

Briefing

Establishing milestones, baselines and definitions for health targets

Date due to MO: 15 April 2024	Action required by: 18 April 2024
Security level: IN CONFIDENCE	Health Report number: H2024038842
To: Hon Dr Shane Reti, Minister of Health	
Consulted: Health New Zealand: <input checked="" 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 Withdrawn | |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:

Establishing milestones, baselines and definitions for health targets

Security level: IN CONFIDENCE **Date:** 15 April 2024

To: Hon Dr Shane Reti, Minister of Health

Purpose of report

1. This briefing seeks your approval of performance milestones for the five health targets to be included in the Government Policy Statement 2024-2027 (GPS). It also seeks confirmation of the baseline period to be used for targets and provides you with information on the technical definitions for each of the targets.

Summary

2. The Coalition Government's five health targets were announced on 8 March 2024, and the all-of-Government target suite on 8 April 2024. Manatū Hauora | Ministry of Health (the Ministry), Health New Zealand | Te Whatu Ora (Health NZ) and other health entities are now working through the steps required to put the targets programme in place by 1 July 2024.
3. This briefing proposes three years of performance milestones for each of the targets that will be included in the GPS due to go to Cabinet in late May 2024.
4. The proposed milestones have been derived from conversations to date between you and the Ministry and Health NZ, and your earlier decision on the immunisation target (H2023033918 refers).
5. The proposed milestones are intended to balance achievability and ambition in the context of anticipated investment at Budget 2024, and to demonstrate tangible improvement towards the longer-term targets. However, they do not provide a clear trajectory towards achievement of all targets by 2030 in all cases. This may be noted and challenged; but we believe is defensible and is an inherent risk in setting aspirational targets.
6. **Appendix 1** provides definitions for each of the health targets that can be published publicly to support transparency.

Recommendations

We recommend you:

- a) **Note** Health NZ and the Ministry have worked with you on setting health targets and annual performance improvement expectations that balance ambition and achievability
- b) **Agree** the health target milestones and areas of additional focus for 2024/25, and the milestones for 2025/26 and 2026/27 to be included in the Government Policy Statement 2024-2027

Target	Milestone 2024/25	Performance focus for 2024/25	Milestone 2025/26	Milestone 2026/27	
95% of children are fully immunised at 24 months of age	84%	Implementing strategies that target groups with the lowest rates	87%	90%	Yes/No
90% of patients to receive cancer management within 31 days of the decision to treat	86%	Addressing variation in performance	87%	88%	Yes/No
95% of patients to be admitted, discharged or transferred from an emergency department within 6 hours	71%	Stabilise performance and identify opportunities to improve hospital flow, primary care, acute care and discharge	73%	75%	Yes/No
95% of patients wait less than 4 months for a first specialist assessment (FSA)	65%	Introduce a maximum wait time, starting at 15 months in year 1, reducing 1 month each year	66%	67%	Yes/No
95% of patients wait less than 4 months for elective treatment	62%	Introduce a maximum wait time, starting 12 months in year 1, reducing 1 month each year	63%	64%	Yes/No

- c) **Note** that in 2023 you agreed immunisation milestones for the coming three years. These have been amended to reflect movements during the development of targets, and proposed new milestones are provided above.
- d) **Agree** where milestones for a year have already been met at the beginning of a year, a percentage increase on current performance will be expected instead **Yes/No**
- e) **Confirm** quarter 4 2023/24 results will be used as the baseline performance for progress reporting on health targets. The first progress report will cover the period of quarter 1 2024/25. **Yes/No**
- f) **Note** the proposed milestones do not provide a clear trajectory towards achievement of all targets by 2030, in particular for the waiting time targets that are also included in the all-of-Government suite of targets

- g) **Note** that cross-entity working arrangements are being established to ensure process steps are completed that will ensure a successful launch of the health targets programme on 1 July 2024
- h) **Note** the Ministry recommends you discuss with Health NZ how the entity plans to develop and bring clinical leadership into the targets programme
- i) **Note** the appended technical definitions for the health targets to be publicly published for transparency.



Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora
Date: 15 April 2024

Hon Dr Shane Reti
Minister of Health
Date:

Establishing milestones, baselines and definitions for health targets

Background

1. You announced the Coalition Government's five health targets on 8 March 2024. The Ministry, Health NZ and other health entities are now working through the steps required to put the health targets programme in place by 1 July 2024.
2. Two of the five health targets (shorter stays in emergency departments and shorter wait times for elective treatment) are also included in the suite of Government Targets with a focus on delivery by 2030.
3. This briefing asks for your decision on the performance milestones to be put in place for each of the targets for the next three years. These milestones will be included in the GPS which is due to go to Cabinet in late May 2024.
4. The milestones will also be reflected in Health NZ's accountability documents and the implementation plans to be finalised alongside the costed NZ Health Plan (NZHP).
5. Separate advice is being provided to Minister Doocey on the definitions and milestones for the proposed mental health and addictions targets. These milestones will also be included in the GPS and NZHP.

Performance milestones for health targets

6. You have received advice from Health NZ and the Ministry over previous months on setting health targets and year-on-year performance improvement expectations that balance ambition and achievability.
7. The section below summarises conversations with you and entities to date on achievable milestones for performance improvement to June 2027.
8. The emphasis across all health target areas is to stabilise performance in the first instance, and then move to incremental improvements. In addition to baseline funding, achievement of the proposed milestones will also require reasonable reprioritisation and savings across Health NZ, and cost and volume increases provided through Budget 2024.
9. As the emphasis of proposed milestones is on achievability, milestones discussed to date and included in this briefing may be challenged as not reflecting sufficient ambition. For the wait time targets in particular, the public's experience of these service areas is unlikely to change significantly, even if milestones are achieved. Moreover, the performance improvement trajectory provided by the proposed three-year milestones for these will not enable the targets to be reached by 2030 if continued at that rate.
10. Additional areas of focus for performance improvement can be specified for each target, alongside milestones, to contribute to a broader view of performance improvement and provide additional options for communicating good news to the public.
11. The Ministry recommends performance milestones be considered the minimum improvement expected each year.

Three-year milestones

12. Proposed milestones and performance improvement areas for the first 3 years are outlined for the 5 targets below. For each target, a minimum percentage performance expectation at the end of the final quarter of each year has been proposed. If, at the beginning of a year, the end of year performance expectation has already been exceeded, a minimum percentage increase could instead be expected to ensure ongoing improvement.

Improved immunisation: 95% of children are fully immunised at 24 months of age

Current performance	Proposed milestone: the milestone specified below, or 3 percentage point increase on the prior year end, whichever is higher		
December 2023	2024/25	2025/26	2026/27
81%	84%	87%	90%
2024/25 performance improvement focus:	Implementing strategies that target groups with the lowest rates.		

Note: 81% is the current performance result using an interim methodology combining information from the AIR dataset and the National Immunisation Register (NIR). You previously agreed to a 5% annual increase each year (H2023033918 refers). The current rollout of the Aotearoa Immunisation Register (AIR), and associated improvement in data accuracy will lead to an initial drop in reported rates of coverage (due to an increased denominator) of around 3 percentage points. This change, shifted budget parameters and establishment of other key target focus areas and 2030 timeframes, has led to amended milestone proposals for immunisation.

Faster cancer treatment: 90% of patients to receive cancer management within 31 days of the decision to treat

Current performance	Proposed milestone: the milestone specified below, or 2 percentage point increase on the prior year end, whichever is higher		
December 2023	2024/25	2025/26	2026/27
85.2%	86%	87%	88%
2024/25 performance improvement focus:	Addressing variation in performance around the country		

Shorter stays in emergency departments: 95% of patients to be admitted, discharged or transferred from an emergency department within 6 hours (Government Target)

Current performance	Proposed milestone: the milestone specified below, or 2 percentage point increase on the prior year end, whichever is higher		
December 2023	2024/25	2025/26	2026/27
69.9%	71%	73%	75%
2024/25 performance improvement focus:	Stabilising performance in this area by identifying and managing outlier EDs and identifying opportunities to improve hospital flow and the key issues to be addressed across primary care, acute care and discharge support for older patients.		

Note: data for this measure is sourced from the National Non-Admitted Patient Collection and is a dynamic data source, therefore the result shown may change in future as late data is submitted.

Planned care – shorter wait times for first specialist assessment: 95% of patients wait less than 4 months for a first specialist assessment (FSA) (Government Target)

Current performance	Proposed milestone: the milestone specified below, or 1 percentage point increase on the prior year end, whichever is higher		
December 2023	2024/25	2025/26	2026/27
63.5%	65%	66%	67%
2024/25 performance improvement focus:	Introduce a maximum wait time, starting at 15 months in year 1, reducing 1 month each year.		

Planned care – shorter wait times for elective treatment: 95% of patients wait less than 4 months for elective treatment

Current performance	Proposed milestone: the milestone specified below, or 1 percentage point increase on the prior year end, whichever is higher		
December 2023	2024/25	2025/26	2026/27
60.3%	62%	63%	64%
2024/25 performance improvement focus:	Introduce a maximum wait time, starting 12 months in year 1, reducing 1 month each year.		

Note data for this measure is sourced from the National Booking Reporting System and is a dynamic data source, therefore the result shown may differ from other publications as late data is submitted.

13. In Health NZ's conversations with you, you indicated an interest in addressing the planned care targets (FSA and elective treatment) by setting a maximum wait time for each, with this wait time reducing by a month each year. The Ministry has modelled what this approach would translate to in terms of patients waiting less than 4 months. The proposed milestones have used this modelling to produce milestones in a format that aligns with the announced targets. The maximum wait times have been included as performance improvement foci.
14. Health NZ has indicated previously that additional baselined funding will be required to deliver additional volumes covered by the planned care wait time targets. Health NZ are being asked to both implement a sinking lid approach and increase activity to reduce those waiting more than 4 months. In both instances there will be impacts from this; these targets will be challenging to achieve over the next 6 years given the level of current performance, and focussing delivery in any one area will create an ensuing impact in others eg increasing first specialist assessments will consequently result in more elective treatments required.

Baseline for target monitoring and reporting

15. You indicated to Cabinet (100-24-MIN-0015 refers) that the baseline performance for health targets will be as at 30 June 2024. To align with this expectation, officials will establish a reporting cycle that utilises the quarter 4 2023/24 results as the baseline period for progress reporting. The first progress report will cover the period of quarter 1 2024/25 as outlined in Health NZ's report to you.
16. It is likely that some people will compare ongoing progress against targets with results published by Health NZ for the quarter ending September 2023. However, it should be noted that results for some target areas, such as childhood immunisation, may not be

comparable based on updated data definitions and different datasets being used for reporting for the health targets programme compared with historical reporting.

Data definitions and sources

17. As part of the establishment of the programme we are also co-ordinating a process to ensure data definitions are concise and consistent across health entities. This work is still underway, and must continue to ensure alignment in various areas including to support development of agreed public reporting timeframes and parameters. Our intention is for these definitions to be made publicly available to ensure accountability and transparency of public reporting once they are finalised. Draft versions of these documents are attached as **Appendix 1**.
18. There are several sources of information for some of the targets (for example, operational data and results taken from official National Collections). The intention is to use official National Collections data for public reporting of the targets in line with best practice. We note that Health NZ will still provide you with operational updates, as requested, outside this process. Work is underway to ensure that National Collections data accurately reflects local performance, which may change results slightly over time as coding is completed and updated.

Equity

19. Health target implementation will need to ensure equitable improvements in the target areas for all population groups and geographical areas. Most of the targets have national data that can be disaggregated appropriately, and Health NZ plans to report progress using such breakdowns. Some data needs improving to enable this such as waiting times data for FSAs.

Next steps

20. The Ministry is establishing cross entity working arrangements to ensure processes being undertaken to deliver the target programme from 1 July 2024 are aligned and completed in a timely way. Working arrangements will include Health NZ, the Health Quality and Safety Commission, the Cancer Control Agency and the Ministry.
21. Amongst other things, cross entity work will ensure development of:
 - a. a suite of balancing and supporting measures, developed with clinical input, to monitor for any unintended consequences or gaming and provide contextual information to support analysis of progress.
 - b. a quality assurance process to validate data from source to publication, with an identified process in place for escalating and resolving issues.
22. Letters of Expectations for health entities have been drafted for you which identify the implementation of health targets as a priority. The annual milestones you agree through this briefing will be included in the final GPS being prepared for you by 12 April 2024.
23. Effective clinical leadership of the health targets programme is expected to be fundamental to the programme's success. The Ministry recommends you discuss with Health NZ how the entity plans to develop and bring clinical leadership into the targets programme.

ENDS.

Appendix 1: Draft public facing Health Target definitions

Improved immunisation: 95% of children are fully immunised at 24 months of age

Note: The definition below remains draft. We are working with Health NZ to align this definition with the new Aotearoa Immunisation Register technical documentation.

Info	Description
Measure Description	The proportion of children fully immunised at 24 months of age
Target	95% of children fully immunised at 24 months of age
Data source	Aotearoa Immunisation Register (AIR)
Inclusions	TBC
Exclusions	Excluding meningococcal B, Rotavirus and Varicella The denominator excludes individuals who are resident in New Zealand, but are not in AIR
Numerator	Total number of children in AIR who have received all immunisations in the immunisation schedule (excluding meningococcal B, Rotavirus and Varicella) on or before turning 24 months of age in the reporting period.
Denominator	Number of children enrolled on the AIR who have turned 24 months of age during the reporting period. This denominator includes: <ul style="list-style-type: none"> • individuals who have opted off, or have declined at least one immunisation • individuals for whom vaccination is not clinically indicated ie, those who have permanent medical contraindications to a vaccine or have pre-existing immunity to a disease • individuals who are resident in New Zealand who have received an overseas immunisation that has been registered on the AIR. This denominator excludes individuals who are resident in New Zealand but are not in the AIR.
Calculation	Numerator divided by denominator
Disaggregations	Prioritised ethnicity as appropriate based on cohort District (local area aligned with the former district health board boundaries) Region (the 4 Health NZ regions)
Data finalised for review purposes	AIR business rules yet to be confirmed. Final results are currently expected to be available approximately 6 weeks after the quarter ends.
Data period	Each quarterly report will report the 3-month period of the quarter. Financial year quarters: <ul style="list-style-type: none"> • 1 – 1 July – 30 September • 2 – 1 October – 31 December • 3 – 1 January – 30 March • 4 – 1 April – 30 June

Faster cancer treatment: 90% of patients to receive cancer management within 31 days of the decision to treat

Info	Description
Measure Description	The percentage of eligible cancer patients who receive their first treatment within 31 days of a decision to treat by a health professional. The days are counted from the decision to treat date to the delivery of their first treatment.
Target	90% of patients to receive cancer management within 31 days of the decision to treat
Data source	Faster Cancer Treatment (FCT) database
Inclusions	All patients who receive their first cancer treatment, irrespective of how the cancer was detected and they were initially referred.
Exclusions	Exclusions are patients who: <ul style="list-style-type: none"> • Have a treatment pathway that begins outside the New Zealand health system • Have a recurrent cancer (irrespective of the time frame of recurrence) • Have metastatic cancer and the patient's primary cancer has already been included in FCT reporting
Numerator	Number of patients who receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat
Denominator	Number of patients that satisfy the inclusion criteria
Calculations	Numerator divided by denominator
Disaggregations	Prioritised ethnicity as appropriate based on cohort District (local area aligned with the former district health board boundaries) Region (the 4 Health NZ regions)
Data finalised for review purposes	FCT Business Rules state all data must be submitted on or before the 20th of each month, following the month being reported. A second and final report can be run 2 weeks following the above.
Data period	Each quarterly report will report a 3-month period i.e., the 3 months that fall in the quarter. Financial year quarters: <ul style="list-style-type: none"> • 1 – 1 July – 30 September • 2 – 1 October – 31 December • 3 – 1 January – 30 March • 4 – 1 April – 30 June

Shorter stays in emergency departments: 95% of patients to be admitted, discharged or transferred from an emergency department within 6 hours

Info	Description
Measure Description	The percentage of emergency department (ED) patients who are admitted, discharged, or transferred from an ED within 6 hours
Target	95% of patients to be admitted, discharged or transferred from an emergency department within 6 hours.
Data source	National Non-Admitted Patient Collection (NNPAC)
Inclusions	ED events where the event is attended, at a Health NZ facility. Facilities are of level 3 and above, where all emergencies can be managed and support services are available 24 hours, and those agreed level 2 facilities.
Exclusions	People who presented to ED in error as well as those who did not wait to be seen. GP referrals that are assessed at the ED triage desk but are then directed to an Admission and Planning Unit, or similar unit, without further ED intervention. People who present to the ED for pre-arranged outpatient-style treatment. Excludes level 2 facilities that are after hour clinics (Clutha Health First, Gore Health Limited) Excludes events where date and time of presentation or date and time of departure is missing or invalid.
Numerator	Distinct count of ED attendances where minutes between date and time of presentation, to date and time of departure is less than 360 minutes (6 hours)
Denominator	Distinct count of all ED attendances
Disaggregations	Prioritised ethnicity as appropriate based on cohort District (local area aligned with the former district health board boundaries) Region (the 4 Health NZ regions)
Data finalised for review purposes	The Operational Policy Schedule 2023-24 states organisations “provide data to the national non-admitted patient collection (NNPAC), within 20 days of the end of the month in which the service delivery occurred, for all mandatory reporting purchase unit codes to NNPAC.” A second and final report can be run 2 weeks following the above.
Calculations	Numerator divided by denominator
Data period	Each quarterly report will report a 3-month period i.e., the 3 months that fall in the quarter. Financial year quarters: <ul style="list-style-type: none"> • 1 – 1 July – 30 September • 2 – 1 October – 31 December • 3 – 1 January – 30 March • 4 – 1 April – 30 June

Planned care – shorter wait times for first specialist assessment: 95% of patients wait less than 4 months for a first specialist assessment (FSA)

Info	Description
Measure Description	The percentage of patients waiting less than 4 months for a first specialist assessment (FSA)
Target	95% of patients wait less than 4 months for a first specialist assessment
Data source	National Booking Reporting System (NBRS)* Outpatient Template <i>*The Ministry of Health and Health NZ are discussing the possibility of using the Rapid National Dataset for reporting FSA wait times. A final decision will be made ahead of the implementation of the Health Target.</i>
Inclusions	Referrals that have been accepted for publicly funded care and are waiting for a first specialist assessment
Exclusions	Dental and Audiology specialties are excluded.
Numerator	Number of patients waiting less than 4 calendar months from the date of referral for an FSA
Denominator	Total number of patients waiting at the end of the month for an FSA
Disaggregations	District (local area aligned with the former district health board boundaries) Region (the 4 Health NZ regions)
Data finalised for review purposes	The Outpatient template guidance states that the return is required no later than the 20th of the month.
Calculations	Numerator divided by denominator
Data period	As at the end of the last month of the quarter

Planned care – shorter wait times for elective treatment: 95% of patients wait less than 4 months for elective treatment

Info	Description
Measure Description	The percentage of patients waiting less than 4 months for elective treatment
Target	95% of patients wait less than 4 months for elective treatment
Data source	National Booking Reporting System (NBRS)
Inclusions	Patients waiting for publicly funded treatment, where the patient is assured for treatment and booked for a 'normal' procedure. Assured status includes 'booked', 'given certainty', 'rebooked' and 'deferred'. The definition of a 'normal' procedure is outlined in the NBRS data dictionary and guidance documents.
Exclusions	Privately funded treatments are excluded. Procedures with 'planned', 'staged' or 'surveillance' flags are excluded from the calculations. Detailed explanations of these flags are included in the NBRS data dictionary.
Numerator	Number of patients waiting less than 4 months (121 days) for elective treatment.
Denominator	Total number of patients waiting for elective treatment with an Assured status
Disaggregations	Prioritised ethnicity as appropriate based on cohort District (local area aligned with the former district health board boundaries) Region (the 4 Health NZ regions)
Data finalised for review purposes	The Operational Policy Schedule 2023-24 states data for NBRS must be submitted within 28 days of a priority assessment or change. A second and final report can be run 2 weeks following the above.
Calculations	Numerator divided by denominator
Data period	As at the end of the last month of the quarter