <li>• Press release</li> <li>• Run sheet</li> <li>• Event briefing</li> </ul>		Luke Chivers to update
TBC	Minister Prime	Te Whatu Ora		<p><b>Rural Primary Birthing Unit in Central Otago</b></p> <p>The build of the two Primary Maternity Units, one in Clyde, Central Otago, and the other in Wanaka, are both tracking within scope and on time.</p> <p>Wanaka Primary Birthing Unit has council consent to operate from the facility purchased earlier this year with emergency helicopter landing capability. Te Whatu Ora Southern expects the refit to commence in November 2022, with works due to be completed in the first half of 2023.</p> <p>Clyde Primary Birthing Unit plans were completed in mid-October. The council submission and tender release is projected for early November 2022. It is anticipated that the build will be underway by February 2023 with</p>	Central Otago			

				approximately a 12-month timeline to completion.				
		Te Aka Whai Ora						

Associate Minister of Health (Māori Health) Peeni Henare – Announcement Radar

W/C 27 March 2023

Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheet; talking points; Q & As)	Date due to MO	Person responsible for delivery
30 March	Minister Henare	Te Aka Whai Ora		Funding Capitation for Primary Care			Aasap	Diane Berghan

Associate Minister of Health (Pacific Peoples) Barbara Edmonds – Announcement Radar

W/C 27 March 2023

Briefing: H2023022226



Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheet; talking points; Q & As)	Date due to MO	Person responsible for delivery

## Announcement Radar Potential Opportunities

Standing agenda

- Topical news / risks
- The RADAR as planned / anything changed / how things are tracking
- Upcoming opportunities

Minister Verrall (opportunities to be discussed) - Announcement Radar

W/C 27 March 2023

	confirmed media release by Minister		potential media release
	confirmed media release by agency		potential announcement/speech
	confirmed Ministerial announcement/speech		potential event opportunity
	confirmed agency announcement		
	confirmed event attended by Minister		

## Opportunities three weeks ahead

Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
TBC	Minister Verrall	Te Whatu Ora		<b>Winter preparedness media launch</b>				Media and strategic communications
				Possible media opportunity to launch flu and bivalent vaccinations ahead of winter.				



Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
				For discussion				
W/C Mar 27 (TBC)	Minister Verrall	Te Whatu Ora		<b>Opening of Procedure Suite, Hutt Valley Hospital</b>	Hutt Valley Hospital Wellington			Debbie Caterer
				We would like to know if Minister Verrall would be available to attend				
				Planning to hold a small staff event to bless and open the Procedure Suite in Hutt Valley Hospital in the week beginning Monday 27 March (potentially 8:30 or 11am).				
				Minister Verrall went through the Suite on Friday 17 February, as part of her visit to see some of the Planned Care innovations. At the time we said we keep her informed of when the Suite would open to see if she wanted to attend the opening.				
				The attendees will be staff and contractors involved in the design and build, as well as mana whenua for the blessing element, so small.				

Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
30 March 2023	Minister Verrall	Te Whatu Ora		<p><b>Launch of new cancer data web tool</b></p> <p>This new cancer web tool is an interactive online data publication containing data on cancer registrations and deaths for the period between 2011 and 2020 in Aotearoa New Zealand.</p> <p>URL for the new web tool will be advised on the day of release.</p> <p>A memo has been developed with media lines.</p> <p>Opportunity is a media release</p>	Online	<ul style="list-style-type: none"> <li>Agency PR</li> </ul>		Savaia Stevenson
31 Mar	Minister Verrall	Te Whatu Ora		<p><b>Nurses powhiri</b></p> <p>For discussion</p>	Pipitea Marae Wellington			Tracie Simpson



Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
Mar (TBC)	Minister Verrall	Te Whatu Ora		<p><b>Launch of telehealth services for planned care on the Chatham Islands</b></p> <p>An ISG project is upgrading the connectivity on the island so that residents can have their consultations for planned care where they live instead of having to fly to NZ. Currently only acute telehealth into ED/ICU is on offer.</p> <p>Opportunity is a media statement / visit to highlight better access to healthcare in local, hard to reach communities.</p> <p>Status: on hold</p>	Chatham Islands, Canterbury			Julia Goode
Late March (TBC)	Minister Verrall	Manatū Hauora – Mental Health and Addiction		<p><b>Oranga Hinengaro System and Service Framework</b></p> <p>Manatū Hauora is working up options with Te Whatu Ora for launch</p> <p>Potential for an event to launch this high-level framework which identifies the core components of a contemporary mental health and addiction system. Development of the framework is an action in <i>Kia Manawanui</i>. It</p>	National			Peta Baily Gibson/Kiri Richards

Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
				<p>will give direction to those responsible for health system policy, design, service commissioning, and delivery with a 10-year horizon.</p> <p>Te Whatu Ora and Te Aka Whai Ora commissioning leadership in both entities have supported the framework and will lead implementation.</p> <p>We will provide communications material to support any event or media statement.</p>				
Mar/Apr	Minister Verrall	Te Whatu Ora		<p><b>South Canterbury DHB Refurbishment of Child &amp; Maternity Facilities</b></p> <p>Complete refurbishment of Children's and Maternity ward. The space is finished but the Children's Ward has moved into the space while that ward is refurbished.</p> <p>More information will be provided as it becomes available</p>	South Canterbury			Karalyn van Deursen



Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheets; talking points; Q & As)	Date due to MO	Person responsible for delivery
Early April	Minister Verrall	Te Whatu Ora		<b>Planned care improvements at Hutt Hospital</b>  Hutt Hospital will open a new multi-specialty five room procedure suite, which will free up the two main operating theatres to deliver approximately 500 minor surgical procedures annually.  The Minister will be invited to the opening ceremony.	Wellington			Debbie Caterer
Early April	Minister Verrall	Te Whatu Ora		<b>Rollout of pay disparity funding to community nurses</b>  The Minister of Health and Minister of Finance formally approved \$ 40 million for five sectors to reduce pay gap between community-employed nurses and Te Whatu Ora employed workers.  The Minister to announce funding and set up an appropriate visit to announce	Wellington			Deidre Hill

## Opportunities six weeks ahead

Date and time	Minister	Group	Codes	Event and description	Location	Comms products (Ministerial PR; agency PR; event runsheet; talking points; Q & As)	Date due to MO	Person responsible for delivery
19 April	Minister Verrall	Te Whatu Ora		<b>Waikato Regional Renal Centre</b> Minister opportunity to attend. The sod-turning and naming ceremony for the new renal building at Waikato Hospital.	Waikato			
28 April	Minister Verrall	Te Whatu Ora		<b>New Buller Health facility – Te Rau Kawakawa</b> Minister opportunity to attend A public open day is being held from 3-6pm on Friday 28 April and the Minister is invited to attend along with the public	Westport – Buller Te Tai o Poutini West Coast			
TBC	Minister Verrall	Te Whatu Ora		<b>Opening of a mother and baby therapeutic clinic</b> Awaiting confirmation of event and date Addiction and wellbeing provider High Ground is opening a new service involving maternal mental health services. Former Prime Minister Ardern had been due to open this service, but the invite has been extended to both Minister Verrall while they work on a new plan.	Te Atatu Peninsula, Auckland			
TBC	Minister Verrall	Te Whatu Ora		<b>Rural Primary Birthing Unit in Central Otago</b> The build of the two Primary Maternity Units, one in Clyde, Central Otago, and the other in Wanaka, are both tracking within scope and on time.	Central Otago			



				<p>Wanaka Primary Birthing Unit has council consent to operate from the facility purchased earlier this year with emergency helicopter landing capability. Te Whatu Ora Southern expects the refit to commence in November 2022, with works due to be completed in the first half of 2023.</p> <p>Clyde Primary Birthing Unit plans were completed in mid-October. The council submission and tender release is projected for early November 2022. It is anticipated that the build will be underway by February 2023 with approximately a 12-month timeline to completion.</p>				
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Associate Minister of Health Willow-Jean Prime – Announcement Radar

W/C 27 March 2023

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April/May (TBC)	Minister Prime	Manatū Hauora/ Te Aka Whai Ora		<p><b>Surgical mesh</b></p> <p>Potential for event to launch new service for women who have been affected by pelvic surgical mesh.</p> <p>We will provide communications support and material for an event.</p> <p>Discussion with office on potential for event and/or proactive media statement</p>	Canterbury or Waitematā			Darin To'o/Kerri Osborne

Associate Minister of Health (Māori Health) Peeni Henare – Announcement Radar

W/C 27 March 2023

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Associate Minister of Health (Pacific Peoples) Barbara Edmonds – Announcement Radar

W/C 27 March 2023

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## Minister's Notes

PROACTIVELY RELEASED

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