

Briefing

Government Policy Statement on Health: Draft responding to feedback from targeted engagement

Date due to MO:	19 April 2024	Action required by:	22 April 2024
Security level:	IN CONFIDENCE	Health Report number:	H2024039100
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

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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 Withdrawn | |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 responding to feedback from targeted engagement

Security level: IN CONFIDENCE **Date:** 19 April 2024

To: Hon Dr Shane Reti, Minister of Health

Copy to: Hon Matt Doocey, Minister for Mental Health

Purpose of report

1. This report provides you with an update on the development of the Government Policy Statement (GPS). It outlines the high-level feedback we have received from recent formal engagement on the GPS and how we propose to respond. It seeks:
 - a. your feedback on the refined GPS (**Appendix one**)
 - b. your feedback on the proposed measures for each priority chapter (the GPS measures, included in **Appendix one**).

Summary

2. In February 2024 we provided you with the first full draft of the GPS, which incorporated your feedback on earlier advice on potential objectives and expectations. Following your agreement, this draft was then shared with health entity Boards and senior officials, government agencies with an interest in the health system, and three statutory advisory committees. The full list of stakeholders who had the opportunity to review and a summary of their feedback is included in **Appendix two**.
3. We have received feedback from health entity boards and senior officials. Key feedback from Health New Zealand, Te Whatu Ora (HNZ) centred around the themes of affordability, deliverability and suggestions to clarify focus areas.
4. Key feedback from the Māori Health Authority, Te Aka Whai Ora (MHA) noted their support for many of the focus areas and that it appreciated that each priority area included health priorities for Māori. Feedback recommended that additional content on Te Tiriti o Waitangi was needed, as well as additional detail on prevention, early intervention and workforce productivity.
5. Additional suggestions included that there should be increased visibility of investment in Hauora Māori across all priority areas. The board also recommended the Ministry have direct engagement with iwi-Maori partnership boards (IMPBs) on the draft GPS.
6. We also received feedback from government agencies and advisory committees. Themes included a need to strengthen focus on Te Tiriti o Waitangi and Māori health outcomes, prevention, the wider determinants of health, mental health and wellbeing, and to emphasise the importance of primary and community care.
7. Feedback also included recommendations that the GPS strengthen references to equity and other population groups, and for better alignment with the Pae Ora (Healthy Futures)

Act 2022 (the Act) and the six health strategies. Measures, health targets, monitoring and evaluation were also identified as areas that could be strengthened.

8. In responding to feedback we have tried to strike a balance between setting ambitious expectations with capacity for change within a fiscally challenging environment. This includes a number of proposed shifts that are subject to your direction. Our proposed amendments are outlined in this paper and included in the updated version of the GPS, attached as Appendix one.
9. The updated draft GPS also includes proposed measures for each priority chapter. These measures intentionally apply to multiple objectives across the document. We will work with HNZ to further refine these measures into a final suite for your approval as part of the final GPS. Subject to your decisions, further changes will be made to the draft GPS to build in milestones for targets and mental health targets.
10. The Prime Minister's letter to you on 4 February 2024 confirmed the scope of the Mental Health portfolio. This includes an expectation that you consult the Minister for Mental Health on the GPS as well as on health system performance. We seek both your and the Minister for Mental Health's feedback on the draft GPS and proposed measures.

Recommendations

We recommend you:

- a) **Note** that following your agreement in March we formally shared the draft Government Policy Statement on Health (GPS) 2024-2027 with health entities, government agencies, and statutory advisory committees for feedback.
- b) **Note** the attached GPS draft, which has been revised in response to feedback from targeted engagement.
- c) **Provide** feedback on the proposed amendments outlined in this paper and highlighted in the updated version of the GPS (attached).
- d) **Note** that HNZ has raised concerns about the affordability of the draft GPS, including that they consider that a number of the draft GPS's expectations could not be achieved within baselines (including any anticipated funding uplift at Budget 2024 for health system cost pressures).
- e) **Note** that we have worked through expectations identified by HNZ as having affordability issues and where possible, we have proposed responding to HNZ's concerns by clarifying the intent, or adjusting the timing, of expectations, but note that there may still be areas where expectations could not be progressed effectively within baselines and expected Budget 2024 funding
- f) **Note** that further advice on the affordability of the GPS will be provided once the Ministry of Health receives the draft New Zealand Health Plan 2024 – 2027 (expected at the end of April 2024)
- g) **Note** that HNZ has indicated that the GPS expectation around immunisations (to deliver immunisation services that meet the needs of communities) would require additional reprioritisation
- h) **Note** that we consider that there are significant benefits from promoting vaccination to people in other age groups that have lower vaccination rates and that as such we recommend retaining the current expectation.
- i) **Agree**
Either to leave the GPS expectation around immunisations unchanged, pending further information on the impacts of any required reprioritisation from HNZ
OR to provide feedback on how you would like to revise the expectation

Yes/No

Yes/No

- j) **Agree** to discuss the development of the draft New Zealand Health Plan (NZHP) at your meeting with Health Officials on Tuesday 23 April and to communicate your expectation that HNZ works at pace with the Ministry to provide information that sets out:
- how the draft NZHP addresses the GPS expectations and the expected scale of and timeframe for change;
 - the reprioritisation choices that have been made or would be available to support affordability.
- k) **Note** that we provided an update the strategic monitoring framework in March 2024 and recommended its inclusion in the GPS.
- k) **Note** that subject to your feedback, we will provide an updated version of the draft GPS and associated measures by 6 May.



Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora
Date: 19 April 2024



Hon Dr Shane Reti
Minister of Health

Date: 22/4/2024

Hon Matt Dooney
Minister for Mental Health

Date:

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Background

1. We provided you with a draft GPS in February 2024 [H2024035135 refers], which incorporated initial feedback from you on the draft objectives and expectations outlined in the 'GPS on a page' [HR H2024036137 refers].
2. Following your agreement in March, we formally shared the draft GPS with health entities, government agencies with an interest in the health system, and three statutory advisory committees covering Māori health, Pacific health, and public health. A total of 31 organisations and groups were invited to provide feedback between mid-March and early April and 26 provided a response.
3. We have worked to respond to this feedback in the updated draft GPS and welcome your feedback on the proposed amendments outlined in this paper and as highlighted in the updated version attached as Appendix one.

Feedback from targeted engagement and proposed changes to the draft GPS

Feedback received from Health New Zealand

4. The key feedback from both the Board and senior officials of HNZ to date centres around the following themes.

Affordability

5. HNZ has raised concerns about the affordability of the draft GPS. In particular, HNZ considers that a number of the draft GPS's expectations could not be achieved within baselines (including any anticipated funding uplift at Budget 2024 for health system cost pressures). HNZ noted that a number of the draft GPS expectations are effectively expanded or additional activities, which it considers would require either significant reprioritisation with implications for other services, and/or new investment through Budget 2025 or 2026.
6. The upcoming New Zealand Health Plan 2024 – 2027 (NZHP) will be a costed plan that is required to give effect to the GPS. HNZ is currently developing the NZHP and has not yet shared a costed draft of the plan with the Ministry. At the point that we receive the costed draft, we will be able to conduct a fuller assessment of its overall funding implications, including any reprioritisation choices made by HNZ to support affordability.

7. Pending our upcoming assessment of the draft NZHP, we have worked through specific areas where HNZ has identified there would be affordability issues with the expectations (as currently positioned). Where possible, we have proposed responding to HNZ's concerns by clarifying the intent, or adjusting the timing, of expectations.
8. However, we note that there may still be areas where expectations could not be progressed effectively within baselines and expected Budget 2024 funding. Our previous advice (H2024035135) noted that some expectations would likely require funding to be sought through Budgets 2025 and 2026 – for example, expectations relating to increasing training places for clinical psychologists and psychiatrists, cancer medicines, or relating to changing models of primary and community care. The draft NZHP should help to clarify the scale and pace at which these expectations could be progressed within existing funding and/or would be subject to future Budget initiatives.
9. The Ministry will undertake a final review of all expectations in light of the draft NZHP, once HNZ formally shares this, which is expected on 26 April. It will be important to ensure that the GPS and the NZHP are aligned (i.e. that the costed plan can adequately give effect to the GPS expectations as required by legislation), and that the NZHP does not generate additional risk (for example, via unfunded performance improvement actions).
10. We can provide further advice following receipt of HNZ's costed plan and ahead of your approval of the NZHP. HNZ's final plan will need to reflect Budget 2024 decisions (both for cost pressures and new spending initiatives) once these have been communicated.
11. To support the Ministry's advice on cost implications and your decision-making on the final GPS, we recommend that you take the opportunity to discuss the development of the draft NZHP at your meeting with health officials on Tuesday 23 April and communicate your expectation that HNZ works at pace with the Ministry to provide information that sets out:
 - how the draft NZHP addresses the GPS expectations and the expected scale of and timeframe for change; and
 - the reprioritisation choices that have been made or would be available to support affordability.

Alignment with targets

12. At this stage, we are seeking your direction on one specific expectation. HNZ has raised concerns about the inclusion of a GPS immunisation expectation. This differs from, and would be additional to, the health target for immunisations. The respective text is as follows:
 - **GPS:** Deliver immunisation services that meet the needs of communities, especially for those with the poorest immunisation rates including Māori and Pacific peoples.
 - **Health target:** Improved immunisation for children – 95 per cent of children to be fully immunised at 24 months of age.
13. HNZ has noted that working towards the GPS immunisation expectation in addition to the health immunisation target would not be feasible without reprioritisation of funding from other services. This reflects the focus on different population groups, as well as the previous role of COVID-19 funding in providing immunisation services to communities.

An option could be for the expectations in the GPS to be aligned with milestones towards the target.

14. The Ministry notes that there is an overlap between the expectation and health target, as achieving the target for children will not be possible without delivering immunisation in a way that responds to the needs of communities with lower immunisation rates. While the expectation covers a broader group beyond children, there are significant benefits for the health of individuals from promoting vaccination to people in other age groups that have lower vaccination rates, along with benefits for the health system. We therefore recommend retaining the current expectation.
15. If your preference is to retain the current GPS expectation, we propose leaving the draft unchanged, subject to further information from HNZ on the impacts of any identified reprioritisation.

System Challenges

16. Feedback from HNZ and the HNZ Board recommended that the GPS should be more explicit about affordability challenges, now and in the future. The Board recommends the GPS includes framing about challenges and constraints, as well as an emphasis on expectations and opportunities. The Board considers that major changes are needed to be resourced to modernise and transform how health services are delivered to better meet New Zealanders' needs.
17. We have amended the GPS to include a brief reference to challenges that the system faces in the front of the document, but we do not consider that detail on these challenges need to be set out in the GPS. The focus of the GPS is on clearly articulating the changes and outcomes that you want to see from the system, rather than outlining the broader context around the health system. This is articulated in other places including the health strategies and the Briefing to the Incoming Minister that you received from the Ministry.

Timeframes / deliverability

18. The HNZ Board also noted that the number of expectations and objectives in the GPS could be refined and that the current number of expectations could lead to a loss of impact and implementation effort.
19. The GPS does include a significant list of obligations and expectations; however, this reflects the fact that the health system is large and complex, and setting priorities for the system requires covering a wide range of areas and levels.
20. We have made changes to the wording and positioning of some expectations to improve clarity and reflect terminology that better aligns with understandings in the health sector. In some cases, we have included conditional wording to reflect the fact that some expectations will take more than three years to fully implement.

Clarification of focus areas

11. The Board also noted that they would like the GPS to provide more clarity about where to put focus (where to prioritise efforts) and to be clear about trade-offs.
12. We consider that the GPS is clear around what your priorities are, with the health targets and mental health targets being a particular point of focus. We do not think the GPS should seek to set out trade-offs to be made to reprioritise resources and effort toward

priority areas, as this is something you should expect to receive advice on from the HNZ and the Ministry over coming months.

13. In considering and responding to the feedback from HNZ we have been mindful of the need to strike a balance between setting objectives and expectations in the GPS that set a clear direction and a reasonable level of ambition linked to clear deliverables, while also recognising that the next few years will be a period of maturing for the health system, and for HNZ in particular.

Feedback received from the Māori Health Authority, Te Aka Whai Ora

14. The MHA Board noted their support for many of the focus areas and their appreciation of the inclusion of health priorities for Māori under each priority area in the GPS. They recommended that additional content on Te Tiriti o Waitangi was needed and noted that they would like to see additional detail on prevention, early intervention and workforce productivity, as well as increased visibility of investment in Hauora Māori across all priority areas. The Board also recommended the Ministry have direct engagement with iwi-Māori partnership boards (IMPBs) on the draft GPS and including a 'deprivation lens' and measures of how Hauora Māori services are delivered.
15. Of note, feedback from MHA broadly aligns with feedback from Hauora Māori Advisory Committee (HMAC) and the Māori Monitoring Group (MMG).
16. In response to this feedback we have strengthened references to Hauora Māori, including a section on 'priorities for improving Māori health' that reflects alignment with *Pae Tū: Hauora Māori Strategy (Pae Tū)* and *Whakamaua: Māori Health Action Plan 2020-2025 (Whakamaua)*. It also reiterates a commitment to improved local decision making, supporting workforce development, and the need for partnership including with Iwi-Māori Partnership Boards, through the preamble and each of the priority areas.

Other proposed changes to the draft GPS content

17. As well as engaging with representatives from HNZ and MHA, we have engaged with all other health entities, 18 agencies across government and three advisory groups and committees. Key feedback, and our proposed approach to incorporating it in the attached version of the GPS, is set out below.

Strengthening references to Te Tiriti o Waitangi and Māori health outcomes

18. Feedback included that Te Tiriti o Waitangi needs to be clearly referenced, and the approach to improving Māori health outcomes needs to be clearer. Feedback also noted that the GPS needs to have stronger agency commitments as to how agencies will manage Māori health responsibilities, particularly given the changes to Māori health presence across the system. This includes a need for clearer roles and responsibilities for Hauora Māori.

How we have responded

19. We have responded to this feedback by adding text to the introduction which acknowledges Māori health outcomes, draws a link to Pae Tū and Whakamaua before being clearer on expectations on Health New Zealand to support and resource Iwi-Māori Partnership Boards to deliver a key role in designing, commissioning and delivering a choice of high-quality services to Māori.

20. In the section on monitoring roles and responsibilities, we note that the Hauora Māori Advisory Committee (HMAC) also has a role to provide independent advice to you, as the Minister of Health, on how well the health system is performing for Māori, working alongside the Ministry of Health in overseeing system-wide performance, and providing advice as to how the health system can improve Māori health outcomes. This complements the role of Iwi-Māori Partnership Boards.

Prevention and the wider determinants of health

21. We received feedback on the need to strengthen focus on public and population health, prevention. Specifically, feedback included:
- support for the five modifiable risk factors and five Non-Communicable Diseases (NCDS)
 - recommendations that objectives and expectations could include a greater focus on addressing the five modifiable risk factors and ensuring that public and population health responses are supported
 - a recommendation that the GPS include an additional priority on public and population health and wider determinants.
22. Feedback also noted that the GPS could provide a mechanism to promote work across government and communities to address the socio-economic determinants of health.

How we have responded

23. We agree that a strong focus on prevention is important. We propose strengthening prevention within the current priority areas by:
- including a small section explaining what we mean by prevention in the preamble (noting that within the GPS prevention is addressed in several places across the continuum of need)
 - bolstering objectives and expectations around the five NCDs and modifiable risk factors.
24. Regarding the broader determinants of health, we agree that a focus on the broad determinants is important, but that there is a need to be clear about the specific role of the health system in addressing these. We recommend that the GPS provides direction on your expectations for how the health system will partner and influence across sectors and with communities at national, regional and local levels, as detailed in the brief section on partnering to respond to the broader determinants of health.

Emphasising the importance of primary and community care

25. Health agencies and some social agencies commented that primary and community care could be more prominent. This include strengthening references to improving access and support for more responsive models. Feedback also noted the potential role of Iwi-Māori Partnership Boards to deliver these enhancements.
26. In response we have proposed changes to clarify and align with the policy programme of work on primary and community care (that may be further progressed through a future Budget initiative), specifically:

- under Objective 2.2 (faster access to primary and community health care services) we have added an expectation: 'Diversify people's entry points into the primary and community healthcare system, to ease acute wait time'
- where relevant, in other expectations we have explicitly noted the role of primary care, including in supporting prevention, aged care and managing demands on emergency care
- given the scale of the work to deliver new models of care, we have changed the expectation to note that new models of care will be starting to be rolled out within three years.

Stronger alignment to the Act and six health strategies

27. Another theme, particularly from health entities, is the need for clarity about how the GPS relates to Act and the six health strategies, and that the GPS should set clear expectations of how they will be delivered. Population agencies were particularly keen to see the reflection of the health strategies that were relevant to them.

28. In response to this feedback, we have made the following proposed changes:

- strengthened the introductory section to be clearer on how the GPS works with other documents, particularly the six health strategies and Budget. We have included a diagram that shows the relationship between the documents.
- strengthened sections that deliver on principles in the Act, including Māori health, responding to populations with higher needs, and prevention- including references to the Pae Ora Act and Pae Ora strategies to highlight alignment.

Stronger references to equity and other population groups

29. Many health entities, population agencies and social sector agencies commented that equity or responses for populations with the highest needs should be strengthened. Feedback included that the GPS should include a focus on a wider group of populations (for example, ethnic communities, children involved with Oranga Tamariki, rainbow communities and people on low incomes).

30. In response to this feedback, we have:

- created a separate section in the preamble that explains how we intend to focus on populations with higher needs through the GPS, and who is included. The intention is for communities to be involved in the design and delivery of services, particularly at local levels, and monitoring progress.
- We have also sought to strengthen the objectives and outcomes, reflecting a need to be responsive to all populations. We have also strengthened the population focus in each priority section. This includes ensuring that access is responsive to different populations; timeliness as an enabler for improved outcomes; delivering quality services that promote safety, including cultural safety; workforces that reflect New Zealand; and infrastructure that supports more responsive health care.

Mental health and wellbeing

31. There was strong support for expanding public health and population approaches and addressing the wider determinants of health as key drivers in improving mental wellbeing.

Some feedback reflected that it would be helpful to include stronger reference to the Minister of Mental Health's priorities, the mental health measures and the development of a mental health and wellbeing strategy.

32. Our proposed responses are:

- in addition to the strengthened prevention and wider determinants focus, we have sought to make mental health and wellbeing more visible
- the mental health and addiction targets are referred to within the monitoring section. We note that these are subject to Cabinet consideration, and the Cabinet discussion on mental health measures is a key dependency ahead of Cabinet consideration of advice on the GPS
- additionally, to align to the ongoing focus on suicide prevention, we have added a new expectation under Objective 1.6, working in partnership with government agencies, NGOs, Iwi-Māori Partnership Boards, providers' we have added: strengthen efforts to prevent suicide.

33. We have not included reference to the potential for a new mental health and wellbeing strategy under the Pae Ora Act as this is currently proposed in a Bill that is being considered, and it would be too early to include. However, there is opportunity to reference the strategic direction set by Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing, which aligns with the Minister for Mental Health's priorities and commitment to a whole-of-government, population-based approach to mental health, addiction and suicide prevention.

Feedback from Treasury and Department of Prime Minister and Cabinet (DPMC) on financial sustainability

34. Feedback from the Treasury suggested both the GPS and measures should provide a clearer description of the status quo, desired state, and expectations for progress, particularly for financial sustainability of the system. The Department of Prime Minister and Cabinet (DPMC) noted a need for a stronger focus on understanding productivity and productivity gains.

How we have responded

35. We have updated the financial sustainability measures in consultation with the Treasury and HNZ. The updated measures include more detail where appropriate (for example, on improvements in productivity) and also reflect the recommendations outlined in recent advice on cost pressure funding [H2024035028 refers], including reinforcing appropriation settings and setting expectations around reporting on financial risks.
36. The financial sustainability measures also reflect our view that improving visibility of current cost structures across the system is the first step to identifying how spending could be better targeted over time, including towards preventative measures and early interventions.

Additional feedback on measures, monitoring & evaluation

37. Additional feedback on the GPS measures broadly included that they should have a greater focus addressing modifiable behaviours (in addition to the proposed measures on population trends), and that work should be undertaken to address data gaps and to develop measures with communities.

38. We have worked to address feedback on measures where possible. Some feedback, for example to address data gaps and develop measures with communities, will require a longer time period to address. We will consider this feedback as part of the wider programme of work to develop measures for the strategic monitoring framework.
39. Work to finalise the GPS suite of measures and to develop data definitions will continue over the next few weeks, including work with health entities. We will keep you updated on progress via the weekly report.

Other significant feedback or changes

40. Consistent with feedback on aged care, we have added an additional expectation focussing on prioritising the sustainability and quality of health services for older people, alongside the current expectation to review service and funding models for aged care.
41. We have added an additional infrastructure expectation to reflect the work required to maintain legacy payroll systems and develop a new payroll system across Health New Zealand. The expectation is as follows: continue to stabilise critical payroll systems and progress work to modernise the payroll system.
42. We have also added an additional expectation to highlight the importance of strengthening research and innovation across the health system and ensuring that is applied in practice. The expectation is as follows: ensure that we establish the right functions and research and innovation programmes to support ongoing development, dissemination and translation in ways that benefit the health system.
43. We have also reviewed the expectations for alignment with the Government targets. While we are comfortable that they align with most health-related targets, there was a gap around the treatment wait times measure. To address this, we have added an additional expectation under Objective 2.1 'Reducing waiting times' to reflect the work of the planned care taskforce.
44. Feedback on measures and monitoring content emphasised the importance of disaggregating measures by demographic characteristics, including age, gender, and ethnicity where possible, to ensure a continued focus on families and communities most in need. Measures will be disaggregated where possible, but we note that there are current limitations to what is possible at this stage.
45. We note that although you haven't agreed to its inclusion, we have included the monitoring framework in the GPS for completeness.

Next steps

46. Your feedback is sought on the proposed changes to the draft GPS, along with any other comments or direction you may have.
47. To support the assessment of cost implications of the GPS, we have proposed that you discuss the development of the draft NZHP at your meeting with Health Officials on Tuesday 23 April. The Ministry is expecting to receive the draft costed NZHP on Friday 26 April.
48. Once we receive your feedback on the draft GPS, we will revise the document and provide you with a final draft of the GPS and a draft Cabinet paper that can be circulated for

Ministerial and coalition consultation. We plan to provide this to you by 6 May, with consultation planned for 6 - 17 May.

49. This Cabinet paper will present the GPS to Cabinet with a narrative around the Government's priorities for the health system. It will also outline and seek agreement to the proposed milestones and measures for the Government's health and mental health targets over this period.

ENDS.

PROACTIVELY RELEASED

Minister's Notes

PROACTIVELY RELEASED

Appendix one: Updated draft GPS

PROACTIVELY RELEASED

Appendix two: Summary report on the engagement on the draft Government Policy Statement on Health 2024-2027

Background

The Ministry of Health (the Ministry) undertook targeted engagement with 31 stakeholders that included all health crown entities, all-of-government agencies and the Minister's advisory committees, from middle of March to early April 2024. The engagement involved meeting some stakeholders as part of their planned meetings and seeking written feedback from others. The 31 stakeholders were:

List of stakeholders

1. Health New Zealand
2. Te Aka Whai Ora
3. Accident Compensation Corporation (ACC)
4. Health Research Council
5. Health and Disability Commissioner
6. Pharmac
7. Health Quality and Safety Commission
8. Mental Health and Wellbeing Commission
9. New Zealand Blood and Organ Service
10. Pacific Expert Advisory Group
11. Public Health Advisory Committee
12. Hauora Māori Advisory Committee
13. Ministry of Education
14. Ministry of Social Development
15. Ministry for Ethnic Communities
16. Oranga Tamariki
17. Ministry for Women
18. Department of the Prime Minister and Cabinet
19. The New Zealand Police
20. Ministry of Disabled People
21. Ministry for Pacific Peoples
22. Te Puni Kōkiri
23. Department of Corrections
24. Ministry of Justice
25. Tertiary Education Commission
26. The Treasury
27. Cancer Control Agency | Te Aho O Te Kahu
28. Ministry of Business, Innovation and Employment
29. Ministry of Housing and Urban Development
30. Ministry for Primary Industries

31. Ministry of Health facilitated Māori Monitoring Group

Feedback from stakeholders

Summary of the key points from stakeholders is set out as below.

Health New Zealand | Te Whatu Ora

The Board and senior officials of Health New Zealand (HNZ) provided the following feedback:

- GPS to declutter and improve the coherence of strategies, plans and priorities across the health system to reduce the cost of complying with these processes and enable more focus on delivery and performance improvement
- the draft GPS is currently trying to do too much with the range of objectives and expectations that it includes
- GPS be more directive about the roles of different entities across the system, suggesting that the role of the Ministry and entities other than HNZ should be referenced
- balance the aspiration of expectations in the GPS with ensuring that these can be achieved within financial constraints
- GPS include a description of the future outlook, which notes the challenges and constraints to be managed, including high and increasing health costs, rising expectations, stretched services and capacity, demand from population growth, and demand for investment in physical and digital infrastructure
- GPS underscore the importance of delivering health services differently, to change future cost trajectories and better meet changing needs, while noting that major changes to the system will need to be resourced as fiscal conditions allow
- some expectations in the GPS would require additional funding or significant reprioritisation of existing spending to deliver.

Te Aka Whai Ora | Māori Health Authority

The Board of Te Aka Whai provided the following feedback:

- encouraged to see the discussion on how the government intends to set *priorities for Māori* under each of the broader priorities across the document
- acknowledge *Te Tiriti o Waitangi* in the draft GPS
- align the draft GPS to the Pae Ora Act
- noted engagement with the Hauora Māori Advisory Committee
- encouraged the Ministry of Health to engage *with the Iwi Māori Partnership Boards (IMBPs)*
- supported the shift to *prevention, early intervention and bringing care closer to home*
- include discussion on the application of a *preventive approach* especially around the signalled health system priorities
- supported the focus on addressing the critical *workforce* shortage, gaps in cultural competency, focus on productivity and ensuring the workforce has the skills, technology and tools to deliver innovative models of care
- set expected changes in the workforce over the next three years to ascertain productivity
- include the need for the whole sector to own the achievement for Māori health outcomes

- include *measures* for the five modifiable behaviours
- apply a focussed deprivation lens to strengthen the GPS as Māori are disproportionately impacted by the unequal distribution of socioeconomic resources
- include measures for how hauora Māori services are delivered
- embed measures within a broader Hauora Māori framework to ensure impact.

Health crown entities

Health Research Council

The Health Research Council (HRC) provided the following feedback:

- supported the *priorities*
- supported the focus on the *shift to prevention and wider determinants of health*
- increase the focus for prevention beyond vaccinations and screening
- include specific expectations in relation to the *five modifiable risk factors* and articulate how the risk factors will be addressed and integrated across the five priorities
- frame the wider determinants of health as a cross-government approach with policy, intervention and service delivery to support equitable outcomes at community and population levels
- include a *fulsome description of the roles and responsibilities* of each health entity in appendix 2
- expand the use and role of Health Technology Assessment across the *financial and infrastructure chapters*
- highlight the importance of a research literate health *workforce* that can participate and inform research in the context of their work.

Health and Disability Commissioner

The Health and Disability Commissioner (HDC) provided the following feedback:

- supported the *vision of timely access to quality healthcare*
- acknowledged the Ministry for hearing what the consumers of health services had said through the previous recent engagements
- focus on access to quality health and disability care for older Māori throughout the GPS
- described their *independent role* to set out at Appendix 2
- supported the focus *on older people* in the draft GPS and noted that HDC now has an Aged Care Commissioner
- noted the government's expectations for aged care funding and service models and requested to prioritise implementation of redesign initiatives especially for psychogeriatric care options
- focus on achieving better health outcomes for *disabled people* through access to information and provision of a capable workforce
- set expectations on reducing geographical inequities in access to care
- supported reducing current delays in primary, specialist and emergency care and the timely treatment for people with cancer

- broaden the scope in the timeliness chapter to include addressing diagnostic delays for people with cancer. Noted significant inequities experienced by some groups in respect of cancer diagnosis with barriers to care meaning that Māori and Pacific peoples are more likely to be diagnosed in the ED than other population groups
- supportive of how the quality chapter was framed
- expand maternity and early years care to include specialist maternity care and coordination between primary and specialist services
- signal future work on developing a long-term workforce plan
- acknowledge the dedication and commitment of the current health workforce for working under such high-pressure environment
- give greater prominence to digital infrastructure to improve consumer experience in navigating the system.

Pharmac

Pharmac provided the following feedback:

- supported the *vision and the priorities* as set out in the GPS
- consider the *financial environment* the health sector is operating in and that some expectations may require further consideration. For example, increasing the number of cancer drugs and the societal consequences of doing or not doing so
- supported the importance of *patient voice*, which they are working to incorporate
- acknowledged the importance of *Te Tiriti o Waitangi*
- set a *joined-up approach* across government to deliver some of the expectations
- clarify the *role* of Pharmac in Appendix 2
- offered to work together with the Ministry to design *measures* in relation to Pharmac's role.

Health Quality and Safety Commission

The Health Quality and Safety Commission's (HQSC) provided the following feedback:

- supported the *expectations* set out in the GPS and did not see any challenges in delivering the priorities and expectations
- supported the monitoring and improving the quality and safety of services as a leader in this space.

New Zealand Blood and Organ Service

New Zealand Blood and Organ Service supported the draft GPS.

Mental Health and Wellbeing Commission

The Mental Health and Wellbeing Commission provided the following feedback:

- support the draft GPS and the visibility on mental health, addiction and wellbeing

- include mental health and addiction measures in the discussion on 'government priorities for Māori and other population groups' across all priority areas
- reflect Crown's obligation to Te Tiriti and equity in the government's vision
- revise the 5 modifiable factors to include prevention of mental ill health
- reference current/future mental health and wellbeing strategies
- strengthen the discussion on determinants of health to include mental health
- reflect international frameworks and domains in the discussion on quality
- strengthen discussion on quality to include improved experience and outcomes for service users
- include a system focus on prevention and promotion to respond to broader determinants of mental health and wellbeing
- include broader performance story for health targets
- include in the discussion on financial sustainability, the need for broader range of information as well as higher quality information
- include costing activity for mental health and addiction
- recognise people who experience mental distress in the identified populations that experience poorer health outcomes
- include investment in better quality data collection for youth mental health prevalence
- include growing leaders for Consumers and People with Lived Experience
- include learning from adverse events alongside complaints
- include mental health and addiction services in the measures for quality
- include Mental Health and Wellbeing Commission's role in monitoring mental health and addiction wellbeing
- expand the roles of other agencies in respect to public reporting and monitoring.

Advisory Groups

Pacific Expert Advisory Group

The Pacific Expert Advisory Group (PEAG) provided the following feedback:

- pleased with the shape, format and structure of the draft GPS
- noted the alignment with Te Mana Ola (The Pacific Health Strategy)
- *supported the vision* and the targets as set out in the GPS as it was particularly relevant to improving health and social outcomes for Pacific peoples
- improve barriers in accessing diagnostic services and treatment for Pacific people with cancer
- expand the focus for improving immunisation to include improved timeliness for vaccination for Pacific children
- strengthen the focus on primary care, especially integrated primary care in communities
- strengthen the measures to include ethnicity
- improve accountability for Pacific health
- improve data quality for Pacific health
- strengthen the Pacific focus across the document
- requested to be *acknowledged alongside the Hauora Māori Advisory Committee*.

Public Health Advisory Committee

The Public Health Advisory Committee (PHAC) provided the following feedback:

- pleased to note the *5+5 approach*
- commented that the way the draft GPS is framed, it only goes as far as setting the intention to shift towards prevention and noted that the document appeared to be focused personal health
- *strengthen public and population health services* and addressing the social determinants of health in the GPS
- *add a separate chapter* on prevention which may provide levers for the health sector to work alongside the whole-of-government to address the wider determinants of health
- broaden prevention aspect beyond immunisation and screening to include population health approaches
- suggested that references to *priority populations* in relation to the Pae Ora Act are strengthened and aligned with the Pae Ora strategies
- measures and targets have a public health focus
- advised that a strong preventive approach may eventually reduce pressure on the secondary and tertiary services, therefore enabling *financial sustainability* and promoting evidence-based decisions.

Hauora Māori Advisory Committee

The Hauora Māori Advisory Committee (HMAC) provided the following feedback:

- acknowledged that the draft GPS had identified a number of *Māori health equity* system signals
- suggested that the GPS has sufficiently strong system signals to ensure new and enhanced Māori health settings including IMPB's are explicitly enabled - especially over the next three years which is essentially an establishment phase post the disestablishment of Te Aka Whai Ora. It will be ideal for these system signals for Māori to be further worked up to have clear actions and deliverables
- suggested the GPS set *roles and responsibilities* for each health agency as a way to have stronger agency commitment and be clear as to how each one will individually manage its Māori health gain responsibilities
- set expectations to address the needs of Māori right across the document
- strengthen the sections on '*Government priorities for Māori*'
- strengthen the GPS in terms of its Māori actions and aligned with the overall *Māori health priorities* as identified in Whakamaua
- reflect the redefined *role of IMPBs* in maintaining initially a local level focus and now having an important strategic commissioning role with HNZ.

Government Agencies

The Treasury

The Treasury New Zealand provided the following feedback:

- noted to strengthen the section on financial sustainability and the associated expectations and measures, including specific comments on strengthening expectations for HNZ to maintain financial balance across its appropriations, reinforcing appropriation settings, ensuring that financial goals are not being met at the expense of delivery goals, and explicitly emphasising productivity improvement in hospital and specialist services as a focus
- noted to ensure that the GPS does not make demands of HNZ that are financially unsustainable, or which raise the expectation of large new investment bids in future budgets.

Accident Compensation Corporation

Accident Compensation Corporation (ACC) provided the following feedback:

- noted that *the five priority areas* align well with their current and future workstreams
- reference their role in the health system
- include the following under the quality chapter:
 - maternal birth injuries as an avoidable injury
 - rate of missed diagnosis of community acquired sepsis
 - monitoring the injury rate of workers as a determinant of success
 - clarifying injuries are within scope and included as part of the public health agency mahi tahi framework.
- include the role of iwi as a *Te Tiriti partner*
- include a *measure* on the role of iwi in strengthening leadership at local, regional and national level.
- include in the draft *GPS priorities*:
 - the role whānau play in reducing barriers to access *primary health care services*
 - supporting emerging Māori leaders
 - appropriately funding community providers to bring services closer to home
 - strengthening the discussion on bringing services closer to home through enabling of data sharing with community providers and IMPBs etc.
- noted to ensure the health system delivers on its commitments within budget over the next three years, entities need a strong focus on *fiscal responsibility*
- ensure *equity* is a core priority in delivering health services over the next three years.
- expand the use of digital technology as part of *infrastructure* growth
- careful consideration must be given to whether digital technology will work for Māori as they prefer face-to-face interactions.

Ministry of Education

Ministry of Education (MOE) provided the following feedback:

- supportive of the draft GPS
- supportive of the focus on improving health outcomes for Māori and Pacific peoples
- extend the discussion in the GPS to include an *intersectoral approach* and including lived experience and people's individual identities

- include the following population groups as part of the *priority population*: rainbow population, children and young people in Oranga Tamariki care, and migrant/refugee communities
- supported growing the Māori, Pacific *workforce* and strengthening the cultural capability
- broaden the GPS to include *mental health support* in education given the Minister for Mental Health has an interest in this area
- suggested acknowledging the protective effects education has on early intervention and *prevention* and asked to consider implementation of the GPS across government agencies so that educative information on improving health and access to healthcare is accessible to Māori and Pacific families and communities.

Ministry of Social Development

Ministry of Social Development (MSD) provided the following feedback:

- supported the *5+5 model*
- expand the *priority groups* beyond the groups mentioned in the draft GPS to include rainbow population, older people and identifying disabled people who may have access issues
- highlight the *cross-government* role MSD has in supporting people on benefit into careers in healthcare, building a cross-government data model, building a community engagement strategy, addressing equity of access to medications and treatment and providing housing for disabled people
- highlight the balance that needs to be struck in bringing in highly skilled international *workforces* alongside the already work-ready and also trainable domestic labour
- commented it was difficult to work out how the different elements (targets, priority groups, priority areas, non-communicable diseases, modifiable factors) all fit together and suggested a Plain Language check
- *measures* include breakdown by unmet need, specific measures for *mental health and primary care* and monitoring for people with long term health conditions
- suggested revisiting the language used in the draft GPS and what that means for having 'choice and control'. For example, the use of the phrase 'health care services they need', who gets to decide what is needed, how does this sit with a social model of disability etc.
- ensure sustainability and *quality* of health services for older people
- consider people on low-income throughout the document.

Ministry for Ethnic Communities

Ministry for Ethnic Communities provided the following feedback:

- include references to *ethnic communities* alongside other priority population groups
- GPS signal that the level of need for some ethnic communities is similar as those for Māori and Pacific people
- *measures* are disaggregated by ethnicity to include ethnic communities sub populations
- ensure monitoring for the ethnic sub population groups.

Oranga Tamariki

Oranga Tamariki provided the following feedback:

- appreciative of the opportunity to influence the GPS from the populations of interest under the Children's Act 2014 perspective
- expand the *priority population* to include health of children and young people in care and those transitioning out of care as well as Māori children, as Government has accepted specific responsibilities for this group who have high unmet health needs
- noted the synergies between the Oranga Tamariki Action Plan and the GPS and the opportunity to work together to support the delivery of GPS priorities
- the GPS is extended to draw a strong link between the Child and Youth Wellbeing Strategy and Government's work on child poverty
- supported an overall approach grounded in the social *determinants of health* and recommended the *benefits of prevention and early intervention* in life course outcomes is more strongly stated with a *social investment* framing
- greater focus on improving *primary health* literacy and supports, including *mental health* supports, for children and young people, their families and caregivers and the professionals who work closely with them, including social workers
- include vaping, drug misuse and alcohol consumption alongside the current *five modifiable factors*
- include *access* to disability related support and services in the GPS
- include a *measure* targeting an increase in the rates of enrolment with Plunket or another Well Child Tamariki Ora service and oral health services for children and young people
- include *disabilities and mental health* impairments, such as neurodiversity, as factors contributing to early deaths
- include pastoral care, in addition to having clinical and lived experience networks
- include an explicit focus on dental care
- consider *measures* which apply to middle years children (5-14 years).

Ministry for Women

Ministry for Women provided the following feedback:

- include women consistently as part of the *priority population* group.
- include gender bias in the reference to racism, discrimination and ableism
- discuss racism, discrimination and ableism upfront at the beginning of the document as people can experience compounding forms of disadvantage within the health system
- broaden the GPS to include exposure to family violence and sexual violence and access to healthy food as *determinants of health* which shape health needs and experiences
- further engage in the measures work.

Department of the Prime Minister and Cabinet

The Department of the Prime Minister and Cabinet provided the following feedback:

- supported the setting a number of priorities to guide the operating and investment decisions for a range of health organisations, while also sending signals about some of the broader things that the government is concerned to maintain a focus on

- acknowledged that there may be challenges aligning the *6 health strategies*, and Ministers *5 non-communicable diseases and 5 modifiable factors* and health targets into the GPS
- commented that the monitoring arrangements, frameworks and data requirements are underdevelopment/yet-to-be determined
- commented that the way the GPS is drafted means, it has an aspirational vision but relatively little in the way of clear direction and tangible measures that can be used to hold HNZ to account
- no reference to the health reforms, the 3-4 year road map, the development of the system operating model, clarity on regional and local arrangement and the linkage between the actions/vision relating to *Māori health* to the system as a whole
- little reference to long term planning and no reference to a national (clinical) service plan in the infrastructure chapter
- add goals and measures for productivity
- lack of reference to contracting or procurement, and targets for these
- the GPS clearly state government expectations for responding to the *five non-communicable diseases and addressing the five modifiable factors*
- make connections between aspects of the GPS, and wider government policies and actions
- further engage in the measures work.

The New Zealand Police

The New Zealand Police provided the following feedback:

- interested in the GPS priorities and objectives for *mental health* as this is a key driver of demand for Police
- supported the GPS focus areas for *mental health* which includes increasing timely access to services, growing the mental health and addiction workforce and strengthening the system's focus on prevention and early intervention
- further engage in the *GPS measures* for mental health.

Ministry of Disabled People

Ministry of Disabled People provided the following feedback:

- noted that progressing the key health targets would improve outcomes for everyone including disabled people, but the degree to which they will benefit depends largely on how accessible and disability-friendly the health system is
- requested for more detail to be added on what each item meant for *disabled people* and/or the data which demonstrates inequities for disabled people
- noted that in the absence of data/measures progress for disabled people remains invisible
- suggested that measures for disabled people could possibly cut across NHI, accessibility, infrastructure, information etc.
- suggested adding an appendix with some additional detail for Māori disabled people and all other equity population groups
- no recognition of *tāngata whaikaha Māori (disabled Māori)*
- strengthen access to health services for disabled people which also includes accessibility to infrastructure

- supported the notion of growing the health *workforce* and asked highlight the disabled health workforce
- requested to promote awareness or sensitivity to disabled people to the health *workforce*
- highlight that health outcomes are significantly impacted by things beyond the system such as housing, employment etc.

Ministry for Pacific Peoples

Ministry for Pacific Peoples (MPP) provided the following feedback:

- *supported the overall vision, objectives and expectations* as set out in the draft GPS especially in relation to addressing inequities
- better alignment with the Te Mana Ola | Pacific Health Strategy
- offered support to engage with Pacific peoples in the development, design and delivery of health services and investments
- develop *population specific measures* and offered their support to develop targets for ethnicity especially for Pacific peoples
- supported *strengthening public and population health initiatives*
- broaden the GPS to ensure collection of good quality data for Pacific peoples
- more details around maternity care as this area may signal particular barriers for Pacific people
- *strengthen patient voice*
- reflect increase in Pacific people health workforce in the objectives and expectations
- further engage with the Ministry of Health to develop the GPS especially where it touches on Pacific health outcomes.

Te Puni Kōkiri

Te Puni Kōkiri provided the following feedback:

- supported the Government's vision for *Māori health* being outcomes-driven
- supported shifting decision-making around resources closer to homes and communities
- supported the three priority areas relating to health services
- noted the alignment with their work on improving Māori health outcomes through investment, strengthening community-led solutions and iwi-led partnerships
- broaden the discussion on workforce to include 'a well-supported' health *workforce*, in addition to being skilled and culturally capable
- state that the GPS was informed by *Te Tiriti o Waitangi* as it aligns with the Pae Ora Act
- supported the shift to *determinants* and encouraged to look at health from a social, mental, physical and environmental lens (Whare Tapa Whā model)
- strengthen the priority on *access* to ensure improved visibility and health literacy for people with the highest health needs who may not be able to self-identify their needs or know what resources are available
- highlight cross-agency collaboration and whānau-centred approaches
- supported the *quality* chapter
- align the objective on digital technology across the *access* and the *infrastructure* chapters
- further engage on the *measures* work.

Department of Corrections

Department of Corrections provided the following feedback:

- more focus on *mental health/addictions*
- include health/mental health care delivery in a prison/custodial context
- include targets and measures for forensic mental health delivery.

Ministry of Justice

Ministry of Justice provided the following feedback:

- supported the draft GPS
- strengthen the crown's obligation to Māori as a *Te Tiriti partner*
- extend the *priority population* to include other groups, such as women, children, elderly, gender and sex minorities, and people with diverse sexualities
- include obligations to international human rights, in addition to referencing New Zealand's obligation to the United Nations Sustainable Development Goals and the World Health Organisation's Global Action Plan
- noted arrangements for better data sharing and information would need to comply with the Privacy Act 2020 and the Information Privacy Principles.

Tertiary Education Commission

The Tertiary Education Commission provided the following feedback:

- being specific on the language, *role* and remit health has in setting objectives and expectations for "Improve training pathways" and education for the *health workforce*
- objectives and expectations for the tertiary sector could be framed as working in partnership with the tertiary sector on achieving them.

PROACTIVELY RELEASED