

HEALTH TARGETS

Moving towards healthier futures

2007/08 – **THE RESULTS**



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MANATŪ HAUORA

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From the Director-General of Health

I am pleased to present the results of the first year of Health Targets – 2007/08. When we launched Health Targets in August 2007, we recognised that they would capture a small part of what is necessary and important to the health of New Zealanders – the aim was to provide a greater focus for action and lift health system performance in priority health and disability areas.

The New Zealand health system has made significant progress across all 10 Health Target areas in the 2007/08 year.

- 4900 more two-year-olds were immunised, with coverage for all two-year-olds enrolled in the National Immunisation Register (NIR) at a national high of 76% – an increase of 9% in the past year.
- An additional 1800 adolescents accessed dental services.
- There has been an 8.7% increase in the number of elective discharges with almost 12,000 more electives.
- Cancer waiting times now see 97% of patients starting radiation treatment within eight weeks, and 65% of these within four weeks.
- There were 1120 fewer avoidable hospital admissions (ASH), an important marker of improved access and quality of primary health care.
- There have been 5% more free annual diabetes checks.
- There has been a 16% increase in up-to-date relapse prevention plans for mental health services clients.
- New Zealanders are eating more fruit and vegetables.
- There are now almost 36,000 Year 10 students who have never smoked and 75% of homes where children and smokers live are now smoke free indoors.
- On track to achieve the Ministry's 2009/10 spending reduction target.

All Health Targets are indicators of progress against the Government's strategies and priority policies. These strategies and policies include, but are not limited to, the Primary Health Care Strategy, Oral Health Action Plan, Cancer Control Plan, Quality Improvement Plan for Cardiovascular Disease and Diabetes, Mental Health and Addictions Strategy, Clearing the Smoke – Action Plan for Tobacco Control, Healthy Eating–Healthy Action and the Government's objectives for Elective Services.


There is always room to improve further. Work on the first year of Health Targets has identified many things we can do better – we must learn from the best performers locally and internationally and support the spread of proven service improvements to accelerate achievement of national Health Targets.



Additional analysis of Health Targets against inequality indicators will be available on the Ministry of Health website. In addition, work is ongoing to improve access for populations living with disabilities.

I especially want to acknowledge the hard work and contribution of District Health Boards (DHBs), Primary Health Organisations (PHOs) and their primary health care providers, NGOs and the many thousands of health professionals who form the wider health system team. These targets make a significant contribution to the health of New Zealanders.

I look forward to working with you on next year's Health Targets.

A handwritten signature in black ink, appearing to read 'S. McKernan', with a large, stylized 'D' above it. The signature is written over a horizontal line.

Stephen McKernan DIRECTOR-GENERAL OF HEALTH

Health Targets

HEALTH TARGET	GOAL	ACHIEVEMENT
1. Improving immunisation coverage	95% of two-year-olds are fully immunised by 2012	<ul style="list-style-type: none"> An additional 4900 two-year-olds immunised in 2007/08 – bringing total coverage to 39,973 or 76%. This is an increase of 9% since the NIR has been used as a measure.
2. Improving oral health	85% of adolescents reached by oral health services	<ul style="list-style-type: none"> An additional 1800 adolescents accessed dental services in 2007 than the previous year – 167,567 young people or 58.7% of eligible adolescents. The 2007/08 national target has been substantially met.
3. Improving elective services	<p>DHBs deliver an agreed increase in the level of elective discharges</p> <p>All DHBs maintain compliance with Elective Services Patient Flow Indicators (ESPI)</p>	<ul style="list-style-type: none"> An 11,864 increase in the number of elective discharges – an 8.7% increase against a target of 10%. Thirteen DHBs were ESPI compliant for every month of the year, and six DHBs were compliant for at least nine months of the year.
4. Reducing cancer waiting times	100% of patients wait less than 8 weeks from referral to treatment	<ul style="list-style-type: none"> In the month of June 2008, 539 people or 97% of all patients started radiation treatment within eight weeks – 65% of them within four weeks.
5. Reducing ambulatory sensitive (avoidable) hospital admissions	Lower overall avoidable admissions and reduce variation amongst DHBs and population groups	<ul style="list-style-type: none"> 1120 fewer avoidable admissions for 2007/08. This target area has 147 sub-targets, with 14 DHBs achieving 100% of individual sub-targets.
6. Improving diabetes services	More people with diabetes well managed and reduced variation amongst DHBs and population groups	<ul style="list-style-type: none"> 4066 or 5% more free annual diabetes checks than the 2007 calendar year – a total of 91,242 free annual diabetes checks.
7. Improving mental health services	Care for long-term mental health services clients is well managed	<ul style="list-style-type: none"> 1574 more clients have up-to-date relapse prevention plans or a 16% increase since first quarter 2007/08 when this started to be measured. A total of 7476 people or 76% of all clients now have up-to-date relapse prevention plans.

HEALTH TARGET	GOAL	ACHIEVEMENT
<p>8. Improving nutrition</p> <p>Increasing physical activity</p> <p>Reducing obesity</p>	More people at recommended levels of healthy eating and physical activity	<ul style="list-style-type: none"> • 65% exclusively and fully breastfed infants at six weeks, 54% at three months, and 26% at six months. • Two out of every three adults ate two or more servings of fruit each day. • Two out of every three adults ate three or more servings of vegetables each day.
9. Reducing the harm caused by tobacco	Reduce the proportion of youth who take up smoking and children exposed to tobacco smoke at home	<p>Target met and exceeded in quarter three.</p> <ul style="list-style-type: none"> • 35,474 students or 57% of all Year 10 students are ‘never smokers’ – an increase of more than 2000 young people who have never smoked even a single cigarette. • 75% of homes inhabited both by children and smokers are smokefree indoors.
10. Reducing the percentage of the health budget spent on the Ministry of Health	Increase the proportion of health budget spent on health care – reduce the Ministry’s expenditure to 1.65% by 2009/10	<ul style="list-style-type: none"> • On track to meet 2009/10 target – the spend in 2007/08 was \$210 million or 1.95% – the same as the year before when adjusted for unplanned increases.

TARGET



Improving immunisation coverage

Target indicator

- Ninety-five percent of two-year-olds are fully immunised.
- With at least a 4 to 6 percent increase on 2005 national immunisation coverage survey baselines.

Why is this target area important?

Diseases that are preventable by vaccination occur in New Zealand and have a significant effect on New Zealanders' health, particularly that of children. Immunisation is one of the most cost effective and successful preventive interventions known. It is an important component in keeping both children and adults free from preventable diseases. Immunisation is one of the core components of the Well Child Framework.

To prevent the spread of vaccine-preventable diseases in a community, a high level of immunisation is needed. The National Immunisation Register (NIR) is an important component of tracking the uptake and recall of those children (and adults) overdue for immunisation in the primary health care setting. The 2007/08 year is the first year we have used the NIR to systematically track immunisation coverage without relying on national coverage surveys that occur only periodically.

2007/08 Target achievement – on track for 2012

An additional **4900** two-year-olds were immunised in 2007/08 bringing coverage to 39,973 or **76%** of children enrolled. This compares with **67%** of two-year-olds who were fully immunised at end of Quarter 1. This is an increase of **9%** since measures using the National Immunisation Register (NIR) were introduced. The NIR provides more accurate and 'real time' information of coverage of enrolled populations.

What has helped this achievement?

Most immunisations are provided in the primary health care setting through general practice and/or in nurse-led settings. Outreach immunisation services and other health promotion activities that encourage uptake by families also play a role. Innovative immunisation interventions that have supported improvements include the following.

- A DHB 'Quality Toolkit – 10 things you can do today to improve immunisation coverage' to guide PHOs and providers.
- At Hutt Valley DHB, an immunisation co-ordinator uses coverage information to work with practices and other immunisation stakeholders to target those overdue and/or not enrolled for immunisation.
- Otago DHB has a flag on 'hard to reach' families which permit families who change address often to be kept in touch with services.
- At Auckland DHB, some PHOs have set up a range of after hours and Saturday morning clinics.
- Waikato DHB has set up opportunistic immunisation services within the hospital.

2007/08 Local immunisation coverage by District Health Board

Figure 1 shows the position of each DHB against their agreed target, the current national average, and the national goal for two-years-olds who have completed their age appropriate immunisations during the 12-month reporting period.

Figure 1: Immunisation at 2 years of age

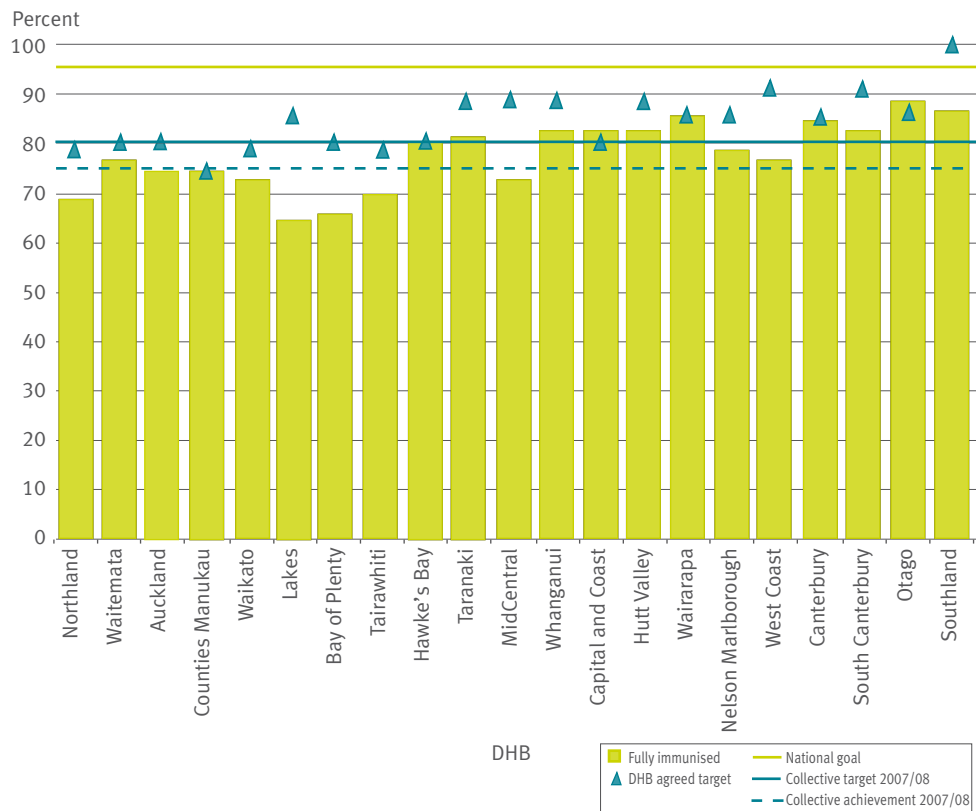
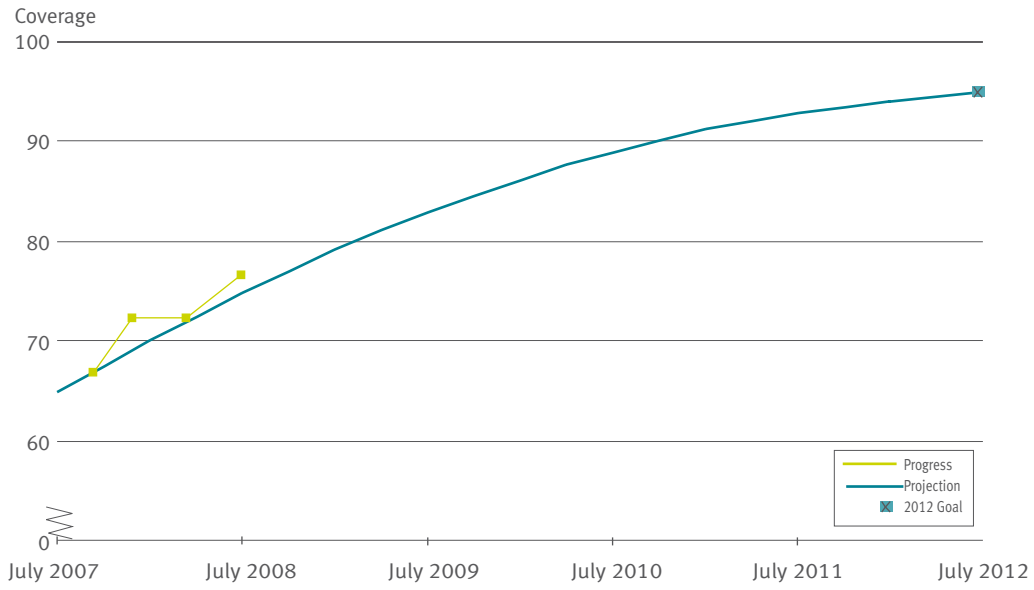


Figure 2: National immunisation coverage trend to 2012



TARGET



Improving oral health

Target indicator

Progress is made towards 85 percent adolescent oral health utilisation.

Why is this target area important?

The Government's Oral Health Action Plan promoting good oral health for the youngest and most vulnerable members of our society is one of the priorities. Research shows that improving oral health in childhood and adolescence has benefits over a lifetime. A major reconfiguration of child and adolescent oral health services is under way, and that includes the upgrade of many fixed units and the purchase of mobile units. This will ensure that the capacity to provide oral health services to children and young people is fit for future purpose.

2007/08

Target achievement – we are on the way to 85%

1800 more adolescents accessed dental services in the 2007 calendar year than in 2006. This means that **167,567** young people or **58.7%** of eligible adolescents are now enrolled in adolescent oral health services against a national Health Target of **59%**.

Information on adolescent enrolment is based on claiming information from dentists and dental therapists in the community. Hospital-based dentists also provide care for those with complex conditions, including some disabilities that cannot be provided by community-based services.

What has helped this achievement?

A concerted effort by many DHBs has seen significant increases in adolescent enrolment at local levels although expanded adolescent oral health services are still in the planning phase. A significant increase in utilisation is expected as fixed and mobile services become more widely available from 2009.

- Adolescents using dental services increased in 13 DHBs.
- Access increased in most North Island DHBs where access levels have traditionally been lower.
- Working in partnership with a private mobile dental service provider, Counties Manukau has doubled the proportion of adolescents accessing dental services over the last six years by taking services into high schools.

2007/08 Local adolescent utilisation by District Health Board

Figure 3 shows the position of each DHB against their agreed target, the 2007 national average, and the national target for 2007/08.

Figure 3: Proportion of adolescents receiving oral health services 2007, and District Health Board target 2007/08

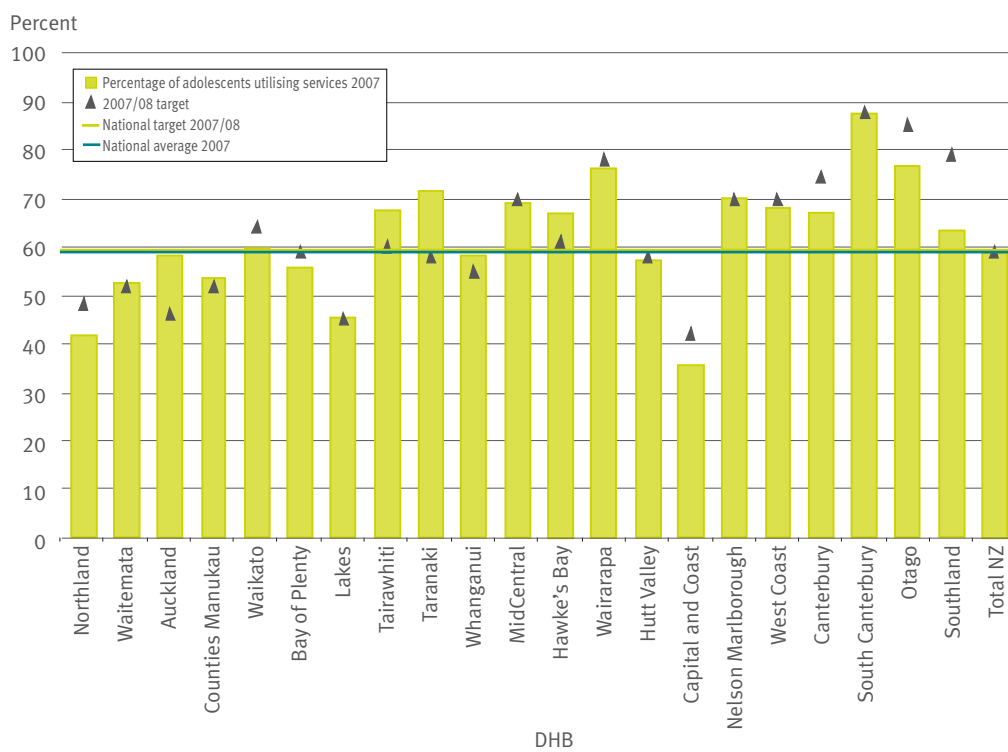
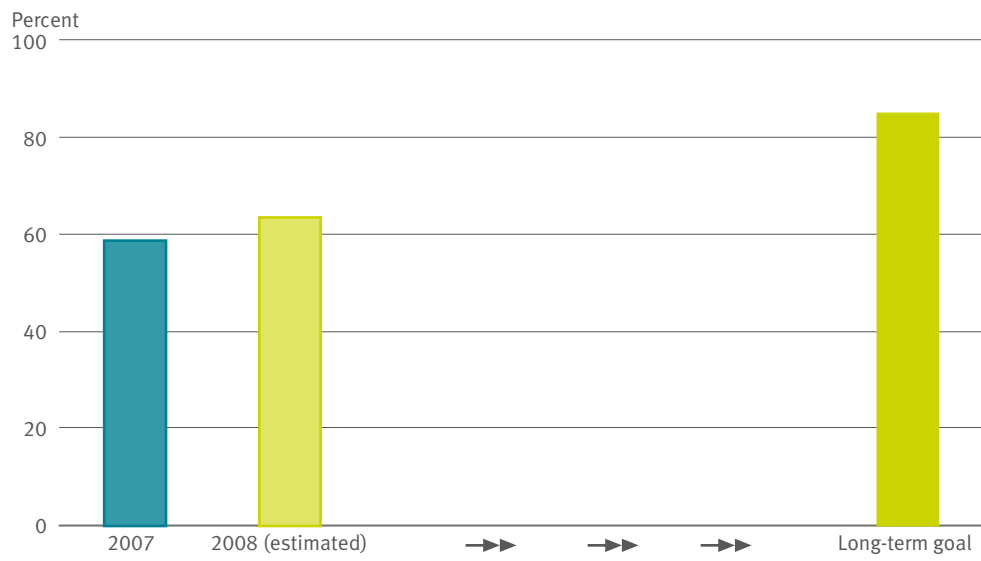


Figure 4: National oral health adolescent utilisation trend



TARGET



Improving elective services

Target indicators

- Each DHB will maintain compliance in all Elective Services Patient Flow Indicators (ESPIs).
- Each DHB will set an agreed increase in the number of elective service discharges, and will provide the level of service agreed.

Why is this target area important?

Since 1996, the health system has been implementing an electives services system that provides patients with greater certainty on whether or not they would receive medical treatment based on need and ability to benefit. In addition, elective services have been working to ensure that all patients assessed by hospital specialists are prioritised and then given a booking status. This reflects both the capacity of a DHB's services to treat patients and that patient's priority relative to others who are assessed.

2007/08

Target achievement

In 2007/08, an increase of **11,864** elective discharges was achieved. This is an **8.7%** increase against a target of 10%.

Thirteen out of 21 DHBs were ESPI compliant every month of the year. Another **six** DHBs were compliant for nine months of the year.

What has helped this achievement?

- Additional funding for elective services has been available since late 2006.
- An increased emphasis on DHBs managing patient flow processes.
- A focus on decreasing variability in intervention rates between DHBs.
- DHBs have been encouraged to develop innovative solutions to improve patient access and service delivery.
- Increased regional collaboration between DHBs to deliver additional elective services.

Discharge volumes

There was a substantial increase in elective discharges in 2007/08. The target was 10%, and an 8.7% increase was achieved, representing 11,864 additional discharges.

DHBs agree a base or minimum number of elective services to be delivered each year. Each DHB also sets a target for additional electives or discharges – this becomes the total or planned target.

Nine DHBs achieved or exceeded their planned target. A further eight DHBs exceeded their agreed base level of discharges, but only delivered some additional discharges.

Elective Services Patient Flow Indicators (ESPI)

ESPIs monitor how well patients are managed while awaiting an elective service. Thirteen DHBs achieved the ESPI target by maintaining ESPI compliance for all months of the year. Of these, eight DHBs achieved a rating of outstanding by meeting ESPI targets that exceeded the Ministry compliance threshold. Six other DHBs partially achieved the health target by maintaining ESPI compliance for nine months of the year.

Overall results

Ten DHBs have achieved the Health Target, including seven that received an outstanding rating. The Ministry Elective Services team will continue to work with all DHBs to support the achievement of sound patient flow management processes and maximise elective services delivery.

2007/08 Achievement by District Health Board

Volumes	Outstanding		Waitemata	Auckland Counties Manukau	Northland Lakes Wairarapa Nelson Marlborough South Canterbury
	Achieved		Southland		
	Partially Achieved		MidCentral		Taranaki
	Not Achieved	Waikato Whanganui	Tairāwhiti Capital & Coast West Coast	Hawke's Bay Hutt Valley Canterbury	Bay of Plenty Otago
		Not Achieved	Partially Achieved	Achieved	Outstanding
ESPIs					

Health Target Rating: ■ Outstanding ■ Achieved ■ Partially Achieved ■ Not Achieved

Figure 5: Percentage additional delivery – planned and delivered

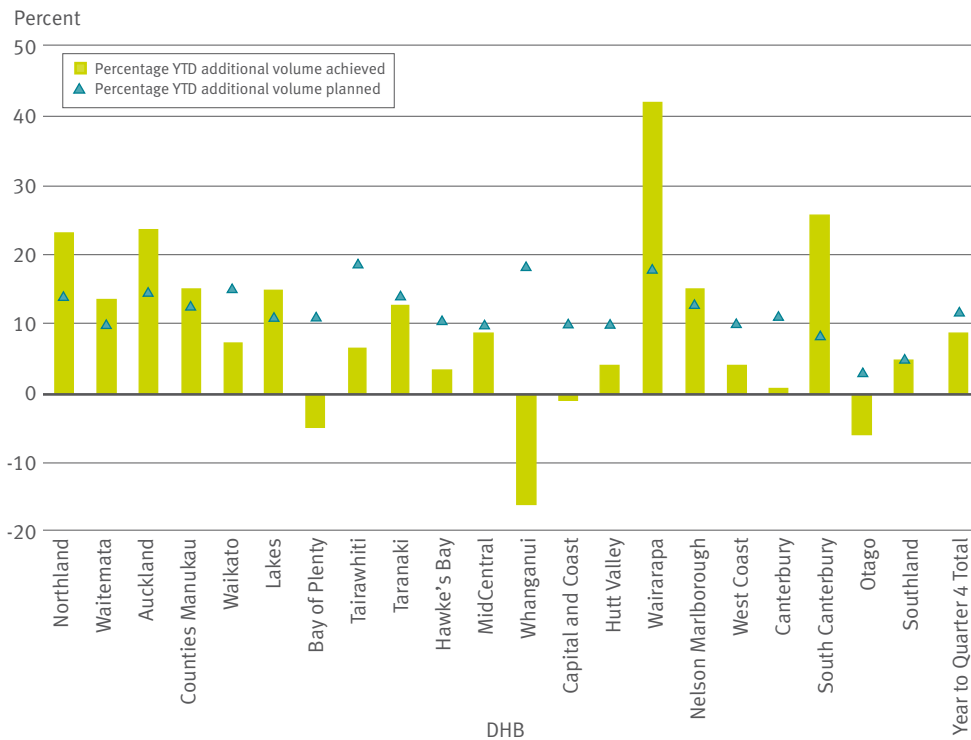
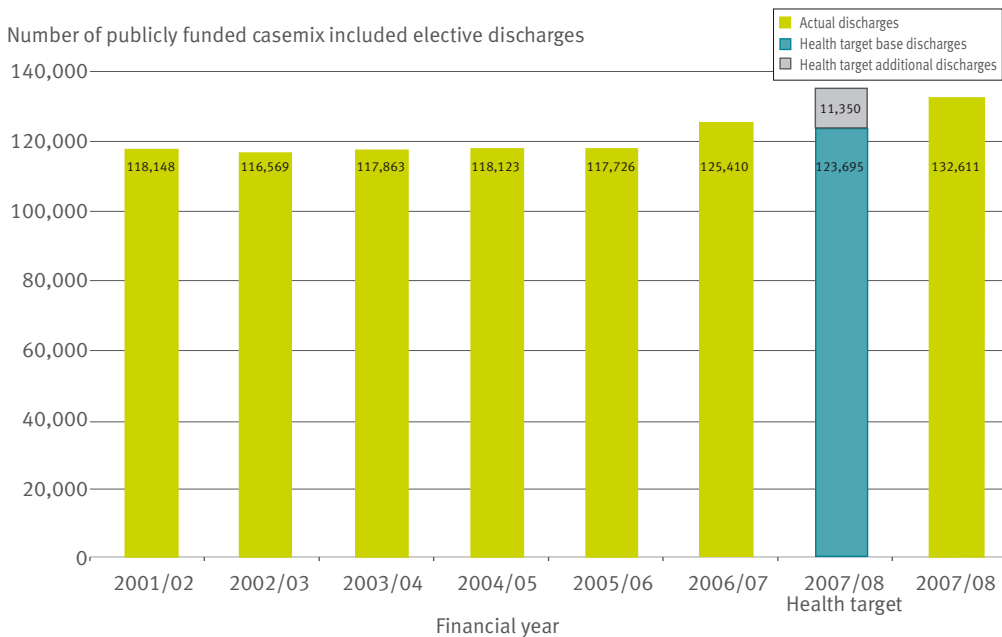


Figure 6 presents a time series for in-patient surgical elective services (including dental) and cardiology – it is a subset of the national target and represents 89% of total Health Target volumes. It excludes outpatient procedures such as endoscopy, lithotripsy and minor general surgical procedures that will not be included in future years' Health Targets.

Figure 6: National trend in elective services increase



TARGET



Reducing cancer waiting times

Target indicator

All patients in category A, B and C wait less than eight weeks between first specialist assessment and the start of radiation oncology treatment (excludes category D patients).

Why is this target area important?

Cancer is the leading cause of death and a major cause of hospitalisation. Timeliness for providing cancer treatment is important for improving outcomes and providing a better quality of life. Waiting times for radiation treatment indicate how well the cancer treatment system is working by measuring one part of the cancer patient's journey.

2007/08

Target achievement – target achieved and extended

By June 2008, 539 people or **97%** of all patients started radiation treatment within **eight** weeks – **65%** of them within **four** weeks. The new target is for all patients to be treated within **six** weeks of first assessment.

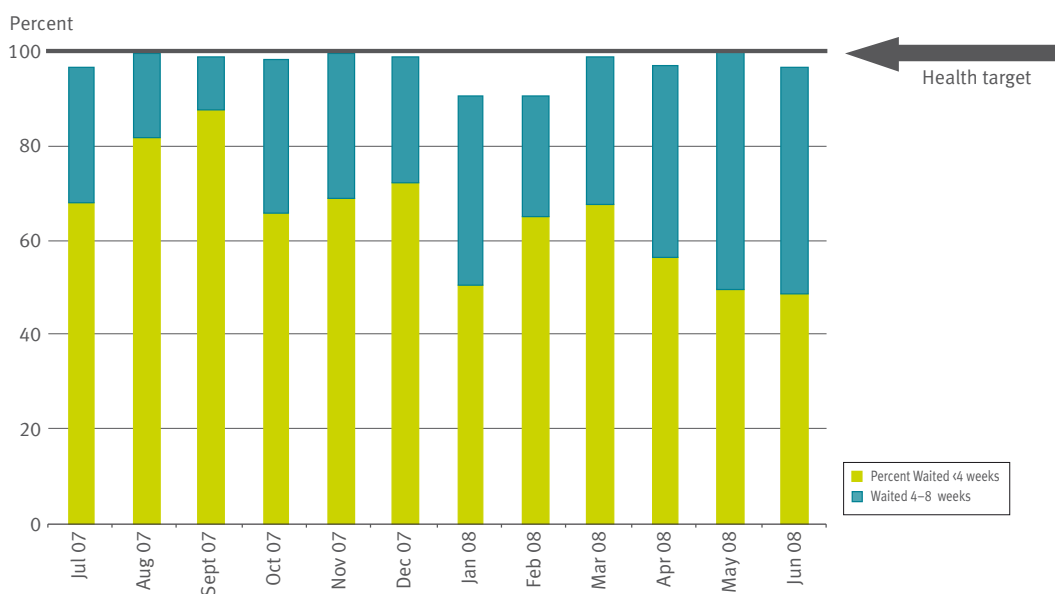
What has helped this achievement?

Improvements of radiotherapy oncology services have continued into 2008 and include the following.

- One additional and five replacement linear accelerators were installed during 2007/08.
- An increase of 50 full-time equivalents (FTEs) in the last two years in the non-surgical cancer workforce across the six centres that included establishing new graduate programmes for radiation therapists.
- The Ministry, the six cancer centre DHBs, and the Radiation Oncology Workgroup of the New Zealand Cancer Treatment Working Party have agreed a set of national key performance indicators for radiotherapy services and compare performance against these indicators to improve management of existing capacity.
- Development of two protocols, one that includes sharing the capacity between public radiation oncology centres and the other addressing the relationship with private cancer providers to improve the efficiency of the system.

2007/08 Target achievement by region

Figure 7a: Auckland region



Auckland region includes: Northland, Auckland, Counties Manukau and Waitemata DHBs

Figure 7b: Midland region

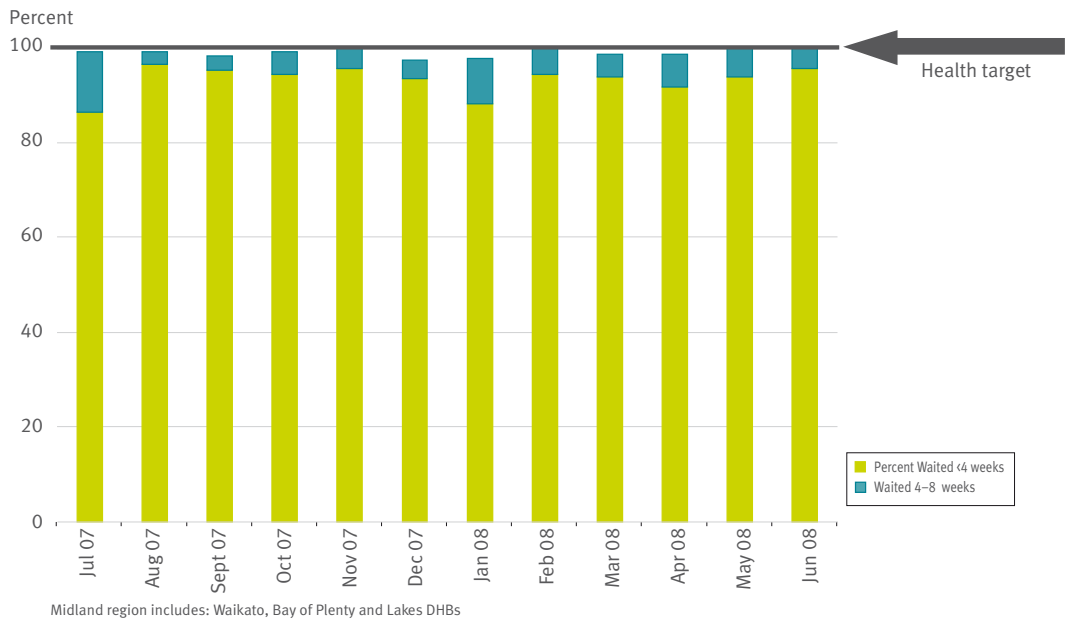


Figure 7c: Central region

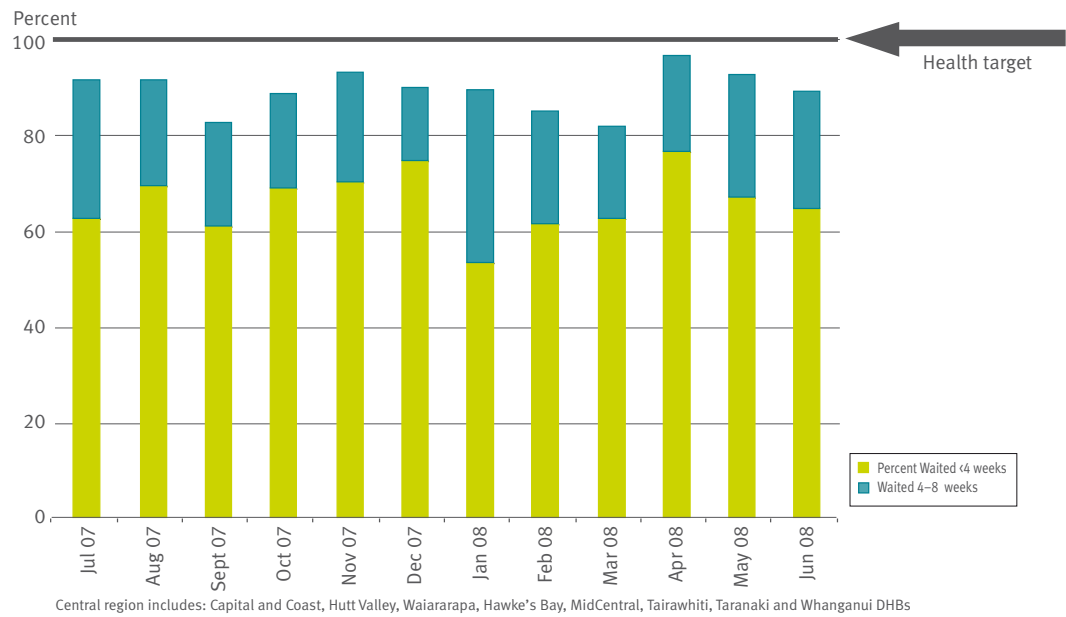


Figure 7d: Southern region

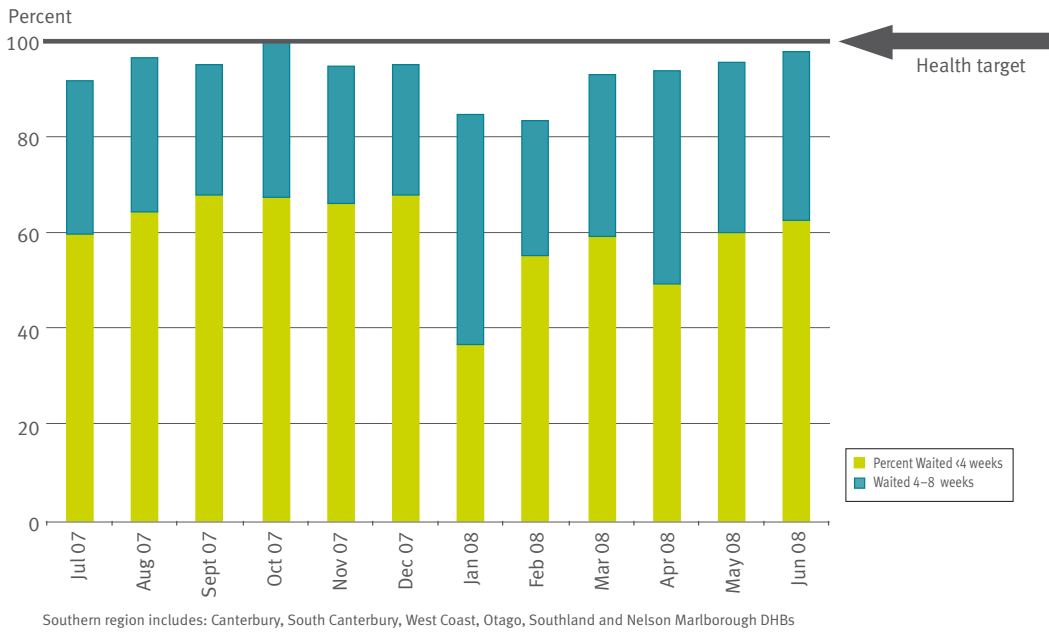
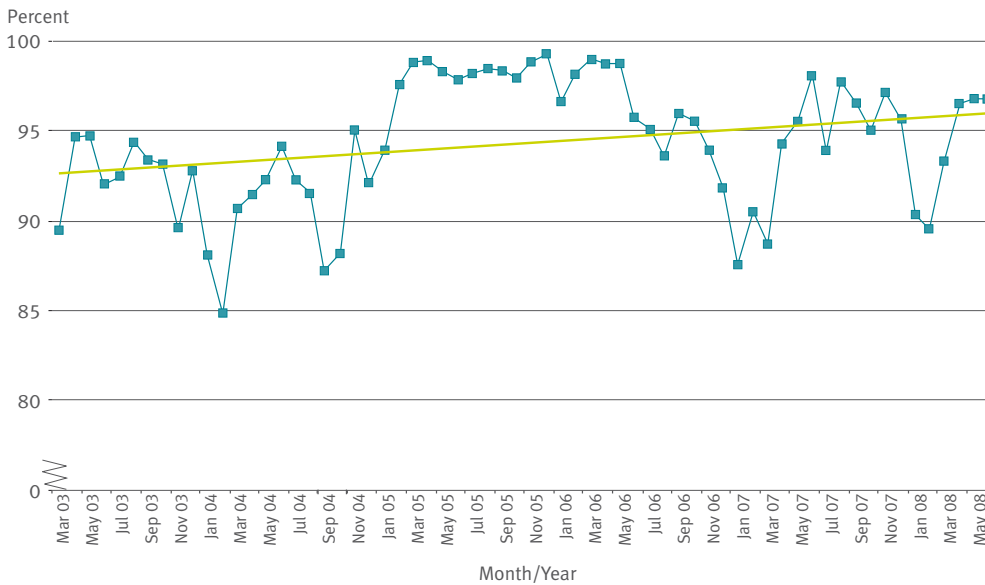


Figure 8: Percentage of cancer patients receiving megavoltage radiation treatment in less than 8 weeks, March 2003 to May 2008



TARGET



Reducing ambulatory sensitive (avoidable) hospital admissions

Target indicator

There will be a decline in admissions to hospital that are avoidable or preventable by primary health care for those aged 0 to 74 years across all population groups.

Why is this target area important?

Ambulatory-sensitive hospital admissions are admissions that might have been avoided if services had been delivered more effectively or patients had accessed services provided in the community setting, including primary health care. The target is to lower overall avoidable admissions and reduce variation amongst DHBs and population groups. This health target area has a total of 147 sub-targets.

2007/08

Target achievement – overall decline achieved

There were **1120** fewer avoidable admissions for 2007/08. This target area has 147 sub-targets of which 132 were achieved. There were **14** DHBs that achieved **100%** of their individual sub-targets.

Ambulatory-sensitive admissions have reduced by **1.1%** (1120 admission) in the latest 12-month period through to December 2007. The reduction for children 0–4 years has been particularly impressive, with admissions reducing 6.7%, evenly spread across Māori, Pacific and Other. The experience for Māori and Pacific adults was less satisfactory, with admissions increasing for both groups. Approaches to reducing admissions for these population groups are particularly important and will require close attention.

2007/08 Achievement by District Health Board

	Māori 0–74	Other 0–74	Pacific 0–74	Māori 0–4	Other 0–4	Pacific 0–4	Māori 45–64	Other 45–64	Pacific 45–64
Northland DHB			N/A			N/A			N/A
Waitemata DHB									
Auckland DHB									
Counties Manukau DHB									
Waikato DHB									
Lakes DHB			N/A			N/A			N/A
Bay of Plenty DHB			N/A			N/A			N/A
Tairāwhiti DHB			N/A			N/A			N/A
Hawke's Bay DHB			N/A			N/A			N/A
Taranaki DHB			N/A			N/A			N/A
MidCentral DHB			N/A			N/A			N/A
Whanganui DHB			N/A			N/A			N/A
Capital and Coast DHB									
Hutt DHB									
Wairarapa DHB			N/A			N/A			N/A
Nelson Marlborough DHB			N/A			N/A			N/A
West Coast DHB			N/A			N/A			N/A
Canterbury DHB									
South Canterbury DHB			N/A			N/A			N/A
Otago DHB			N/A			N/A			N/A
Southland DHB			N/A			N/A			N/A
Achieved	19	20	4	21	21	5	18	20	4
Not achieved	2	1	3	–	–	2	3	1	3

■ Achieved
 ■ Not achieved
 Non applicable



TARGET



Improving diabetes services

Target indicators

There will be an increase in the percentage of people in all population groups:

- estimated to have diabetes accessing free annual checks
- on the diabetes register who have good diabetes management
- on the diabetes register who have had retinal screening in the past two years.

There will be improved equity for all population groups in relation to diabetes management.

Why is this target area important?

Diabetes is a significant cause of ill health and premature death in New Zealand. The target aims to increase access to checks and management of people with diabetes, and to reduce variation amongst DHBs and population groups.

2007/08 Target achievement – checks are increasing but we can improve our reporting

4066 or **5%** more free annual diabetes checks than the 2007 calendar year, a total of **91,242** free annual diabetes checks. Overall results include:

- Northland DHB has met all its targets
- 11 DHBs met the 'access' target
- 5 DHBs met the 'management' target
- 5 DHBs met the 'retinal screening' target.

What has helped this achievement?

Initiatives include the following.

- Diabetes indicators will be included as indicators in the Primary Health Organisation (PHO) Performance Programme which provides funding for improving quality and outcomes.
- Wider communication about the range of initiatives for people with diabetes using podcasts and other media.
- The information systems to support improving access to retinal screening (to prevent blindness) are being enhanced with electronic reporting of results.
- The Long-Term Conditions Framework Team is consulting to develop improved frameworks for people with diabetes and other long-term conditions, in accordance with recommendations by the National Health Committee in their report *Meeting the Needs of People with Chronic Conditions*.

2007/08 Achievements by District Health Board

Figure 9: District Health Board targets for the proportion of people with diagnosed diabetes in all population groups estimated to have free annual diabetes checks

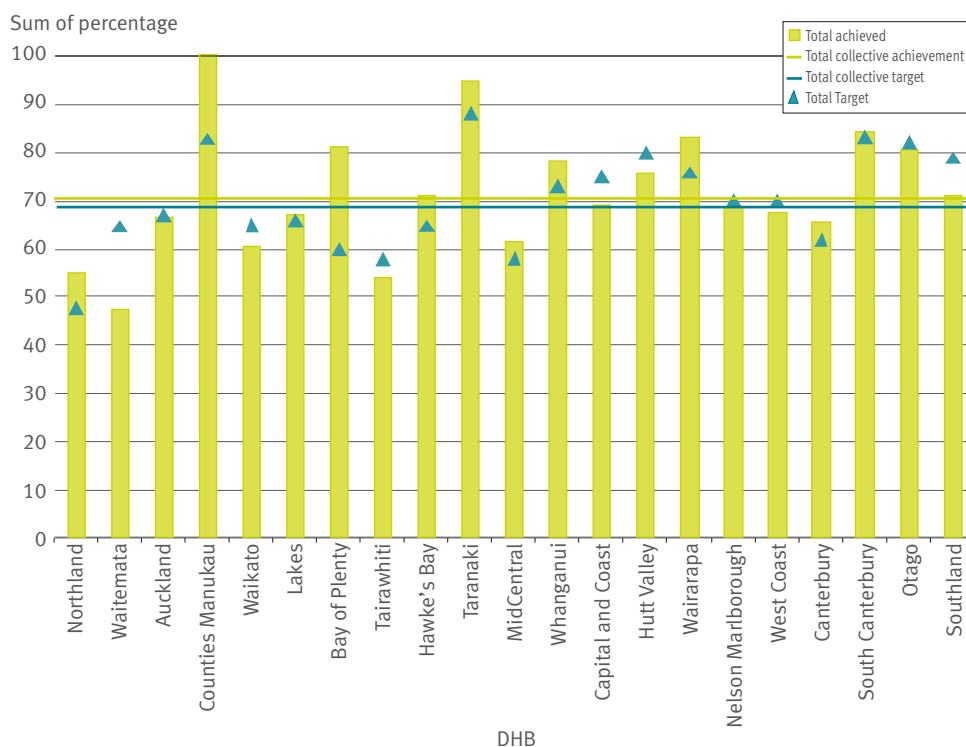


Figure 10: District Health Board targets for the proportion of people in all population groups on the diabetes register who have satisfactory or better diabetes management

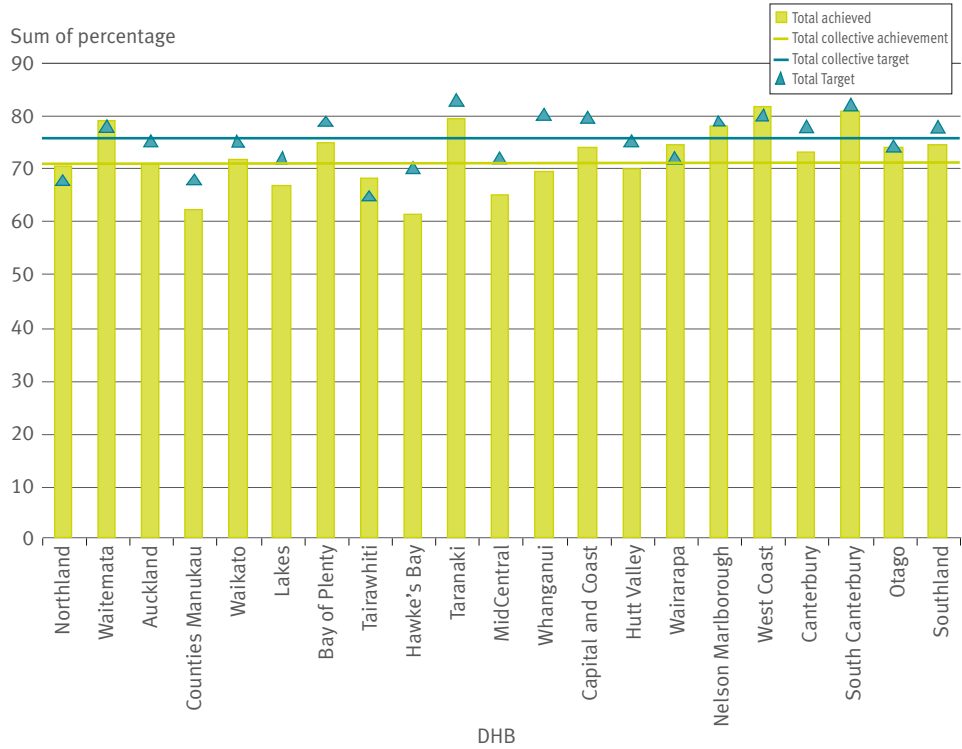
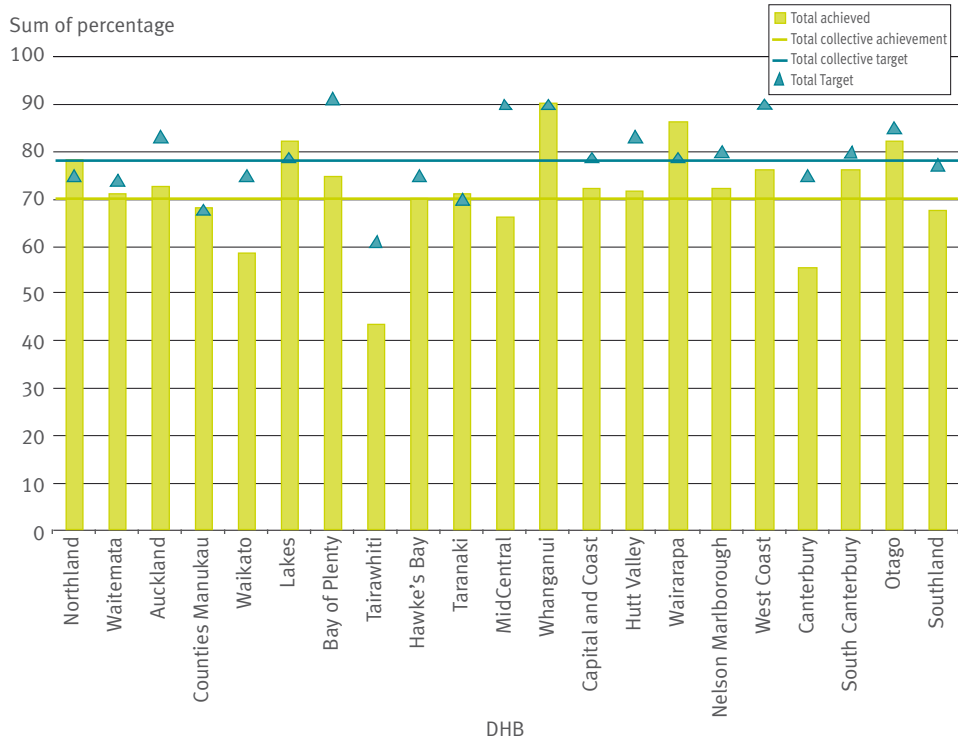


Figure 11: District Health Board targets for the proportion of people in all population groups on the diabetes register who have had retinal screening in the preceding two years



TARGET



Improving mental health services

Target indicator

At least 90 percent of long-term clients have up-to-date relapse prevention plans.

Why is this target area important?

Well managed care for people who experience mental illness increases their chances of being included in the mainstream of society without stigma and discrimination, have jobs, and have an improved quality of life. The target is to have at least 90% of long-term clients with up-to-date relapse prevention plans.

2007/08

Target achievement – 16% increase

1574 more clients have up-to-date relapse prevention plans or a 16% increase since first quarter 2007/08 when this started to be measured. This is a total of 7476 people or 76% of all clients who have up-to-date relapse prevention plans.

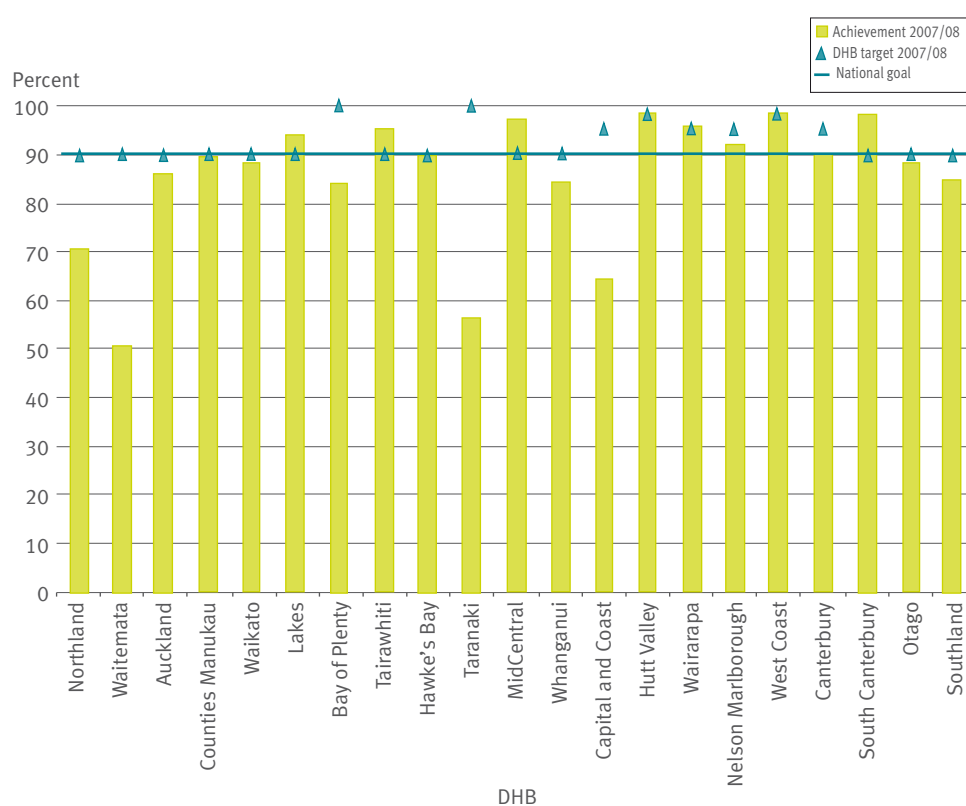
What has helped this achievement?

One benefit of having crisis prevention plans is that the process encourages individuals to be the driver of their own care. Having a relapse prevention plan reduces the length and frequency of hospitalisations of people with enduring mental illness.

Nine DHBs have adopted Knowing the People Planning (KPP), a management system that uses client information to improve organisational effectiveness. Data captured through KPP or other systems helps identify the ethnicity, socioeconomic factors and geographical locations of clients, and can be analysed to indicate how inequalities may be addressed.

2007/08 Achievements by District Health Board

Figure 12: Proportion of patients with relapse prevention plans by DHB for 2007/08



TARGET



Improving nutrition, increasing physical activity, reducing obesity

Target indicators

- Increase the proportion of infants exclusively and fully breastfed at six weeks to 74 percent or greater; at three months to 57 percent or greater; and at six months to 27 percent or greater.
- Increase the proportion of adults (15+ years) eating three or more servings of vegetables per day to 70 percent or greater.
- Increase the proportion of adults eating two or more servings of fruit per day to 62 percent or greater.

Why is this target area important?

Good nutrition, physical activity and maintaining a healthy body weight are fundamental to health and the prevention of disease and disability at all ages. The foundations for a healthy life are laid in infancy and childhood.

'Breast is best.' There is international evidence that breastfeeding contributes positively to infant and maternal health and reduces the likelihood of obesity in later life.

Vegetable and fruit consumption has been found to be protective against cardiovascular disease and some common cancers, and may contribute indirectly to maintaining a healthy body weight.

2007/08 Target achievement – healthier lifestyle choices are improving

This is the first time information about these targets has been captured, collated and compared in this way – an emphasis over 2008/09 will be the capture of information to better measure progress against the targets:

- **65%** exclusively and fully breastfed infants at six weeks, **54%** at three months, and **26%** at six months
- **Two** out of every **three** adults ate two or more servings of fruit each day
- **Two** out of every **three** adults ate three or more servings of vegetables each day.

What has helped these achievements?

During 2007/08 the Ministry has progressed implementation of the Healthy Eating – Healthy Action plan through:

- the breastfeeding social marketing campaign targeting Māori and Pacific families
- further development of information systems to capture national breastfeeding data from Plunket and other Well Child providers
- funding DHBs to develop and implement district breastfeeding plans and district community action plans with a focus on fruit and vegetable consumption and good nutrition in high-need populations
- accessing purchasing data for fruit and vegetable sales to supplement the New Zealand Health Survey
- the implementation of ‘Feeding our Futures’, a healthy eating social marketing campaign run by the Health Sponsorship Council
- further expansion of the fruit in schools programme to all decile 1 and 2 primary schools.

2007/08 Population health achievements

Figure 13: New Zealand Plunket breastfeeding rates, 2007 – infants exclusively and fully breastfed

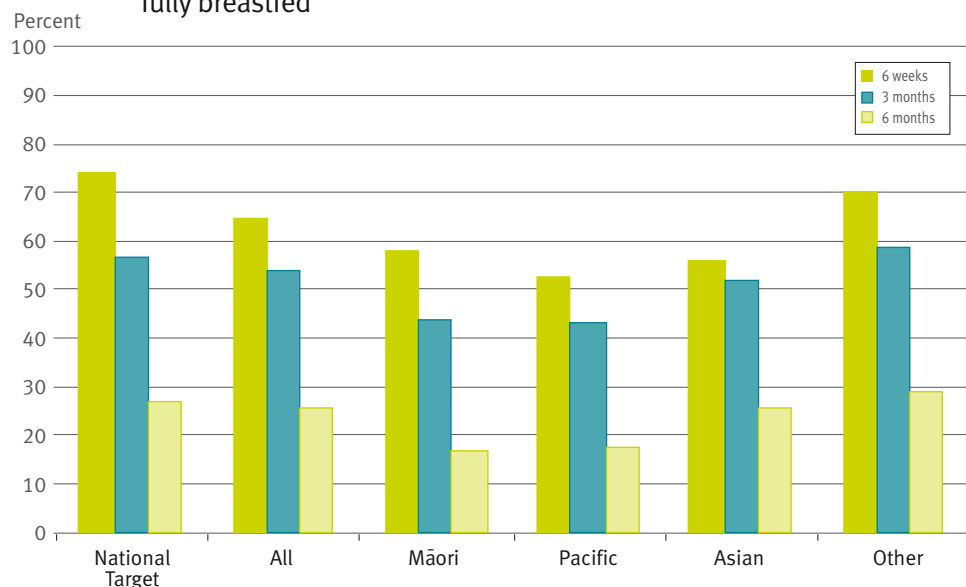
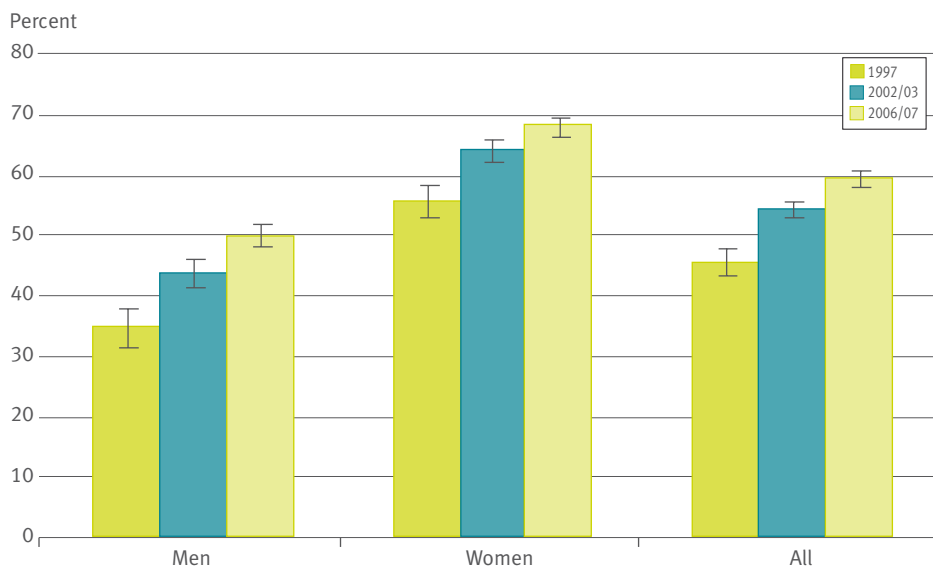
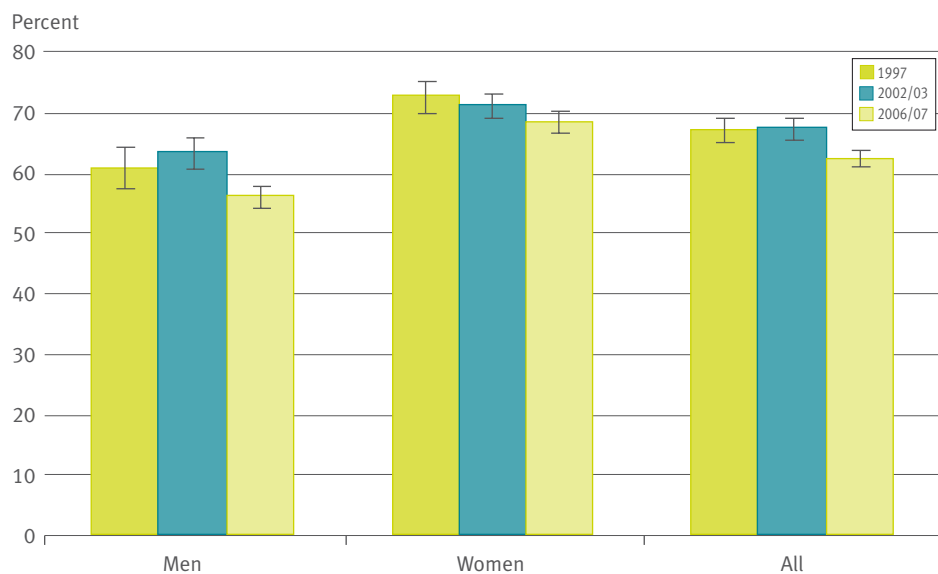


Figure 14: Adequate fruit intake for adults, by gender, 1997, 2002/03 and 2006/07 (age-standardised prevalence)



Source: Ministry of Health. 2008. *A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey*.

Figure 15: Adequate vegetable intake for adults, by gender, 1997, 2002/03 and 2006/07 (age-standardised prevalence)



Source: Ministry of Health. 2008. *A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey*.



TARGET



Reducing the harm caused by tobacco

Target indicators

- Increase the proportion of 'never smokers' among Year 10 students by at least 2 percent (absolute increase) over 2007/08.
- Increase the proportion of homes, which contain one or more smokers and one or more children, that have a smokefree policy to over 75 percent in 2007/08.

Why is this target area important?

The younger people are when they start smoking, the more likely they are to become strongly addicted to nicotine. Smoking kills an estimated 5000 people in New Zealand every year, including deaths due to exposure to second-hand smoke. About 1500 of these deaths occur in middle age, and smoking is an important contributor to ethnic and socioeconomic health inequalities. The 'never smoked' target is crucial to reducing the harm caused by tobacco.

2007/08

Target achievement – targets met or exceeded

The following targets have been met or exceeded.

- Increase Year 10 students who have never smoked by 2% over the baseline of 53.7%. The actual result was **57%** of all Year 10 students are ‘never smokers’, an **increase of more than 2000 young people** or a total of 35,474 young people who have never smoked even a single cigarette.
- **75%** of homes with one or more smokers and one or more children are now smokefree indoors.

The number of ‘never smokers’, those who have never smoked a single puff, increased by 3.4% on last year’s results to 57.2% of students. There was an increase in never smoking between 2006 and 2007 for both boys and girls, including:

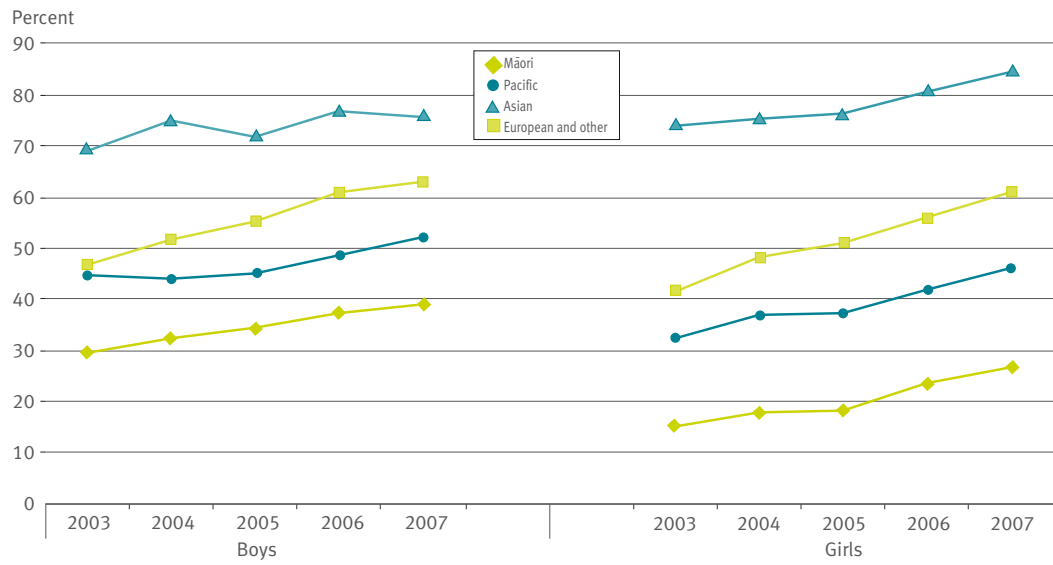
- Māori boys (from 37.4% to 39.1%) and Māori girls (from 23.5% to 26.7%)
- Pacific boys (from 48.5% to 52.2%) and Pacific girls (from 41.8% to 46.1%).

Results from the Ministry of Health’s 2006/07 New Zealand Health Survey – the largest survey of New Zealanders’ health ever completed – placed New Zealand’s smoking prevalence at a record low of 19.9% for current smokers (aged 15 years and over).

There have also been significant decreases among Māori in daily smoking rates. The rate for Māori men dropped from 43% to 35% and for Māori women it dropped from 51% in 2002/03 to 40% in 2006/07.

National trends

Figure 16: Proportion of 'never smokers' for 2003–2007



TARGET

10

Reducing the percentage of the health budget spent on the Ministry of Health

Target indicator

The percentage of the health budget spent on the Ministry of Health is reduced to 1.65 percent of the total Vote Health operating budget by the end of 2009/10.

Why is this target area important?

It is important that the resources applied to the health sector are directed towards improving and supporting front-line service delivery as much as possible. The target is to reduce Ministry of Health spending to 1.65% of the total Vote Health operating budget by the end of 2009/10.

2007/08 Target achievement

The spend in 2007/08 was \$210 million or 1.95% – the same as the year before when adjusted for unplanned increases against a planned target of 1.85%.

In 2007/08, 1.95% of the Health Budget was spent on the Ministry of Health – a 0.09% increase on the previous year and within the fluctuations predicted when the three-year target was set.

The Ministry had originally anticipated that the Medsafe Business unit would become part of a new Joint Tasman Therapeutics Agency – that was deferred. That would have reduced spend to 1.86%, the same as the previous year. The budget allocation for Ministry spending in 2007/08 was \$215 million. Total Departmental expenditure was \$210 million with Medsafe accounting for \$10 million. The balance was returned to the Crown for re-investment in Health services.

In addition, there has been significantly more funding to update national IT systems that support the sector, B4 School checks and the continuing roll-out of major government programmes such as HEHA and implementing the Primary Health Care Strategy.

New initiatives for the health sector in 2008/09 will increase overall Ministry expenditure, although the total as a percentage of the total Health budget is expected to reduce to 1.82%. The Ministry is progressing through a change programme with anticipated efficiencies in 2009/10.

Figure 17: Percentage of the health budget spent on the Ministry of Health

