

Briefing

Government Policy Statement on Health: Draft to approve for targeted engagement

Date due to MO:	29 February 2024	Action required by:	7 March 2024
Security level:	BUDGET SENSITIVE	Health Report number:	H2024035135
To:	Hon Dr Shane Reti, Minister of Health		
Copy to:	Hon Matt Doocey, Minister for Mental Health		
Consulted:	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

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 Withdrawn | |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:

Government Policy Statement on Health: Draft to approve for targeted engagement

Security level: BUDGET SENSITIVE **Date:** 29 February 2024

To: Hon Dr Shane Reti, Minister of Health

Copy to: Hon Matt Doocey, Minister for Mental Health

Purpose

1. This briefing attaches the first substantive draft of the Government Policy Statement on Health 2024-2027 (GPS) at **Annex one**. It seeks your feedback on the draft GPS and your agreement to commence targeted engagement on the draft GPS with key stakeholders. This includes with the Boards of Health New Zealand and the Māori Health Authority.

Summary

2. The GPS is your primary direction setting instrument that enables you to clearly set out your priorities and objectives for the publicly funded health system over the next three years.
3. **Annex one** sets out the first full draft GPS. It reflects your vision of timely access to quality health care and your five priority areas: access, timeliness, quality, workforce, and infrastructure. It further reflects the feedback you have provided on the 'GPS on a page' [H2023032599 and H2024036137 refers] on 5, 13 and 19 February 2024 respectively. This includes:
 - a. more emphasis in the strategic context on the role of communicable and non-communicable diseases as leading causes of death in New Zealand, and the five modifiable factors of smoking, alcohol consumption, poor nutrition, lack of exercise, and adverse social and environmental factors
 - b. a stronger emphasis on delivering health care services closer to home
 - c. specific objectives relating to increasing access to human papillomavirus, bowel and breast cancer screening
 - d. an upfront focus on achieving financial sustainability
 - e. prominence of the health targets in setting direction and accountability
 - f. emphasis on monitoring and accountability and the role of the GPS
 - g. inclusion of artificial intelligence
 - h. inclusion of aged care.
4. We have previously advised you [H2023032599 refers] that you have a choice to make between "doing the basics better" (ie, through existing work programmes and baseline funding) and new, transformative actions that may require additional or reprioritised funding. Depending on the choices you make, there will be trade-offs such as cost and

resource implications, and system readiness. We have set these out in the body of the paper for your consideration.

5. You have previously agreed to the Ministry leading engagement with health agencies and entities and other government agencies on your behalf [H2023032599 refers]. We now seek your approval to commence this engagement and consultation process.
6. You may wish to engage with the Health New Zealand and Māori Health Authority Board Chairs directly in the first instance, which could include writing to them directly setting out your priorities as contained within the GPS and inviting a discussion on how your priorities can be given effect through the New Zealand Health Plan.
7. Lastly, as per the 4 February 2024 letter to you from the Prime Minister confirming the scope of the new Mental Health ministerial portfolio, there is an expectation that you consult the Minister for Mental Health on the GPS to consider the direction of mental health, alcohol and other drug use, gambling harm, addiction and suicide prevention and postvention issues on the health system.

Recommendations

We recommend you:

- a) **Note** the attached draft Government Policy Statement on Health (GPS) 2024-2027 reflects feedback received from you to date
- b) **Discuss** the draft GPS 2024-2027 with the Minister for Mental Health to ensure that his priorities are reflected

GPS content

- c) **Agree** that the structure of the GPS, as set out in Annex One, should contain:
 - i. a foreword from the Minister of Health
 - ii. an introductory section providing a strategic overview for the GPS, including the five non-communicable diseases and five modifiable factors
 - iii. five chapters reflecting your five priority areas for the health system: access, timeliness, quality, workforce and infrastructure
 - iv. technical appendices covering monitoring and accountability arrangements
- d) **Note** the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act) requires that the GPS contains the Government's priorities for engaging with Māori, and improving outcomes for Māori, Pacific peoples, disabled people, women and people living rurally
- e) **Provide feedback** on the draft GPS

Yes/No

consider Min Doocey

refer (o)

Financial implications

- f) **Note** the draft GPS contains expectations that will have funding implications for Budgets 2024, 2025 and 2026
- g) **Note** that the level of cost pressure funding agreed through Budget 24 will impact the extent to which the system is focused on enhancing existing services and reducing cost growth versus new or transformative activities, with some manifesto commitments likely to result in new or expanded activities which will require additional funding
- h) **Note** that we expect to develop a better picture of how priorities and expectations in the draft GPS align with funding scenarios through Budget 24 as we engage with Health New Zealand in coming weeks, and that we expect to update the draft GPS in line with Budget 2024 decisions as they become available
- i) **Note** that further advice will be provided to you around expectations where funding would need to be sought through Budgets 25 and 26, noting the potential fiscal risks that could arise through committing to actions through the GPS without having funding confirmed in advance

Monitoring progress against GPS priorities

- j) **Note** the Pae Ora Act requires that the GPS include a framework for regular monitoring and reporting on progress against Government priorities
- k) **Agree** that each priority area in the GPS should include a small set of key marker measures, focused on the desired system changes, against which delivery of the GPS will be assessed by the Ministry of Health Yes/No
- l) **Agree** the GPS will include progress measures against expectations set out in your Letters of Expectations, including health targets including mental health targets, and any relevant all of government targets that have a health impact Yes/No
- m) **Note** that measures identified in the GPS will form one component of a wider system monitoring framework Yes/No
- n) **Note** that a system monitoring framework will include wider measures of system performance, including key inputs and enablers, longer-term trends, and broader determinants of health
- o) **Agree in principle** that the new system monitoring framework be attached to the GPS as a technical appendix Yes/No *maybe*
- p) **Note** that we will provide more detail about proposed measures and the strategic monitoring framework in March.

Engagement on the GPS

- q) **Note** you have previously agreed that engagement on the GPS would involve targeted, Ministry-led engagement with health agencies and entities, and other government agencies [H2023032599]
- r) **Agree** that the attached draft GPS be shared for consultation in line with your agreed engagement approach, including with the Boards of Health New Zealand and the Māori Health Authority Yes/No *after drafts completed*
- s) **Indicate** whether you wish to lead engagement with the Boards of Health New Zealand and the Māori Health Authority on the GPS Yes/No *no*

Next steps

- n) **Agree** that officials work with your Office to draft a Ministerial foreword for the GPS Yes/No
- o) **Agree** to forward this advice to Associate Ministers of Health Yes/No
- p) **Note** subject to your agreement, the Ministry of Health will undertake engagement on the draft GPS from mid-March 2024
- q) **Note** in April 2024 we will provide you with:
 - i. an engagement summary and how we intend to reflect the feedback in the GPS

- ii. an updated draft GPS reflecting engagement feedback and any further feedback received from you, prior to commencing the Cabinet approval process.



Dr Diana Sarfati

Director General of Health
Te Tumu Whakarāe mō te Hauora
Date: 29 February 2024



Hon Dr Shane Reti

Minister of Health
Date: 7/3/2024

Government Policy Statement on Health: Draft to approve for targeted engagement

Background

8. The GPS and New Zealand Health Plan are your two primary vehicles to translate your strategic direction and vision for health into clear priorities and activities for the health system over the next three years.
9. You have set out your three-year vision for the GPS of improving timely access to quality health care. Within that, you have confirmed the following five priority areas: access, timeliness, quality, workforce and infrastructure.
10. You have provided specific direction on:
 - a. using the GPS to emphasise the role of communicable and non-communicable diseases as leading causes of death in New Zealand and the five associated modifiable factors that need to be addressed (alcohol consumption, poor nutrition, social interaction with the environment, smoking and lack of exercise)
 - b. a number of objectives and expectations that you would like to see reflected in the GPS (eg, improvements to screening for human papillomavirus, bowel and breast cancer screening and improving the retention and recruitment of general practitioners and nurses).
11. We have incorporated your feedback in the draft GPS attached at **Annex one**. We have also set out the choices you need to make on the structure and content of the GPS and the associated trade-offs. For example:
 - a. how we have captured your priorities
 - b. choices around the level of detail captured within the GPS
 - c. the balance of expectations relating to doing the basics better and within current funding parameters versus expectations that require a more transformative agenda and may require additional or reprioritised funding and system readiness.

Vision, structure and content of the GPS

Your long-term vision for health

12. You have directed that your long-term vision for health is to achieve longer life expectancy and improved quality of life. This is reflected in the draft GPS.
13. We note that the health system is an important contributor to achieving your long-term vision, but achieving this vision requires cross-government action on the determinants of health that are outside of the direct control of the health system. Without this work, there is a risk that your vision will not be achieved.
14. With that in mind, we invite your views about whether you are comfortable with your vision as currently articulated or whether you would like the next draft of the GPS to include other options that retain your core vision but with more focus on the health system's contributions.

Structure of the GPS

15. In **Annex one**, we have provided a draft GPS which contains the below content:
- a. **Section 1:** Minister's foreword, to be developed subject to your feedback. You may also wish to discuss with the Minister for Mental Health whether the GPS should include a foreword from him that focuses on mental health and addiction
 - b. **Section 2:** purpose of the GPS, strategic narrative and the Government's vision for the health system, including the five non-communicable diseases and five modifiable risk factors
 - c. **Section 3:** chapters on your five priorities (access, timeliness, quality, workforce and infrastructure)
 - d. **Section 4:** technical appendices, including the strategic monitoring framework (under development) and the service coverage schedule, which sets out the minimum range of health services that the Government expects to be available to people in New Zealand. It also includes rules on user charges.

We seek your agreement to the structure of the GPS as set out in paragraph 18

Comparison with the A3 'GPS on a page'

16. You will see that the objectives and expectations in the draft GPS attached have been refined based on those presented in the A3 'GPS on a page' you have been engaging with. The way the content differs, and the rationale for wording amendments are set out below:
- a. **to support the flow of logic from objective to expectations**, we have developed a complementary objective for some expectations that did not map directly to a corresponding objective (eg, 'putting in place clinical networks in key service areas to support quality improvement').
 - b. **to accommodate the flow of logic from objective to expectations**, we broadened the objective of 'faster access to general practice services' to 'faster access to primary and community health care services', with access to general practice services identified as an expectation.
 - c. **in response to further advice from subject matter experts within the Ministry of Health**, we made minor wording amendments (eg, inserting the concept of 'choice' into the objective which now reads 'improve access to and choice of primary and community health care services').
17. For your noting, **Annex two** provides a table which sets out the expectations that were not included in the GPS on a page, that we propose be included in the GPS.

We seek your feedback about whether you are comfortable with the expectations included in the draft GPS

Coverage of your five priority areas

18. The draft GPS at **Annex one** proposes setting your broad priority areas (access, timeliness, quality, workforce and infrastructure) in chapters with a strategic narrative. Each chapter consists of the following components:
 - a. what each priority area is intended to cover and why it matters
 - b. the types of changes we expect to see over the next three years
 - c. specific objectives and expectations for health entities in that priority area
 - d. Government priorities for Māori and other priority population groups in that priority area
 - e. performance measures for that priority area.
19. These priorities align with the following priorities of the Minister for Mental Health:
 - a. increase access to mental health and addiction services
 - b. grow the mental health and addiction workforce
 - c. strengthen focus on prevention and early intervention.

We seek your feedback how we have presented your priorities in the draft GPS and how these align with the Minister for Mental Health's priorities

Giving effect to your priorities in the GPS, the New Zealand Health Plan and other accountability documents

20. The GPS, as a critical accountability mechanism, enables you to set clear direction for the health system (ie, by setting priorities and objectives) and monitor progress against the GPS priorities. It is intended to be set at a strategic level and enable health entities the flexibility to determine the activities required to meet those priorities and objectives.
21. It will be essential to make choices about what to include, what to leave out and what can be captured in other accountability mechanisms. For example, your priorities and associated activities can also be reflected in:
 - a. the system level monitoring framework which sets out key indicators and metrics for reporting and oversight. The monitoring framework will report against the GPS priorities as well as broader system performance.
 - b. the New Zealand Health Plan (the NZHP), which is developed by Health New Zealand and approved by you. The Pae Ora Act requires the NZHP to be a fully costed plan and give effect to the GPS. It will consider far more detail on services and activities than the GPS.
 - c. Letters of Expectation, Statements of Intent and Service Performance Expectations which you approve. These set out specific annual performance expectations for health entities.
22. We welcome your feedback on the objectives and expectations, whether we have achieved the right balance and what you would like to keep or replace in the GPS and/or those you would like to capture in other accountability mechanisms mentioned above.

Choices and trade-offs on GPS content

23. It is important the GPS strikes the right balance of making sure priorities and expectations are clear, and impactful but deliverable. Within the draft GPS, we have sought to achieve a balance of objectives and expectations that: reflect your vision, focus on the five non communicable diseases and modifiable factors, is not overly burdensome for the health system, and is achievable within the current financial context.
24. We have predominantly proposed objectives and expectations that focus on delivering existing core services and can be achieved within baseline funding. We have also included other expectations that may require additional investment or reprioritisation of existing work.
25. The space to take forward these expectations will be dependent on both the ability of entities to achieve efficiencies and savings in their core business (eg, to release headroom in funding to be re-prioritised, or to refocus leadership time on new issues), and on any targeted new investment beyond the expected cost pressure uplift.

Funding implications of GPS expectations

26. As already set out, the majority of activity in the health system is likely to be focused on enhancing existing services and reducing cost growth with a small number of new, transformative activities. The level of cost pressure funding agreed over the three years will be key to achieving this and we note that at this stage of the Budget process there is a considerable amount of uncertainty about the level of cost pressure funding that is likely to be provided.
27. Some expectations relating to manifesto and coalition commitments (for example, relating to the accreditation of people with overseas medical qualifications and experience) are likely to result in creating new activities or expanding existing activities, which will require additional funding for health entities.
28. Health New Zealand has indicated that expectations in the draft GPS that would require an increase in service offerings are unlikely to be possible within any of the affordability cost pressure funding scenarios that have been developed for the Budget 24 process. HNZ has noted that the base case (100%) modelling of cost pressures assumes current policy settings, and allows for price and volume increase (demographic growth and inflation). It does not allow for expanding services or new activities.
29. Some expectations relating to manifesto and coalition commitments (for example, relating to increasing training places for clinical psychologists and psychiatrists, doctors and other workforce) are likely to result in creating new activities or expanding existing activities, which will require additional funding for health entities. This will be subject to decisions to taken through Budgets 2024, 2025 and 2026
30. We anticipate that the engagement process with Health New Zealand during March 2024 will be important for refining the objectives to ensure that they prioritise system efforts. Some reduction in scope (both the number of expectations and their level of ambition) may be required, and further advice will be provided on this.
31. We anticipate updating the draft GPS in line with Budget 2024 decisions as they become available. Further advice will also be provided on the approach to expectations where funding would need to be sought through Budgets 25 and 26, noting the potential fiscal risks that could arise through committing to actions without funding confirmed in

advance. s 9(2)(j)
s 9(2)(j)

32. We are also working with specialist crown entities to understand their key priorities and objectives over the GPS cycle; the same considerations apply in terms of alignment with Budget decisions.

Reflecting Government priorities for Māori and other priority population groups in the GPS

Government priorities for Māori

33. The Government Policy Statement is an important accountability mechanism for ensuring health entities maintain a strong focus on improving health outcomes for priority populations and addressing health inequities. In particular, the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act) requires the GPS to include the Government's priorities for engaging with, and improving health outcomes for, Māori.
34. Each of your five priority areas play a key role in improving Māori health outcomes and align to the direction set out in Pae Tū: Hauora Māori Strategy, and Whakamaua: Māori Health Action Plan, which reflect Māori aspirations and are well socialised across the sector.
35. Your priorities for the health system will be enabled by work we have underway to shift decision-making around resources closer to homes and communities (including the role for Iwi-Māori Partnership Boards). Growing the Māori health sector and workforce are also important focus areas for the GPS.
36. Additionally, supporting self-determination and drawing on the strengths and expertise within Māori communities connects strongly with the Government's priorities to tackle non-communicable diseases (NCDs), the drivers of these, and to build resilience to communicable diseases. Māori health service providers tend to have a strong prevention focus in their models of care, including addressing the modifiable risk factors that contribute to NCDs.

We seek your feedback on whether the attached draft GPS captures your priorities for engaging with, and improving outcomes for, Māori

Government priorities for other priority population groups

37. The Pae Ora Act also requires the GPS to set out the Government's priorities for improving health outcomes for Pacific peoples, disabled people, women, rural communities, and other populations.
38. The attached draft GPS includes expectations that are anticipated to support improved outcomes for these groups, including:
- a. for all of these population groups:
 - i. working in partnership with local communities to ensure primary and community health care services are tailored to better respond to people's needs

- ii. implementing initiatives that support uptake of virtual care and telehealth, particularly to equip people and whānau to better meet their own mental wellbeing needs
 - iii. supporting community health providers that target priority population groups to improve in data collection and reporting, to enable better monitoring of outcomes
 - iv. putting in place clinical networks in key service areas to support national and regional leadership, fill knowledge gaps, and drive quality improvement
 - v. strengthening pathways for utilising patient voice across the system to drive service design and improvement
- b. for Pacific peoples: improving workforce representation for Pacific peoples
 - c. for disabled people:
 - i. improving access to universal information and advice services, including easy access to information, communication, translation and interpretation services
 - ii. improving workforce representation for disabled people
 - d. for people living rurally: improving the transport and accommodation assistance programme, particularly for those living regionally and rurally
 - e. for women:
 - i. extending the breast cancer screening age to 74 years
 - ii. expanding the choice of whānau-centred and holistic maternity and early years' services.

We seek your feedback on whether the attached draft GPS captures your priorities for improving health outcomes for Pacific peoples, disabled people, women and people living rurally

Engagement approach

- 39. You have indicated that your preferred option for engagement on the GPS is to have a Ministry-led engagement with health agencies, entities and other government agencies [H2023032289 refers].
- 40. We anticipate that engagement and consultation will take place between mid-March and early April 2024.
- 41. This includes Ministry-led engagements with:
 - a) Health New Zealand and the Māori Health Authority
 - b) Other health sector agencies (eg, the Ministry of Disabled People | Whaikaha) and health Crown entities (eg, Pharmac, Health Quality and Safety Commission, Mental Health and Wellbeing Commission etc.)
 - c) Other government agencies that would be affected by or interested in the content of the GPS (eg, the Ministry of Education, Ministry for Pacific Peoples)
 - d) the Ministry's Māori Monitoring Group

- e) your Hauora Māori Advisory Committee and Public Health Advisory Committee.
42. We propose holding face-to-face engagement (whether in-person or online) with these stakeholders in the first instance followed by providing them with the opportunity to provide written feedback on the draft GPS.
43. You may wish to directly engage with the Boards of Health New Zealand and the Māori Health Authority. If you would like to do this, we can work with your Office to draft a letter to both Board Chairs inviting them discuss your priorities as set out in the draft GPS and how these could be reflected in the New Zealand Health Plan.
44. As you continue to engage with the Hauora Māori Advisory Committee and Iwi-Māori Partnership Boards on the strategic direction for Māori health, you may also wish to seek their views on the GPS. We can include key messaging about the GPS in your speech notes to support you in this engagement, and provide opportunities for more fulsome engagement at their request.
45. The key consistent message for our engagement approach will be to highlight what we have already heard from our stakeholders and the public during the recent suite of Pae Ora Strategies engagement and how this has informed the development of the GPS.
46. We will provide you with a summary of engagement and how we are intending to reflect the feedback in the GPS in April 2024. We will provide you with an updated GPS for your review before seeking approval to commence the process to seek Cabinet decisions, with final Cabinet approval required in May 2024.

Publication of the GPS and New Zealand Health Plan

47. You will need to make decisions on the timing and sequencing of publishing the GPS and the New Zealand Health Plan. You may wish to publish them together as a suite, or publish the GPS first given its strategic nature, followed by the publication of New Zealand Health Plan by Health New Zealand soon after. We can provide advice on this, alongside options on launching the documents.
48. We have included a timetable in paragraph 66 below showing our indicative timelines for each milestone. We welcome your feedback on proposed timelines from now until the publication of the GPS.

We seek your agreement to commence targeted consultation on the attached draft GPS

Regular monitoring and reporting of progress against GPS priorities

49. The Pae Ora Act requires the GPS to include a framework for regular monitoring of progress and reporting requirements. As the Act does not specify what a monitoring framework must look like, there are choices about the approach and level of detail you would like to include in the GPS. It is important to note that the GPS is only one of the ways you can set expectations and measures for the system. Measures can also be set through other means, including:
- a. through inclusion in the new strategic system-level monitoring framework (as detailed below)

- b. through inclusion in the New Zealand Health Plan, which you will approve
 - c. Letters of Expectation, Statements of Intent and Service Performance Expectations for entities will similarly provide a route for reflecting priorities and measures.
50. We recommend that each priority area in the GPS include a small set of key measures, focused on the desired system changes. Based on your previous steers, we are also working on the assumption that measures to support the roll out of Health Targets will be included within priority areas. This would also include the targets and related measures that are being established for the Mental Health portfolio. Any relevant all of government targets that have a health impact could also be included.
51. We are currently working on a core set of measures and indicators that reflect your priorities, for inclusion within each chapter of the GPS, against which delivery of the GPS will be assessed by the Ministry of Health. These draft measures are set out in a technical appendix to the draft GPS attached as **Annex one**.

Developing a new strategic monitoring framework

52. While the GPS measures and Health Targets will naturally have a three-year focus, our intent is for these measures to be included in a new strategic monitoring framework. Initially, the new framework will include shorter-term progress measures against expectations and plans set out in your Letter of Expectations, the GPS, and Health Targets. Over time, it will evolve to include a wider set of measures that support broad analysis across the health system, including:
- a. health trends and outcomes over time (including focus on cardiovascular disease, respiratory disease, diabetes, mental health and cancer)
 - b. activities within the health system (including Health Targets, priorities, and action on modifiable risk factors like smoking, alcohol consumption, nutrition, exercise, and social interaction)
 - c. key inputs and enablers into the health system (such as leadership and governance, resources and investment, workforce and infrastructure).
53. The monitoring framework will also include measures that ensure crown entities and health services are performing and managing risks. It will outline roles and responsibilities to ensure meaningful, relevant, and up-to-date information is available to monitor progress. Te Tiriti o Waitangi will be embedded throughout.
54. While the framework will include public facing measures to increase accountability and transparency (through Health Targets and GPS measures), many more measures will sit 'beneath the surface' and help us to understand health system performance in aggregate, including early warning signs that things might be off track.
55. The measures in the draft GPS are under development and we seek your agreement in principle to including the framework in the GPS. We will provide further detail about proposed measures and the strategic monitoring framework in March.
56. Subject to your approval, we recommend the new strategic monitoring framework be included in the GPS as an appendix, including measures against which delivery of the GPS and Health Targets will be monitored by Manatū Hauora.

We seek your feedback on the approach to monitoring progress against the GPS and broader system performance.

Te Tiriti o Waitangi

57. The Crown has enduring responsibilities under Te Tiriti o Waitangi to support Māori health aspirations and address Māori health inequities. Meeting these obligations are necessary if we are to achieve pae ora, including a desire to see all New Zealanders living longer, healthier and more independent lives.
58. The GPS plays a key role in ensuring the publicly funded health sector gives practical effect to these responsibilities, by demonstrating the Crown's commitment to principles of equity, options, tino rangatiratanga, partnership and active protection through its priorities and actions.
59. In addition to reflecting and responding to what we have heard in engagement to date and continuing to implement the direction of travel set out in Pae Tū: Māori Health Strategy and Whakamaua: Māori Health Action Plan, it is important that we include key Māori stakeholders as part of the targeted engagement on the draft GPS. This is included in our proposed engagement approach above.
60. As previously mentioned, you can also utilise the strategic monitoring framework to set measures that will support improved health outcomes for Māori.

Equity

61. The Pae Ora Act 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'.
62. The draft GPS includes a long-term goal to improve health equity for those most in need, particularly for priority population groups who experience the poorest health outcomes. To reflect this goal and meet our requirements under the Pae Ora Act, we have included a range of expectations within the draft GPS that will contribute to improving outcomes for priority population groups. These are outlined in paragraphs 30-35 above.
63. Health need is often nuanced, both within populations and across lifetimes. This means targeted, evidence-based and community-led responses are required to improve health outcomes and reduce inequities. This also requires the health sector to address inefficiencies and improve effectiveness, rather than focusing only on new initiatives.
64. It is critical to address the wider determinants of health and wellbeing, particularly where the determinants disproportionately affect certain populations and contribute to health inequities. This is reflected in the objectives and expectations of the GPS.
65. The strategic monitoring framework will play an important role in monitoring health need and setting clear expectations to health entities that they need to prioritise those most in need. For example, in measuring progress against the expectation 'improve

access to bowel screening’ the strategic monitoring framework could set a measure such as ‘increase in the number of Pacific people accessing bowel screening.’

Next steps

66. We have set out next steps and key deliverables in the below table.

Indicative timing	GPS milestone	Milestones for Budget 2024 and the NZHP
March 2024	Targeted engagement on the draft GPS with health entities and agencies	Draft NZHP for review
Early April 2024	Report-back on engagement and feedback received Updated draft GPS reflecting feedback	Final decisions on Budget (expected around mid April)
Late April 2024	Draft GPS and draft Cabinet paper to approve for Ministerial consultation	Cabinet agreement to Budget 2024 package
Mid-May 2024	Draft GPS and final Cabinet paper to lodge for Cabinet Committee	Budget 2024 released
June 2024	Final GPS to publish online and table in the House of Representatives	Cabinet approval and publication of the NZHP
Mid-late June 2024	Publication of the GPS	Publication of the NZHP

ENDS.

Minister's Notes

Annex one: Draft Government Policy Statement

Annex two: Additional expectations proposed for the GPS

67. For your noting, the below table sets out the expectations that were not included in the A3 'GPS on a page', that are reflected in the draft GPS attached as **Annex one**. We propose these expectations be included in the GPS.

Priority area	Expectations included in the draft GPS not reflected in the 'GPS on a page'
Access	<ul style="list-style-type: none"> • Expand the choice of whānau-centered and holistic maternity and early years' services • Increase support for leadership pathways that enable local leadership in the design and delivery of health care services • Implement a national approach to supported discharge and hospital in the home • Make health sector information available to local communities and IMPBs to support their role in service design and delivery • Improve access to universal information and advice services, including easy access to information, advice and support to navigate the reformed health system, communication, translation and interpretation services • Enable faster access to medicines by improving the timeliness of processes related to accessing new medicines
Timeliness	<ul style="list-style-type: none"> • Ensure shorter wait times for New Zealanders to access their first specialist assessments and treatment • Reduce wait times for people accessing specialist mental health and addiction services • Reduce the time New Zealanders stay in emergency departments. • Reduce the waiting time in ED for mental health and addiction related services • Ensure that people can access general practice services and mental health and addiction service within a reasonable timeframe • Support strengthened public and population health initiatives for non-communicable diseases to reduce pressure on the system
Quality	<ul style="list-style-type: none"> • Develop a systems safety strategy to set expectations for NZ and benchmark against international best practice • Establish a national programme to explore options for widening and improving quality care standards that support all services to improve • Enable better information and data sharing arrangements across the health and social system that relate to patient outcomes or quality of health services • Strengthen public health surveillance to increase the detection and response to communicable diseases, non-communicable disease, and on information on the distribution of wider determinants of health and wellbeing • Improve community data and reporting methods and systems for providers that specifically target a priority population (eg, Māori health providers, Pacific health providers, disability providers) and

	<p>enables monitoring of outcomes by ethnicity, gender, age and disability</p> <ul style="list-style-type: none"> • Make health sector information available to local communities and IMPBs to support their role in service design and delivery • Improve the national approach to handling feedback and complaints, including the development of culturally-appropriate and accessible channels, as well as restorative practice • Ensure service users are appropriately involved in their care • Extend the development of patient-centred measures: PREMs (Patient-Reported Experience Measures) and PROMs (Patient-Reported Outcome Measures) to enhance assessment of the effectiveness of treatment
Workforce	<ul style="list-style-type: none"> • Increase the capacity of the critical mental health and addiction workforce, including more training places for clinical psychologists and psychiatrists and growing the Consumer, Peer Support and Lived Experience (CPSLE) workforce • Improve access to domestic training pathways and provide support for key groups including Māori, Pacific and disabled people to better reflect the population of New Zealand as a whole • Improve and encourage career progression and flexible pathways including through improving professional development • Develop the public and population health workforce to support ongoing pandemic preparedness and a strengthened focus on prevention • Ensure public health, primary and community healthcare services better • Implement models of care that optimally use all members of the health care team (including regulated and self-regulated roles) • Develop Māori leadership programmes and invest in aspiring Māori health leaders, including rangatahi • Monitor the experience of health workers and target initiatives at issues that improve their experience and working environment • Better recognise people with overseas medical qualifications and experience for accreditation in New Zealand • Create employment settings that allow more flexibility to move between roles. This could include through role descriptions and service design • Review regulatory settings related to the health workforce
Infrastructure	<ul style="list-style-type: none"> • Conduct a review of capital spend • Progress the Asset Management Plan • Develop and refine a 10-year infrastructure plan to support prioritised investments over the long term • Ensure the system is prepared for and able to manage the impacts of additional pressures, including predicted peaks and unexpected system shocks (eg, pandemics and extreme weather events) • Ensure that approved projects are delivered on time and within budget

	<ul style="list-style-type: none">• Continue to progress digital initiatives to enable care closer to home and outside of hospital walls• Enable flexible and adaptive decision-making on emerging technologies such as precision health, nanotechnology, and artificial intelligence, for example by updating evaluation frameworks (including Health Technology Assessments)
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