

Briefing

Setting the direction for primary and community healthcare

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To:	Hon Dr Shane Reti, Minister of 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 Withdrawn	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:		

Setting the direction for primary and community healthcare

Security level: IN CONFIDENCE **Date:** 30 April 2024

To: Hon Dr Shane Reti, Minister of Health

Purpose of report

1. This briefing provides you with advice on setting outcomes for the primary and community healthcare sector over the next ten years, along with short and medium term objectives and expectations that complement those in the Government Policy Statement on Health 2024-2027 (GPS) that can be monitored through the health system monitoring framework.
2. This is the first paper in a series of policy advice [H2024036142 refers] that will be provided over the next six months on primary and community healthcare. See **Appendix 1** for the advice timetable.

Summary

3. Primary and community healthcare is an integral part of the health system to keep people well in their communities. The current system settings are not enabling primary and community healthcare to deliver equitable access to comprehensive prevention-focused care.
4. Extensive engagement with and evidence from communities, for example via the Pae Ora Strategies and the *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*, show that significant changes are needed to enable the delivery of primary and community healthcare that is designed and delivered to provide meaningful choice and meet diverse needs in local communities across New Zealand.
5. The Pae Ora Strategies set the 10-year direction for the health system, and through the GPS you will set the three-year priorities for action. The GPS and the health system monitoring framework provides you with the means to monitor progress and target investment across the system.
6. In order to give greater priority to and clearer direction for the changes you expect to see in primary and community healthcare over the short and medium term, you have agreed to add to and strengthen the GPS objectives and expectations regarding primary and community healthcare [H2024039100 refers]. In this advice, we are proposing that additional objectives and expectations for primary and community healthcare be included in the health system monitoring framework.
7. If you agree to the proposed objectives and expectations, we will provide you with advice on how to monitor them through your advice on the health system monitoring framework.

Recommendations

We recommend you:

- a) **Note** that you have agreed to the following additions on primary and community healthcare in the GPS:
- an added expectation under Objective 2.2 (Faster access to primary and community health care services): 'Diversify people's entry points into the primary and community healthcare system, to ease acute wait time'
 - where relevant, in other expectations, explicitly noting the role of primary and community healthcare, including in supporting prevention, aged care, and managing demands on emergency care.
 - the expectations on models of care where relevant, has been changed to note that they will start to be rolled out within three years, given the scale of work to deliver new models of care.
- b) **Note** that there is an opportunity to drive change to the care delivered in the primary and community healthcare system by setting longer-term outcomes supported by a set of short and medium term objectives and expectations.
- c) **Agree** to:
- set outcomes for what people can expect from primary and community healthcare, that can be achieved over a 10-year timeframe: **Yes/No**
 - People have access to quality comprehensive primary and community healthcare, when, how, and where they need it.
 - People are informed and have what they need to manage and optimise their own health and wellbeing and lead the lives they want.
 - set additional short and medium term objectives and expectations for primary and community healthcare within the health system monitoring framework **Yes/No**
 - create a set of measures focused on the desired system changes for inclusion in the health system monitoring framework **Yes/No**



Maree Roberts

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Rautaki**

Date: 30 April 2024

Hon Dr Shane Reti

Minister of Health

Date:

Setting the direction for primary and community healthcare

Background

8. Primary and community healthcare is an integral part of the health system to keep people well in the communities in which they live. Currently, the sector and the health system as a whole are facing considerable pressure to deliver accessible care and respond effectively to the needs of our population.
9. While aspects of current primary and community healthcare work well for some people, evidence shows that it fails to provide services in ways that work for many people in New Zealand. Groups, including Māori, Pacific peoples, disabled people, women, and people living rurally have been identified as priority populations under the Pae Ora (Healthy Futures) Act 2022. We also know that a range of people experience inequities in access and health outcomes and that issues, such as the financial costs and location of services, cut across population groups and are major barriers to accessing timely care [H202303867 refers].
10. Demographic change, patterns of disease, workforce trends and constraints, and consumer expectations are also driving cost pressures, and challenge the sector's ability to deliver care in a financially sustainable way [H202303867 refers].

Strategic context

Long-term strategic direction

11. The Pae Ora Strategies, including the New Zealand Health Strategy (NZHS) and Pae Tū: Hauora Māori Strategy (Pae Tū), set the 10-year timeframe for changes in the health system. Whakamaua: Māori Health Action Plan 2020-2025 (Whakamaua) implements He Korowai Oranga, New Zealand's Māori Health Strategy, while Pae Tū is an interim version of He Korowai Oranaga. The Strategies' timeframe recognises that fundamental changes are required to create a resilient and sustainable system that improves the health of individuals and the population, and which makes the best use of resources to manage demand and affordability.
12. The importance of primary and community healthcare is a theme across all the Pae Ora Strategies. The NZHS and Pae Tū together set the direction and ambition for more accessible, adaptable, and flexible primary and community healthcare which can provide more prevention focussed care within communities.
13. As the system develops it is crucial that health services should be designed and delivered to meet a broad range of needs and cultural expectations, with a focus on overall health and valuing physical and mental health equally. We expect that new models of care will deliver integrated services and support that can respond holistically to people's needs.
14. To help achieve these changes there are opportunities to build on the evidence and invest in what works already in parts of the sector. This includes learning from Māori providers who, despite resource constraints, are providing comprehensive and integrated care tailored to the needs of communities.

15. A core priority in the Strategies, and key outcome in Whakamaua¹ is that individuals, whānau, and communities should have greater control and influence over decisions about their health, the design and delivery of their health services, and embedding their voices in system planning and reporting on health care.

Priorities for the next three years

16. The GPS Health sets out the Government's priorities and objectives for the publicly funded health sector, from July 2024 to June 2027, with a focus on delivering timely access to quality healthcare. Work towards achieving this priority will be guided by the need to build a financially resilient and sustainable system that aims to achieve equity in health outcomes, including improving outcomes for people with the highest needs such as Māori, Pacific peoples, disabled people, women, and those living in rural areas, as well as for other groups including ethnic communities, children and young people in State care, and rainbow populations.
17. The GPS and health system monitoring framework will enable you to see progress against the priorities of access, timeliness, quality, workforce, and infrastructure. In this briefing we are proposing additional objectives in the health system monitoring framework to drive the changes required in primary and community healthcare.

Delivering primary and community healthcare that protects, promotes, and improves people's health and wellbeing

18. There is widespread support from communities and the health sector for setting a new direction for primary and community healthcare. Creating a sector which can deliver care centred on people's needs and particularly the needs of those currently underserved by the system, will protect, promote, and improve health and wellbeing. The emphasis on prevention will more effectively and efficiently address the main causes of, and risk factors for, poor health, as well as ensuring that the system as a whole can handle emerging challenges and work with other sectors to provide people with appropriate support.
19. In the context of shifting to a more decentralised system with a focus on achieving better health outcomes through community designed delivery, it is also important that the sector has a clear direction and outcomes that capture public expectations for health services to drive the agenda for change.
20. Considerable work has shown what people want from the sector, including the engagement informing the Pae Ora Strategies in 2023. Key priorities identified through this engagement are:
- access to high quality healthcare of people's choice
 - care that is designed for local needs and which is individual and whānau-centred and delivered faster and in convenient local settings
 - care that enables people to take charge of their own health and wellbeing and to address the wider determinants of health through multi-sectoral action
 - care that actively addresses Māori health inequities and aspirations.

¹ Outcome 1: Iwi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.

21. Drawing on the direction and ambitions of the NZHS, Pae Tū, Whakamaua and the GPS priorities, we propose the following 10-year outcomes for primary and community healthcare. The outcomes are people-focused and set out what consumers can expect from the system.
 - i. People have access to quality comprehensive primary and community healthcare, when, how, and where they need it.
 - ii. People are informed and have what they need to manage and optimise their own health and wellbeing and lead the lives they want.
22. People should have the best possible experience of health services and the system. The outcomes reflect that people should be able to access a comprehensive range of care and support based on models that are tailored to their needs, delivered closer to home, and that they have agency and control over their health and wellbeing. Progress towards these outcomes will require significant leadership and involvement from communities in designing and delivering healthcare to meet their needs and aspirations.
23. The current fiscal environment places an affordability constraint on our ability to expand access. Achieving the outcomes is likely to require additional investment and trade-offs in spending as the system adapts to address unmet need, and demand increases across the system.
24. In the short term this is likely to mean that we make the best use of available resources, and where possible and optimal, reprioritise and focus the resources of primary and community healthcare and Vote Health as a whole on those in the most need, to improve performance against these outcomes. As we progress, achieving the outcomes will mean improving our understanding of people's needs and the evidence of what works to create a robust case for targeting investment effectively.

Short- and medium-term objectives for primary and community healthcare

25. This section describes the objectives and expectations that are proposed to be included in the GPS and system monitoring framework. See **Appendix 2** for the proposed framework for primary and community healthcare outcomes.
26. Achieving the outcomes above requires fundamental changes, and the shifting of resources, over the 10-years to 2034. Within this longer-term context there is an opportunity to set short and medium-term objectives that are both ambitious and achievable. This will signal to the sector the changes required to begin the shift towards focussing on delivering comprehensive and integrated care, that better supports the health and wellbeing of people in New Zealand.
27. To give greater priority to and a clear direction for the changes expected in primary and community health care in the short and medium term, you have agreed to add to and strengthen the GPS objectives and expectations regarding primary and community healthcare [H2024039100 refers]. These changes include:
 - an added expectation under Objective 2.2 (Faster access to primary and community health care services): 'Diversify people's entry points into the primary and community healthcare system, to ease acute wait time'
 - where relevant, in other expectations, explicitly noting the role of primary and community healthcare, including in supporting prevention, aged care, and managing demands on emergency care.

28. The expectations on models of care where relevant, has been changed to note that they will begin to be rolled out within three years, given the scale of work to deliver new models of care.
29. These new GPS objectives and expectations have been added to strengthen our ability to deliver integrated and seamless care, improve continuity of care (which can also be a determinant of access for some people, support people to actively manage their own health), and to ensure that individuals and communities can influence the design and delivery of their healthcare.
30. In addition to the objectives in the GPS, a wider set of objectives and expectations, monitored through the health system monitoring framework will help focus the change required in primary and community healthcare. The proposed objectives and expectations, in Table 1 below, focus on access in further detail and strengthening local leadership in designing and delivering care.

Table 1: Proposed outcomes' supporting objectives and expectations for the health system monitoring framework

Long-term outcomes	
People have access to quality comprehensive primary and community healthcare, when, how, and where they need it.	People are informed and have what they need to manage and optimise their own health and wellbeing and lead the lives they want.
Objectives	Expectations
Improve access to and choice of primary and community healthcare services, and diversify the points of entry and support through the care journey.	<p>Everyone has access to a defined range of healthcare services in the community.</p> <p>Expand the use of multiple models of care tailored to the needs of communities (such as Kaupapa Māori, community care, interprofessional and multiple encounter options, and virtual care options), particularly where there are large unenrolled or high need populations.</p> <p>Continue to improve access to data and data sharing for both consumers and local decision-makers, to inform service quality and programme development, and delivery.</p> <p>Expand and increase the efficient use of the wider community health workforce to support improved health outcomes</p>
Develop sustainable and efficient models of care to better deliver to people's needs closer to home.	<p>Improve and increase the provision of person and whānau-centred care.</p> <p>Improve the equitable delivery of and access to primary and community healthcare that reflects and meets the needs of its community.</p> <p>The commissioning and delivery of services is based on outcomes that matter to whānau now and in the future and enable innovation and flexibility to mobilise and support whānau in ways that work for them.</p>
Ensure primary and community healthcare is culturally safe, including through supported delivery of Kaupapa Māori services.	<p>Increase the delivery of culturally safe care across all providers.</p> <p>Accelerate and spread Hauora Māori models of care.</p> <p>Expand Pacific models of care.</p>
Develop funding models and subsidies to deal with the barriers to accessing primary and community healthcare.	Funding models are flexible and equitable, particularly to enable Māori innovation and delivery models.

31. When you have agreed the outcomes, objectives, and expectations we will update the communications plan to reflect the outcomes and objectives, to communicate with the sector, key stakeholders, and Health New Zealand on adjusting and prioritising actions that will deliver on the objectives and expectations for change.

Next steps

32. You will continue to receive further advice on developing the GPS and the health system monitoring framework, including potential indicators to monitor changes in primary and community healthcare.

ENDS

PROACTIVELY RELEASED

Minister's Notes

PROACTIVELY RELEASED

Appendix 1: Primary and community healthcare policy work programme timeframes

s 9(2)(f)(iv)

PROACTIVELY RELEASED

Appendix 2: Proposed framework for Primary and Community Healthcare Outcomes

