

# Briefing

## Government Policy Statement on Health: Draft content for feedback

<b>Date due to MO:</b>	19 December 2023	<b>Action required by:</b>	22 January 2024
<b>Security level:</b>	BUDGET SENSITIVE	<b>Health Report number:</b>	H2023032599
<b>To:</b>	Hon Dr Shane Reti, Minister of Health		
<b>Consulted:</b>	Health New Zealand: <input checked="" type="checkbox"/> Māori Health Authority: <input checked="" type="checkbox"/>		

### Contact for telephone discussion

Name	Position	Telephone
Steve Waldegrave	Acting Deputy Director-General, Strategy, Policy and Legislation – Te Pou Rautaki	s 9(2)(a)
Steve Barnes	Group Manager Strategy – Te Pou Rautaki	

### 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 Withdrawn |  |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:

# Government Policy Statement on Health: Draft content for feedback

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**Security level:** BUDGET SENSITIVE      **Date:** 19 December 2023

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**To:** Hon Dr Shane Reti, Minister of Health

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## Purpose of report

1. This briefing seeks your feedback on draft content for the Government Policy Statement on Health (GPS) including the scope and potential objectives and expectations aligned to your priorities for the three-year period. It also seeks your decision on an approach to engaging on the GPS.

## Summary

2. The GPS enables you to translate your vision of timely access to quality health care into clear priorities and objectives for the publicly funded health sector. It will set out the Government's expectations for how health entities and the broader system must meet those priorities and objectives, having regard to the direction set out in the Pae Ora Strategies. This includes improving health outcomes for all with a focus on those population groups who have the greatest needs.<sup>1</sup>
3. We consider that a whole-of-system response is required to achieve the long-term goals set out in the Pae Ora Strategies, particularly in shifting the system towards focussing on prevention and delivering care close to home, addressing workforce challenges and the wider determinants of health. This will also be necessary to achieve your vision of timely access to quality health care and, as such, we have reflected this approach in the briefing and **Annex one** attached for your feedback.
4. To achieve your vision, you have set out five priority areas (access, timeliness, quality, workforce and infrastructure) that you would like the GPS to focus on over the next three years. We have further developed these below:
  - a. **Access:** ensuring every person, regardless of where they live in New Zealand, has access to the health care and services they need.
  - b. **Timeliness:** ensuring New Zealanders can access the health care and services they need in a timely and efficient way.
  - c. **Quality:** ensuring the health care and services delivered in New Zealand are safe, transparent, easy to navigate and continuously improving.

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<sup>1</sup> The Pae Ora Act requires the GPS to include the Government's priorities for engaging with, and improving health outcomes for, Māori, as well as priorities for improving outcomes for Pacific peoples, disabled people, women, rural communities, and other population groups.

- d. **Workforce:** ensuring we have the right people with the right capabilities in the right place at the right time.
- e. **Infrastructure:** ensuring the health system has the digital and physical infrastructure it needs to meet New Zealanders' needs now and into the future.
5. While there are choices to be made on the type, scale and pace of change within each priority area over the next three years, some level of action across all will be important to achieve your vision of timely access to health care and the longer-term vision of improving health outcomes for all with a focus on those with the greatest needs.
6. Within each of your priority areas, there are options for setting both:
  - a. **System-level objectives** – to frame the types of actions that will be needed in a broad sense.
  - b. **Specific expectations** – to set specific actions for health entities (whether individually or collectively) to undertake activities or focus effort in order to meet your priorities and objectives.
7. Objectives and expectations across the priority areas could focus on health services across the system or signal shifts and/or targeted efforts in one part of the system (for example, more of a focus on prevention and primary and community care).
8. When setting system-level objectives and more specific expectations, there will be trade-offs between the level of ambition, affordability, and deliverability within the three-year GPS timeframe. In particular, consideration will be needed of how to achieve a balance between:
  - a. **Doing the basics better:** existing services, programmes and improvements, within the current baseline and cost pressure uplifts (with an opportunity to align this with decisions taken through Budget 2024). There are choices about the number and type of expectations you wish to highlight.
  - b. **A small number of new, additional areas of transformation:** new activities that could be included, subject to agreed new investment. We would expect additional areas of transformation to be focussed on a smaller number of areas and include your coalition agreement and manifesto commitments. Given that cost pressure planning parameters represent the minimum amount of funding required to maintain current settings, there are limited opportunities to realise savings or reprioritisation from within existing budgets.
9. In view of the fiscally constrained environment, our initial focus is on how existing baseline and cost pressure funding can be used to get the basics right while thinking about how we can continue to embed and accelerate transformation of the health system over the three-year period.
10. We welcome your initial views on the content of this paper, including on the choices and trade-offs, and the examples of objectives and expectations set out at **Annex one**. We also seek your decision on an approach to engagement on the GPS.
11. You may wish to discuss this briefing with the Minister for Mental Health.
12. Pending your feedback, we will continue to develop and refine the draft GPS and provide this to you in February 2024 for further decisions. This work will align with the

development of the New Zealand Health Plan (NZHP) and Budget 2024 to ensure that your preferences and priorities are reflected appropriately.

13. As the Minister of Health, you approve the NZHP which will provide more operational detail on how the system must meet the priorities set out in the GPS.

## Recommendations

We recommend you:

- a) **Note** the Government Policy Statement on Health (GPS) 2024-2027 will take place in the context of ongoing system reform and wider financial restraint, which will have implications for the priorities, objectives and expectations you set

*Scope of the GPS*

- b) **Note** the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act) requires five health entities to give effect to the GPS: Health New Zealand, Māori Health Authority, Health Quality and Safety Commission, Pharmac and New Zealand Blood and Organ Service
- c) **Agree** the GPS should take a whole-of-system view and cover all agencies and entities in the health system, beyond those required under the Pae Ora Act (recommended) **Yes/No**

*Draft objectives and expectations for inclusion in the GPS*

- d) **Provide feedback** on the examples of potential objectives and expectations as contained in the annex to this briefing
- e) **Provide feedback** on your preferred approach to reflecting improved health outcomes for Māori, Pacific peoples, disabled people, women and rural communities in the GPS, as required under the Pae Ora Act

*Consultation and engagement on the GPS*

- f) **Note** in developing the GPS, the Pae Ora Act requires you to consult and have regard to the views of Health New Zealand and the Māori Health Authority and engage with others as appropriate
- g) **Note** the draft content for the GPS presented in this advice builds on the direction set through the Pae Ora Strategies
- h) **Indicate** your preferred approach to consultation and engagement on the GPS:
- i. Option one (recommended): Ministry-led engagement with health agencies and entities and other government agencies **Yes/No**
  - ii. Option two (not recommended): Option one plus targeted engagement with the health sector and other interested groups via an online discussion platform **Yes/No**

*Next steps*

- i) **Agree** to forward a copy of this briefing to the Minister for Mental Health **Yes/No**
- j) **Note** you will receive further GPS advice in February 2024 which will provide a draft GPS and seek your agreement to commence engagement.



Dr Diana Sarfati  
**Director-General of Health**  
**Te Tumu Whakarae mō te Hauora**  
Date: 19 December 2023

Hon Dr Shane Reti  
**Minister of Health**

Date:

  
5/1/2024

# Government Policy Statement on Health: Draft content for feedback

## Background and context

1. The Pae Ora Strategies published in July 2023 set the long-term vision for the New Zealand health system. They outline priorities and opportunities for change over the next ten years to achieve our goal of improving health outcomes for all, with a focus on those most in need. They include:
  - a. New Zealand Health Strategy
  - b. Pae Tū: Hauora Māori Strategy
  - c. Te Mana Ola: The Pacific Health Strategy
  - d. Provisional Health of Disabled People Strategy
  - e. Women's Health Strategy
  - f. Rural Health Strategy.
2. The GPS is your vehicle to translate the Pae Ora Strategies into action together with your vision of timely access to quality health care. It will set parameters for health services by setting clear priority areas, objectives, and expectations for the health system for the next three years.
3. The New Zealand Health Plan (NZHP) in turn will give effect to the GPS. Budget 2024 decisions will coincide with the delivery of the first full three-year GPS and the three-year NZHP. As such, and as indicated in our previous advice [H2023032289 refers], strong alignment between the GPS, the NZHP and Budget 2024 is crucial to translating your priorities into costed plans for service delivery, which can be monitored over the three-year period.
4. The Ministry and health entities are working on the assumption that Budget 2024 will reflect a fiscally constrained environment with new spending initiatives likely to be focussed on progressing the Government's 100-day actions as well as manifesto and coalition commitments, and this briefing has been developed without sight of the Budget 2024 strategy and the Government's fiscal plan. The Government's fiscal plan and approach to Budgets 2024, 2025 and 2026 will set clear parameters about the extent to which there may be new funding to support the system to deliver the GPS.
5. We are not starting from scratch with the GPS. Considerable work as part of embedding the wider recent changes in the health system and the interim GPS is already well underway, including the publication of the six Pae Ora Strategies, the establishment of Health New Zealand and iwi-Māori partnership boards, and the development of a national workforce plan. All of these inform the starting point for the GPS and the changes underway that will continue through the 2024-2027 period.

## **We propose the scope of the GPS should cover the wider health system**

6. You have a choice to make on the scope of the GPS. The narrowest scope, as defined by the Pae Ora Act, would cover only the activity of the five health entities: Health New

Zealand, Māori Health Authority, Health Quality and Safety Commission, Pharmac and New Zealand Blood and Organ Service. This approach would be primarily focussed on using the GPS to set priorities and objectives relating to the delivery of health services.

7. We have proposed a broader scope to the GPS, as reflected in **Annex one**. This approach captures the wider health system (for example, the policy, strategy and regulatory functions of the Ministry of Health) as well as objectives and a few expectations reflecting partnered actions with other government agencies outside of the Health portfolio (eg, working with the education system to address health workforce shortages and the social and housing system to address the wider determinants of health).
8. We have adopted this broader scope as we consider that, in order to achieve your vision in both the short and longer term, the health system needs to work collectively and in partnership across government. We also note you have indicated you would like the GPS to consider the broader determinants of health – the levers to address these challenges sit outside of the Health portfolio. This interpretation of scope mirrors the approach we took in developing both the Pae Ora Strategies and the interim GPS.

**We seek your agreement to proceed with a broad approach to the scope of the GPS**

### **Proposed priority areas, objectives and expectations**

9. You have articulated five priority areas that underpin your vision of timely access to quality health care. Each, while important in its own right, will only address the critical challenges facing the health system if actioned collectively with the others. We have further defined each priority area below:
  - a. **Access: ensuring every person regardless of where they live in New Zealand, has access to the health care and services they need.** This could include:
    - i. increasing immunisation and screening rates
    - ii. access to medicines
    - iii. strengthening the acute continuum for mental health and addiction
    - iv. considering new models of care in primary and specialist care settings and bringing health care and services closer to people's homes
    - v. empowering the voice of communities to inform the design of health services in their local areas
    - vi. working in partnership with Iwi-Māori Partnership Boards and other parts of the system to address the broader determinants of health.
  - b. **Timeliness: ensuring New Zealanders can access the health care and services they need in a timely and efficient way.** This could include:
    - i. faster access to cancer services and treatments
    - ii. shorter waiting times for specialist assessments and planned care (including surgeries and pharmaceuticals)
    - iii. better utilisation of community services such as pharmacies to deliver care

- iv. supporting the system to work in a more 'joined-up' way with smooth referral pathways and transitions between services.
- c. **Quality: ensuring the health care and services delivered in New Zealand are safe transparent, easy to navigate and continuously improving:** This could include:
- i. building relationships and sharing intelligence and data across the system to improve patient outcomes
  - ii. strengthening functions to improve quality and safety
  - iii. more informed and targeted monitoring and surveillance and public reporting on health services' compliance with consumer codes and rights.

These initiatives would embody a learning system culture across the health sector.

- d. **Workforce: ensuring we have the right people with the right capabilities in the right place at the right time.** This could include:
- i. attracting, developing and retaining the future health workforce
  - ii. recognising and valuing the skills and capabilities of the workforce and enabling them to work more flexibly and safely across the system to meet the changing needs of the public.
- e. **Infrastructure: ensuring the health system has the digital and physical infrastructure it needs to meet New Zealanders' needs now and into the future.** This could include ensuring that the health system:
- i. grows investment in mental health and addiction
  - ii. has the right tools (including data, technology, policy and regulatory settings) to undertake its day-to-day business and improve patient safety
  - iii. has fit for purpose physical infrastructure
  - iv. is able to embrace new technologies (eg, biotechnology).

10. Across all your priority areas, a key underpinning enabler will be working toward a **financially sustainable and resilient health system**. This will involve ensuring that the health system delivers commitments within budget, including by identifying and releasing cost savings, efficiency gains, and improvements in financial management and capability across the system.
11. Aligned with the legislation, GPS priorities must include how the Government intends to engage with, and improve health outcomes for Māori, as well as improve health outcomes for Pacific peoples, disabled people, women, rural communities, and other population groups.
12. **Annex one** sets out our initial thinking on each priority area in more detail including proposed system-level objectives and specific expectations under each of the five priority areas above. It reflects work to date at this point in time, and has been drafted pending the release of the Government's fiscal plan and strategies for Budgets 2024, 2025, and 2026, which will set the scope for new investment to support these objectives and priorities.



13. Subject to your feedback, we will continue to test these priority areas, objectives and expectations, including with health entities, to refine the GPS and how your detailed expectations are presented.

**We welcome your views on whether we have adequately captured your priority areas, what we could strengthen and if anything is missing.**

## **You will need to make choices on the balance you would like to achieve across and within each priority area**

14. You will need to make choices on how much effort and resource you wish to place across and within each priority area and associated objectives and expectations.
15. To achieve the shifts you are seeking through your priorities will require activity across a range of areas within the health system. For example, improving access to services and timeliness across the health system will only occur with a greater focus on keeping people well, delaying, reducing and preventing ill health, and helping people maintain and regain independence.

## **There are choices between 'doing the basics better' and new, transformative actions**

16. Determining the balance that you wish to achieve between doing the basics better and new transformative initiatives will require considering the extent to which functions and services are currently running well, require some change/improvement, or require deeper transformational change that should begin over the next three years.
17. Delivering the fundamentals of the health system and "**doing the basics better**" includes maintaining progress on in-flight programmes and initiatives, enhancing existing services, reducing cost growth, and improving access within baseline funding. This accounts for the majority of funding and activity in the health system and will therefore include many of the opportunities to improve people's experience of the system in the short term. These are expected to be deliverable within current baseline funding, including an anticipated baseline uplift through the top-down cost pressure planning parameters, which Health New Zealand and the Māori Health Authority have been working towards.
18. Health New Zealand is likely to need a mixture of management controls, efficiency/productivity savings and service changes ('reprioritisation') to manage within the planning parameters. We are awaiting bottom-up cost, efficiency and activity forecast information from Health New Zealand (and the Māori Health Authority). This will include detail on reprioritisation scenarios, which will provide greater clarity over the costings based on the planning parameters and identify where trade-offs can be made.
19. Taking forward **new, transformative actions** includes initiatives which will help to shift the health system towards our strategic ambitions and long-term vision. These will likely require new investment. Given the cost pressure planning parameters represent the minimum amount of funding required to maintain current settings, there are likely limited opportunities to realise savings or reprioritisation from within existing budgets.
20. We expect the new, transformative actions aspects of the GPS to be focused on a small number of areas and will include your coalition/manifesto commitments. We anticipate

that any new initiative funding sought through upcoming Budget processes will primarily be directed to these commitments.

21. Potential objectives and expectations for the health system are set out in **Annex one**. Setting an expectation via the GPS has flow-on effects for how much effort, resource and monitoring are applied over the next three years. There may also be impacts on sequential GPS cycles. As such, there are choices about the number of, and which, expectations you wish to set. Further work is required to cost these options and propose affordable packages, pending your provisional views on preferences.

### **The GPS is a three-year plan, so activities can be phased and sequenced**

22. When considering new, transformative change, you may wish to consider a time horizon/sequenced approach to setting out the GPS priorities, objectives and expectations. For example, you may wish to consider the sequencing of new initiatives across the next three Budgets, including initiatives for the implementation of coalition/manifesto commitments.

### **We are mindful of the context and constraints for the 2024-2027 period...**

23. As set out in our earlier advice [H2023032289 refers], our health system, like others around the world, is under pressure. While the recent system changes are designed to tackle the many challenges we face (and we are seeing the early benefits of reforms with more cohesive planning, design and use of resources), change of this scale takes time. As the reforms embed, it is important to maintain a focus on getting the foundations right, and to set the health system on a sustainable path. The most significant work is still to come, with the implementation of new operating and care models. These require an ongoing focus on ensuring the culture, capability and capacity for change are in place.
24. As discussed at the Budget 2024 deep dive on 5 December 2023, Health New Zealand has been developing a three-year NZHP based on the cost-pressure planning parameters communicated in February 2023 for the period 2024/25 to 2026/27, representing the estimated amount of funding required to maintain current policy settings over that time. The parameters included a total of \$1.430 billion (an uplift of 6.29%) for 2024/25.
25. While you have indicated a preference for an annual approach to Budget 2024, you have also expressed interest in understanding how multi-year funding for Vote Health could operate following a one-year cost pressure uplift for Health New Zealand at Budget 2024.
26. An annual funding arrangement will still need to give effect to the three-year GPS and NZHP. You will receive a briefing on Budget 2024 this week, which will include advice on providing certainty for years two and three and how Budget decisions will link to the GPS and NZHP.
27. It is worth noting that funding received at Budget 2022 to implement the reforms and address historic deficits included expectations for improvement to health services in line with the commitments in the interim NZHP. A critical issue for the GPS (and the next NZHP) will therefore be to understand the level of service improvement that can be delivered within baseline funding (including any cost pressure uplifts) according to these existing plans.

28. As previously set out, the Ministry and health entities are working on the assumption that Budget 2024 will reflect a fiscally constrained environment, where we anticipate that the focus for Vote Health will be on the cost pressure initiatives for Health New Zealand and on progressing the Government's 100-day actions as well as manifesto and coalition commitments.
29. With this context in mind, the three-yearly expectations that you set through the GPS, and how these are given effect by the NZHP, will need to consider how to achieve your objectives within the available funding.

## **Developing a performance framework to monitor the health system**

30. The Pae Ora Act requires the GPS to include a framework for regular monitoring of progress and reporting requirements. This supports developing and embedding a learning health system.
31. To support this, the GPS will include a core set of outcomes and measures that will reflect the GPS priorities, objectives and expectations and enable us to demonstrate how the system is performing.
32. More broadly, we are developing a unified system performance framework. Our intent is for this framework to set out:
  - a. a shared understanding of the health system
  - b. a core set of system-level outcomes across targeted areas that are anticipated to have the greatest influence over the health of populations
  - c. what good system performance in this context looks like
  - d. roles and responsibilities between all system actors
  - e. details about transparent and regular reporting that builds public understanding and trust in the system.
33. This framework will draw from a diverse set of prioritised measures across the health system that in aggregate will create a comprehensive picture of how the health sector is performing over time.
34. The unified system performance framework and the GPS go hand in hand to clearly articulate the key priorities to the health system, the outcomes we are seeking to achieve over time and how the system in its entirety is performing against these outcomes.
35. We will provide you with advice on the system performance framework as part of our GPS advice in February 2024.

## **Engagement approach**

36. In preparing the GPS, the Pae Ora Act requires you to:
  - a. consult and have regard to the views of Health New Zealand and the Māori Health Authority
  - b. engage with organisations and individuals that you consider appropriate.
37. We are working closely with Health New Zealand, the Māori Health Authority and the Treasury to develop the GPS, the NZHP and Budget 2024 for your comment and approval.

38. We have also been engaging with health Crown entities (eg, the Health Research Council and the Mental Health and Wellbeing Commission) as well as government agencies that will be affected by, or have an interest in, the content of the GPS (eg, the Treasury and social sector agencies such as the Ministry of Social Development).

### **Significant engagement on the challenges and opportunities for the health system has already been undertaken**

39. Extensive public engagement and consultation was undertaken to inform the development of the Pae Ora Strategies. From December 2022 to April 2023, we conducted over 140 face-to-face engagement events, and had over 51,000 online engagements including through our online discussion platform, Tātou.
40. That engagement covered a wide range of stakeholders including health entities, other health agencies, the public, health and disability service providers, health care workers, and representative organisations. Targeted consultation was undertaken with Māori, Pacific peoples, women, disabled people and their carers, rural communities, ethnic communities, rainbow communities, older people, veterans, and those with lived experience of mental health and addiction.
41. The themes that emerged from that engagement have been reflected in the Pae Ora Strategies, which we have used to inform the development of the draft GPS content presented in this advice. We do not consider that further public consultation to inform GPS development would result in any substantially different findings to those that emerged through engagement to inform the strategy development. We are also mindful of consultation fatigue, noting the critical pressure that the health system is under and their availability to conduct further engagement on the same issues.

### **You have choices on the depth and breadth of engagement on the GPS**

42. As part of our advice in February 2024, we will seek your approval to engage on the draft GPS in line with your preferred approach.
43. We consider that there are two broad options for engagement on the draft GPS, as discussed below. We have considered these options in view of the previous and significant engagement already undertaken with the health sector in developing the Pae Ora Strategies and timings associated with having a published GPS by the end of June 2024.

#### *Option one (recommended): Ministry-led engagement with health agencies and entities and other government agencies*

44. This option would involve the Ministry leading engagement on the draft GPS with the range of agencies we would expect to consult with as part of preparing for Cabinet decisions. This would include:
- a. Health New Zealand and the Māori Health Authority
  - b. other health sector agencies and health Crown entities
  - c. other government agencies that would be affected by or interested in the content of the GPS
  - d. Iwi-Māori Partnership Boards.

45. We consider this approach would meet your legislative obligations for consultation and engagement under the Pae Ora Act.
46. While this option may pose a risk that stakeholders do not feel they have an opportunity to influence the content of the GPS, we have a significant body of previous engagement findings to rely on. Therefore, we consider that any risks can be managed.

*Option two (not recommended): Option one plus targeted engagement with the health sector and other interested groups*

47. This option includes the engagement set out for Option one but would additionally involve socialising the high-level strategic direction, proposed priority areas, and objectives for the GPS with other partners and stakeholders that we have pre-existing relationships with such as:
  - a. the National Iwi Chairs Forum
  - b. peak bodies in the health sector
  - c. community organisations and advocacy groups.
48. Under this option, we would invite written feedback from the sector via an online engagement platform. We would open feedback for two weeks in March 2024. There could also be an opportunity for yourself to be involved in leading conversations on the Government's priorities for the health system via live online sessions should you wish to.
49. We do not recommend this option as we do not believe we would receive any feedback that would substantially differ to what we have already heard during our earlier engagement events. In addition, with the need to have the GPS agreed by Cabinet and published before the end of June 2024, we would have limited time to meaningfully engage and reflect the feedback in the GPS.
50. Should you choose this option and wish to participate in leading engagement with the sector, we will work with your Office over the coming weeks to understand your availability to be involved in engagement sessions in March 2024.

**We seek your decision on the approach to consulting and engaging on the GPS.**

## **Te Tiriti o Waitangi**

51. The Pae Ora Act requires the GPS to include the Government's priorities for engaging with, and improving health outcomes for, Māori. The GPS provides an opportunity to highlight specific objectives and expectations for the health system that are anticipated to support improved health outcomes for Māori and set intentional indicators and measures that will help to track progress.
52. We understand you are interested in shifting funding, resources and decision-making closer to whānau and hapū, and better supporting local Māori-led services that can effectively respond to the needs of their communities. We also understand that you would like to explore how Iwi-Māori Partnership Boards can play a role in this. This should be considered as part of considering future arrangements for primary and community health care planning.

53. You may also wish to reflect this direction through expectations in the GPS. We have incorporated some draft expectations that target Māori health outcomes (eg, improving immunisation rates for Māori) at **Annex one**. We seek your feedback on this direction and any additional expectations you wish to set relating to engaging with and improving health outcomes for Māori.
54. You can also use the measures set through the GPS monitoring framework to highlight the experiences of Māori in the health system. We intend to provide further advice on measures that includes measures specifically relating to Māori.
55. Following your response to the draft content for the GPS provided in this advice, we will provide a full draft GPS in February 2024 that incorporates your feedback. Alongside this, we will provide more detailed advice on the Te Tiriti o Waitangi implications to provide assurance that the contents will meet the Crown's responsibilities as a Te Tiriti partner.

**We seek your feedback on your preferred approach to reflecting improved health outcomes for Māori in the GPS.**

## Equity

56. The Pae Ora Act further requires the GPS to include the Government's priorities for improving health outcomes for Pacific peoples, disabled people, women, rural communities, and other population groups. We refer to the groups listed in the Pae Ora Act as 'priority population groups'.
57. **Annex one** includes expectations that are aimed at addressing challenges for these priority population groups (eg, expanding and standardising 'hospital at home' and virtual care for people living rurally). We seek your feedback on any additional expectations you wish to set relating to improved health outcomes for these priority population groups.
58. As above, we intend to provide further advice on measures for the GPS monitoring framework that include measures specifically relating to these priority population groups. Our February 2024 advice will contain more detailed advice on how aspects of the draft GPS are anticipated to improve health outcomes for the specified population groups, to provide assurance that the contents will meet the legislative requirements.

**We seek your feedback on your preferred approach to reflecting improved health outcomes for priority population groups in the GPS.**

## Next steps

59. You will receive further advice on the GPS in February 2024 which will include:
  - a. a draft GPS reflecting your feedback on this advice
  - b. more detailed advice on implications regarding cost, Te Tiriti o Waitangi and equity
  - c. approval to commence engagement in line with your preferred engagement approach
  - d. a framework for monitoring health system performance.

60. You will also receive advice in April 2024 seeking agreement to progress the draft GPS through to Cabinet.

**ENDS.**

## Minister's Notes



# Annex 1: GPS on a page

## 1 LONG-TERM VISION

The long-term vision for the health system is **to improve health outcomes for all with a focus on those population groups who have the greatest health needs.**

## 2 THREE-YEAR FOCUS

The overarching focus for the GPS 2024-2027 is **to ensure timely access to quality health care for all.**

## 3 CONTEXT

Like other health systems around the world, the New Zealand health system is under pressure. As our population grows and changes, there are significant implications for both the health system and for people's health outcomes.



Increases in life expectancy come with increases in both healthy and unhealthy years, and disability rates rise steadily with age.



New Zealand's causes of death and disability are dominated by non-communicable disease such as diabetes, heart disease, stroke, cancer, back pain, falls, and dementia. Mental health and addiction issues at a population level are increasing.



The pressure to increase spending on publicly funded healthcare will continue over time due to several cost drivers, including to meet increasing and more complex demand for health services, changes in technology, the needs of an ageing population.



There are unacceptable disparities in how the impacts of all of these health conditions are distributed.



Trends like lower rates of key childhood immunisation milestones and cancer screening are also cause for concern.



Many of these health conditions and their impacts are preventable, and reducing pressure on the health system will be vital to deliver ongoing quality care while maintaining a sustainable health system.

## 4 GPS CONTENT

Note the below content is subject to further refinement and dependent on the Government's fiscal plan and strategies for Budgets 24, 25 and 26.

**Priority areas**  
for the next  
three years

**Examples of potential objectives**  
Focusing on key enablers and levers available

**Examples of expectations**

These direct specified action or focus effort, and give the most detailed direction appropriate for the GPS

**Measuring success**

**GPS outcomes, indicators and measures are under development**

We are developing a unified framework for monitoring and reporting on the performance of the health system.

This will include your five targets for the health system as outlined in your 100-day actions and consider links to wider targets across the public service. It will also include other specific indicators and measures to track progress over the life cycle of the GPS.

In the long term, we would expect to see results like:

- increases in life expectancy and self-reported good health
- reductions in mortality rates and morbidity rates

- decreases in non-communicable diseases and childhood illnesses.

Over the course of the GPS, we would expect to see results like:

- increases in immunisation rates
- increases in screening rates
- decrease in emergency department waiting times.



**Access**



**Timeliness**



**Quality**



**Workforce**



**Infrastructure**

- Improve access to healthcare services
- Develop new models of care to better meet people's needs
- Ensure mental health, primary and community care services are accessible
- Ensure preventative and public health services are accessible
- Reduce the average waiting times for planned care
- Reduce demand on emergency departments
- Ensure timely access to mental health and addiction services and primary and community healthcare services
- Enable faster access to medicines
- Strengthen relationships across the system to improve quality of care and patient outcomes
- Empower people, families and communities to be part of the design of health services
- Enable the use of evidence, information, research and evaluation across the health system
- Strengthen the handling of quality concerns and improve processes for quality improvement
- Strengthen the capacity of the health workforce
- Strengthen the capability of the health workforce
- Strengthen health system leadership locally, regionally and nationally
- Value and recognise the health workforce
- Ensure long-term financial sustainability
- Work across the system to share data and insights to improve health outcomes for all
- Strengthen technological and physical infrastructure
- Strengthen government and regulatory settings

- Strengthen whole-system governance, oversight and inspection for quality improvement / patient safety
- Establish a national programme to develop a set of new standards for high-quality care
- Strengthen the acute continuum for mental health and addiction, including community-based alternatives, child and youth services, and practices consistent with reformed approaches to compulsory care
- Expand whānau-centered and holistic maternity and early years' services
- Improve immunisation rates for all New Zealanders, with a focus on increasing uptake for Māori and Pacific peoples
- Extend free breast screening to those aged up to 74 years
- Decrease the amount of time New Zealanders stay in emergency departments
- Ensure shorter waiting times for New Zealanders to have planned surgery
- Enable better information and data sharing on quality concerns that relate to patient outcomes or quality of health services
- Expand and standardise 'hospital at home' and virtual care for rural and other key groups, including remote monitoring and clinical support
- Address critical workforce shortages, including through initiatives to grow capacity and capability in key professions and strengthening workforce planning
- Strengthen leadership and work in partnership with government, communities and local government to address wider determinants of health
- Design models of care in primary and community care settings in partnership with local communities and Iwi-Māori Partnership Boards to better respond to people's needs
- Grow investment in mental health and addiction services
- Ensure primary and community healthcare services better enable local leadership in their design, delivery and integration

## 5 LONG-TERM FINANCIAL SUSTAINABILITY

A key underpinning enabler across all your priority areas will be long-term financial sustainability.

This will involve ensuring that the health system delivers commitments within budget, including by identifying and releasing cost savings, efficiency gains, and improvements in financial management and capability across the system.