



E.10 SI (2022–2026)

# Developing the future Ministry of Health | E whakawhanake ana i te Manatū o anamata

Our strategy and strategic intentions,  
2022 to 2026 |  
Tā mātou rautaki me ō mātou koronga  
rautaki, 2022 ki 2026



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# The purpose of this document | Te kaupapa o tēnei tuhinga

This document sets the strategy for the future role of Manatū Hauora | the Ministry of Health (the Ministry) in the context of the Government's health reforms in July 2022.

It describes the intended role and functions of Manatū Hauora and how the Ministry will carry these out, both independently and in partnership with other entities. It notes the areas of focus for change, so that these can inform future organisational development plans.

The document specifies the critical priorities and intended actions that Manatū Hauora will focus on in the coming 12 months and over the period to 2026 to fulfil its role. It also describes how progress will be monitored.

This document fulfils the Ministry's obligations under the Public Finance Act 1989 to provide information on its strategic intentions.

# Statements of responsibility | Ngā tauākī e pā ana ki te haepapatanga

## Minister of Health, Hon Andrew Little

We have entered a new era of health in Aotearoa New Zealand, with a once-in-a-lifetime opportunity to put equity front and centre as we address long-standing challenges and make changes that support the enduring pae ora vision of healthy futures for all.

With a new national health system in place since 1 July 2022, we now have the structural framework to support a smarter, fairer health system that achieves better health for all. These strengthened foundations, mean we can introduce changes to the health system over time to further improve health outcomes, tackle inequity and honour its obligations to Te Tiriti o Waitangi.

As chief steward of the health system, Manatū Hauora will continue to set its strategic direction. It will also be responsible for monitoring the health system's performance and be the Government's primary health and

wellbeing advisor. This document supports the health sector by providing clarity on our aims and a clear pathway to the future and achieving pae ora.

While progress is being made, achieving pae ora will remain a long-term challenge for the health system as changes are embedded. For New Zealanders, this means being able to access the support and care they need, where and when they need it, and in a way that works for them. It means not just treating an illness but ensuring that all their wellbeing needs are met.

I am satisfied that the *Strategic Intentions 2022 to 2026* prepared by Manatū Hauora is consistent with the policies and performance expectations of the Government.

**Hon Andrew Little**  
**Minister of Health**

## Minita Hauora, Hōnore Andrew Little

Kei te takahi tātou i tētahi ara hou i te ao hauora o Aotearoa. Kātahi anō tātou ka āhei ki te whakatū i te kaupapa o te mana taurite hei pou ārahi i runga i tēnei ara – kia whakatikatikangia ngā take tūroa, kia eke hoki ngā wawata o te kitenga roa o pae ora, arā, kia ora nui ai ngā tāngata katoa hei ngā rā e heke mai ana.

Nō te whakatūnga o te pūnaha hauora hou i te 1 o Hōngongoi i te tau 2022, kua whakatakotoria te tūāpapa hei hāpai i tētahi pūnaha hauora e tino mātau ana ki ngā mahi tōtika kia pai ake ai te hauora o te katoa. Nā runga i te pakari o tēnei tūāpapa, e āhei ana mātou ki te whakatū i tētahi pūnaha hauora hou kia piki ake ngā hua o te ao hauora, kia mutu ngā mahinga taurite-kore, kia whakahōnoretia hoki ngā kawenga i raro i Te Tiriti o Waitangi.

Nā runga i tana tūranga hei kaitiaki matua o te pūnaha hauora, ka whakapau kaha tonu te Manatū Hauora ki te whakatakoto i te rautaki me te ara whakamua. Nō te Manatū anō te haepapa ki te aroturuki i ngā mahi a te pūnaha hauora, ki te tāpae kōrero hoki ki te Kāwanatanga e pā ana

ki te hauora me te oranga. Kei te tautoko tēnei tuhinga i te rāngai hauora, arā, kei te whakamāramahia ngā whāinga matua, ā, kei te āta whakatakotoria te ara whakamua ki ngā rā o anamata me te whakatutukinga o te wawata o pae ora.

Ahakoā ngā kokenga whakamua, kei te pae tawhiti tonu te whāinga o pae ora i a mātou e whakapūmau ana i ngā whakahoutanga. Ko ngā tino hua ki ngā tāngata o Aotearoa, ko tō rātou āhei ki te whiwhi i ngā momo tautoko me ngā mahi tiaki tōtika, i te wāhi tōtika, i te wā tōtika, i raro anō i ngā tikanga e hāngai ana ki a rātou. Ehara i te mea kei te whakamaimoatia ō rātou mate anake, engari kei te whakatutukihia hoki ō rātou hiahia e pā ana ki tō rātou oranga whānui.

E whakaae ana au e hāngai ana ngā kōrero a *Ngā Koronga Rautaki 2022 ki 2026* ki ngā kaupapa here me ngā koronga mahi o te Kāwanatanga.

**Hōnore Andrew Little**  
**Minita Take Hauora**

# Director-General of Health, Dr Diana Sarfati

As we look to 2026, Manatū Hauora is well placed to continue its role as chief steward of Aotearoa New Zealand's health system.

The recent health system reforms present challenges and opportunities for how we must act as a steward, and how we lead health in our communities and across government. It also involves a change programme that requires us to strengthen and develop new relationships, frameworks, skills and capabilities.

This document sets the medium-term strategy for Manatū Hauora as we work to achieve a vision of pae ora | healthy futures for all – one that has a particular focus on Māori, Pacific peoples and disabled people, including tāngata whaikaha. It spans the coming two years of transition and the following two years in which the health system will start to consolidate and accelerate improvements.

In the coming years, Manatū Hauora will work collectively with the other health agencies, the communities our health system serves, iwi and hapū, and other organisations working to improve the health and wellbeing of New Zealanders.

In signing this document, I acknowledge that I am responsible for the information on strategic intentions for Manatū Hauora. This information has been prepared in accordance with section 38 and section 40 of the Public Finance Act 1989.

**Dr Diana Sarfati**  
**Director-General of Health**

## Tākuta Diana Sarfati, Te Tumu Whakarae mō te Hauora

I a tātou e tiro atu ana ki te tau 2026, kua rite te Manatū Hauora ki te hāpai tonu i tana tūranga hei kaiārahi matua o te pūnaha hauora o Aotearoa.

Nā ngā whakahoutanga ki te pūnaha hauora i te wā tata nei, kua puta mai ngā uauatanga me ngā ara hou e pā ana ki ā mātou mahi hei kaitiaki hauora, waihoki, ki tā mātou tū hei kaiārahi i waenganui i ō tātou hapori me te rāngai kāwanatanga. Me whakapakari, me whakawhanake hoki mātou i ngā hononga hou, i ngā anga mahi, i ngā pūkenga me te raukaha e tutuki pai ai te hōtaka mahi hou.

Kei te whakatakoto tēnei tuhituhinga i te rautaki o te Manatū Hauora, arā, he wāhanga tēnei o tō mātou ara mahi ki te whakatutukinga o te kitenga roa o pae ora, kia ora nui ai te katoa hei ngā rā o anamata. He kaupapa tēnei e āta anga atu ana ki te Māori, ki ngā iwi o Te Moananui-a-Kiwa me te hunga whaikaha. E kapi ana tēnei kaupapa i ngā whakawhitinga o te rua tau e heke mai

ana, waihoki, ka rua tau anō te roa o te whakatūturutanga o te kaupapa me te whakapikinga ake o ngā hua.

Hei ngā tau e haramai ana, ka mahi ngātahi te Manatū Hauora ki te taha o ētahi atu tari hauora, o ngā hapori e atawhaitia ana e tō tātou pūnaha hauora, o ngā iwi me ngā hapū me ētahi atu whakahaere ki te whakapiki ake i te hauora me te oranga nui o ngā tāngata o Aotearoa.

Kua hainatia tēnei tuhinga i runga i taku mōhio, nōku anō te haepapa e pā ana ki ngā kōrero mō ngā koronga rautaki o te Manatū Hauora. He mea whakarite ēnei kōrero i raro i te wāhanga 38 me te wāhanga 40 o te Public Finance Act 1989.

**Tākuta Diana Sarfati**

**Te Tumu Whakarae mō te Hauora**



# Part 1: The future Ministry | Wāhanga 1: Te Manatū o anāmata



# The context

## Health outcomes are improving but equity is still an issue

For most people, our health sector delivers outcomes that compare well with health outcomes in other countries around the world. We have a dedicated and highly skilled workforce, and our communities are engaged and focused.

However, the system remains under pressure and does not cater well for all. Health outcomes are not equitable across populations and life course, particularly for Māori, Pacific peoples, disabled people and people experiencing poverty. Access to health services is variable and rural New Zealanders face further issues. The distribution of our health resources and workforce is not always well matched to the needs of our diverse populations. There remains a need to address racism in all its forms and to develop a workforce that more closely reflects the people and communities it serves.

## A reformed health system will better address these challenges

The system is undergoing a significant programme of reform in response to these enduring challenges, with the aim of achieving pae ora | healthy futures for all New Zealanders. Since July 2022, the health system has been transformed with new entities and redesigned functions to direct, design and deliver services and programmes at national, regional and local levels.

The health system reforms will provide the foundation for improving health outcomes, tackling inequity and honouring our obligations to Te Tiriti o Waitangi

(Te Tiriti). Creating a new system based on collaboration and partnership, and establishing clear and consistent roles and responsibilities, will better set up our organisations for success. The establishment of Te Whatu Ora | Health New Zealand and Te Aka Whai Ora | Māori Health Authority, and the refocused role of Manatū Hauora, including with a new Public Health Agency, are all critical, interrelated elements of the approach of the new system.

While the Government has set long-term objectives for reform, it will take time to achieve and sustain improvements in health outcomes. This change, moreover, will take place in the context of ongoing pressures on the health system and our workforce, including pressures from the COVID-19 pandemic.

The first 2 years of the reform programme will be a period of transition. During this time, all entities will refine and settle their operating models while delivering early priorities as set out in the interim Government Policy Statement on Health and Te Pae Tata | interim New Zealand Health Plan. Beyond July 2024, as the first 3-year plans for health are agreed, there will be further opportunities for improvement.

## Manatū Hauora has a strengthened role in the health system

The Government's health reforms confirm and strengthen the role of the Ministry as the chief steward of health and the health system, and the lead advisor to Government in these areas. With a renewed focus on this primary role, the Ministry will be able to give a greater emphasis to supporting ministers to set

direction and policy, shape the health environment, and monitor how the system is working to achieve pae ora and uphold Te Tiriti o Waitangi.

While the Ministry has had these roles in the past, the context in which it will be delivering them has changed substantially. The introduction of Te Whatu Ora to lead operational functions for health services and Te Aka Whai Ora to drive system-wide improvement in hauora Māori gives the Ministry a new focus on partnership in carrying out its functions, and will require new approaches to stewardship.

Like the new health entities, the Ministry is at the start of a programme of change to fulfil its full intended role in the reformed system. In many cases, this change will require the development of new relationships, new frameworks, and new skills and capabilities.

## This document sets out the Ministry's medium-term strategy

The work to develop the future Ministry is already under way. We will take it forward based on the best evidence, experience and the perspectives of the other health entities.

This document sets a medium-term strategy for the Ministry, through the next 2 years of transition and the following 2 years in which the health system as a whole will consolidate and accelerate improvements. This strategy will support more detailed planning on the future functions, design and model for the Ministry and the programme of change needed to deliver the future state. It will also enable the other health entities to progress their own development plans with a clear view of the Ministry's role and our commitment to partnership.

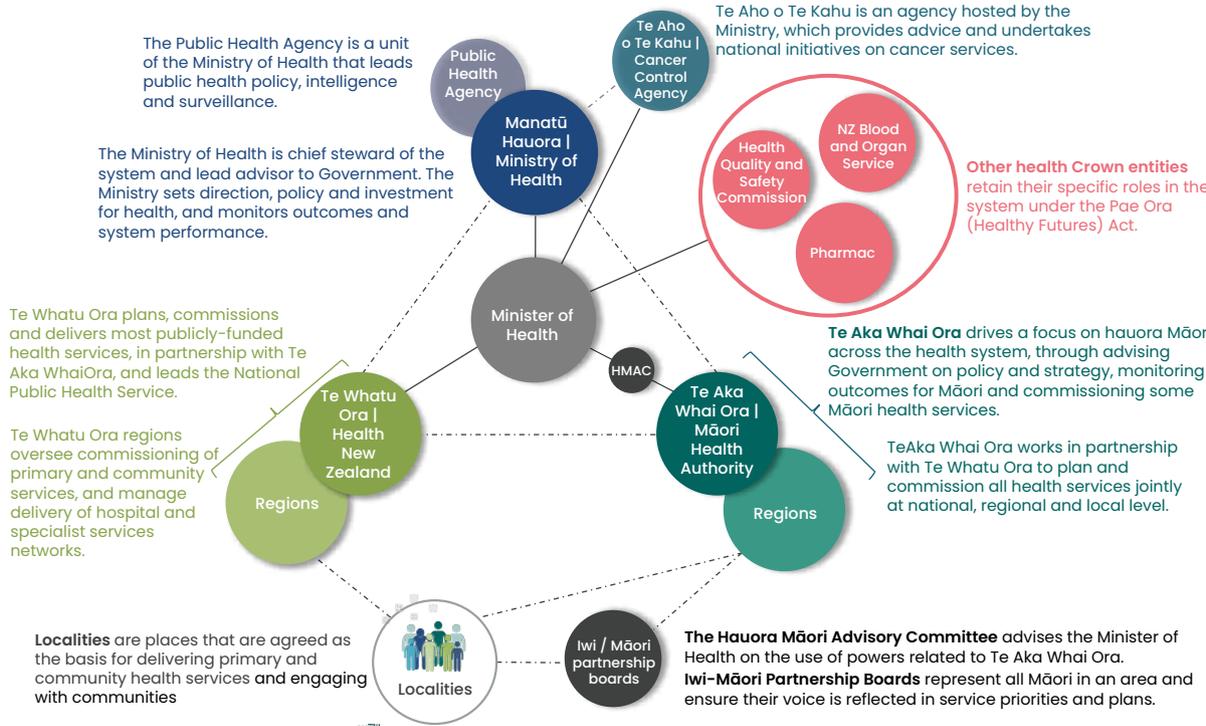
# The role of the Ministry

The Government’s health reforms have renewed the focus on the Ministry’s core role as the ‘chief steward’ of the health of the population, and of the health system. This diverse role includes a wide range of key functions and responsibilities such as strategy, policy, regulation and monitoring, as we describe below and in the next section.

The Ministry’s role sits in the context of a reformed health system that is founded on collaboration, partnership and shared leadership – as the diagram below shows. The roles of Te Whatu Ora and Te Aka Whai Ora have been designed to align with each other and with the Ministry, to create a central group of entities with common aims, complementary functions and shared accountability to the Minister of Health.

Each entity in the health system has primary responsibility for certain functions (some of which may be jointly held); including functions such as setting strategic direction, commissioning health services and setting capital plans. For instance, Te Whatu Ora has a lead role in locality planning, and Te Aka Whai Ora has a lead role in supporting iwi-Māori partnership boards. The other health Crown entities – the Health Quality and Safety Commission, Pharmac and the NZ Blood and Organ Service – retain their specific lead roles in the system.

The Ministry and these entities together form the health system’s collective leadership. Leadership is a shared responsibility to which each organisation brings its own expertise and perspectives and may take different actions depending on the context. The Ministry’s stewardship role exists in this paradigm.



## The Ministry as the chief steward

'Stewardship' is not a new concept. It has been part of the Ministry's role for some years and there are many examples of stewardship from other sectors, both in New Zealand and internationally. However, the health system reforms present new challenges and opportunities for how the Ministry acts as a steward.

At its simplest, stewardship is about creating the conditions to achieve pae ora. It is not always about taking direct steps to improve health outcomes and equity, although many of the Ministry's actions will contribute to these. It is instead about ensuring that the essentials are in place and working well to achieve the Government's objectives – and to know when there are issues to address.

The Ministry's stewardship role has 2 aspects. We are stewards of:

- the health of the population of Aotearoa New Zealand, focusing on assessing health outcomes and trends, identifying determinants of health and encouraging partnerships and actions to protect and improve health across the public and private sectors
- the health system, focusing on how the system works as a whole, advising the government on its performance and enabling the entities in the system to deliver their roles and support their accountability to ministers, now and in the future.

Both of these aspects of stewardship support the Government to achieve its reform agenda and wider objectives.

To fulfil its responsibilities as the chief steward in the reformed system, the Ministry will undertake the following 4 broad roles:

### Ministry stewardship roles

#### We lead:

We support Ministers to set and maintain strategic direction and policy for health, and ensure the Government agenda drives the health system.

We steer and encourage a collective 'one system' ethos across health entities and lead by example in how we carry out our functions in an open and collaborative way.

We lead Māori-Crown relations for the health sector and champion our shared obligations to Te Tiriti o Waitangi, to ensure alignment in the system in pursuit of the Government's objectives.

#### We advise:

We are the principal advisor to Government and its agencies on health and the determinants of health, and support Ministers to fulfil their role and achieve their priorities for health.

We use our insights to provide advice on the legislative, regulatory, budgetary, policy and outcome settings that determine the health landscape and how it operates – and how these should change over time.

We provide system-wide intelligence on the operation of the system and improvements to delivery and system cohesion, to enable health entities to achieve their objectives.

### We assess:

We make evidence-based judgments on what is achieved, assessing overall health outcomes, trends and the effectiveness of investment in meeting the goal of pae ora.

We monitor the performance and integrity of the system overall and of the individual health entities, including Te Tiriti o Waitangi obligations.

We respond to issues and opportunities wherever they occur: identifying and responding to feedback, risks and issues and emerging practice and innovation, advising Government and supporting interventions when necessary.

We self-assess and, where necessary, adjust the Ministry's functions, priorities and actions to contribute to objectives.

### We convene:

We bring leaders from across the system together to build constructive relationships and networks to jointly steer towards the vision, intended outcomes and priorities.

We work with other agencies to ensure that the Government's agenda promotes health and wellbeing as shared priorities.

We convene government agencies and non-government partners to build and maintain partnerships on matters that impact on health and wellbeing and equitable outcomes.

A commitment to partnership and working together with other organisations are at the heart of these 4 roles. Our role as a partner to the other health entities, to wider government agencies and to organisations outside the public sector is integral to how we lead, advise, assess and convene. How we work together will vary based on the circumstances, and

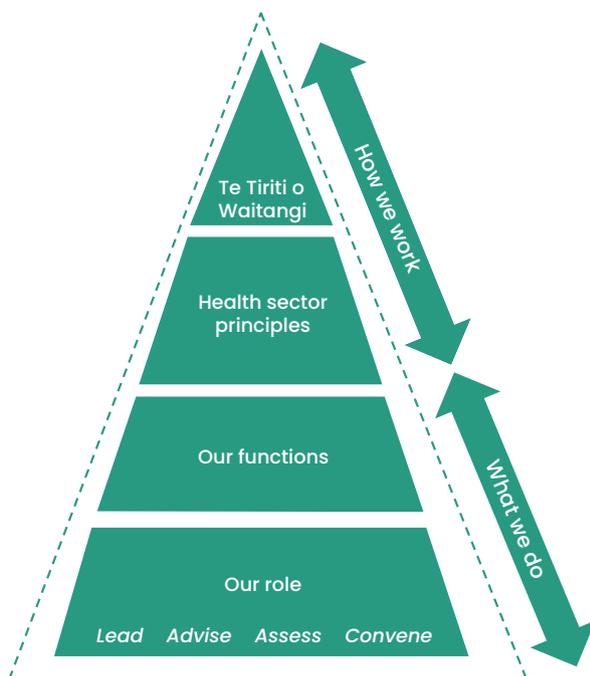
occasionally some forms of partnership may not be appropriate – but we will work in a collaborative manner as a rule.

In the next section, we describe the way that we will carry out these 4 overlapping roles, our key functions and how we develop our organisation to deliver them.

# How we will fulfil our role

## Our approach

Critical elements underpin our approach to fulfilling our future role in the health system. They reinforce our purpose and describe what we do and how we do it.



These elements are:

- our commitment to Te Tiriti o Waitangi, which is the foundation for our values
- the principles of the Pae Ora (Healthy Futures) Act 2022, describe **why** the Ministry exists and our fundamental purpose, and inform how we go about our work
- our key functions determine **what** we do and the types of activities we undertake, and indicate the specific skills and capabilities we will need to perform to our stewardship role

## What we do: our functions and operating model

The Ministry has a number of interdependent and connected functions, many of which are unique to its position

in the health system. By undertaking all of these functions, we fulfil our role to lead, advise, convene and assess, as well as providing the essential cross-cutting and supporting functions required by all high-performing organisations.

The Ministry's interim operating model, in place from July 2022, is built around its core functions. Functional directorates form the main base of the structure. It is further supported by 2 directorates that reflect priority areas of focus and take a more cross-functional approach. Each of these encompasses professional leadership and pools relevant expertise for their functions, encouraging collaborative working between directorates on our objectives.

Our core high-level functions are reflected in 6 of the Ministry's directorates.

- **Strategy, policy and legislation**  
These related functions together support ministers to identify, develop and deliver their priorities. Strategy sets and updates the long-term vision, overall direction and objectives for health. It scans the horizon, considers trends and potential opportunities, and sets high-level parameters for how the direction is to be achieved over time, including through investment. Policy translates strategy into actions, rules, requirements and legislation to achieve the direction. This work includes engagement, evidence and evaluation, design thinking, innovation and behavioural insights. Legislation is one of the possible levers to use when, after considering practical options for achieving a policy objective or addressing a problem, these other arrangements cannot adequately address the objective or problem.

- **Monitoring and performance**

This function involves assessing and analysing population health outcomes and the performance of the health system against Government objectives on an ongoing basis. It also involves monitoring Crown entities for the purpose of supporting responsible ministers to oversee and manage the Crown's interests, and the relationship with entities. The function provides insight and advice on outcomes and performance to support ministers to exercise their role, including to intervene in the health system where necessary.

- **Regulation**

Regulatory functions are responsible for ensuring public safety through regulation of providers, therapeutic products, and services, often with a requirement for statutory independence or arms-length operations. The function regulates the safety and quality of health services and providers through approving, monitoring, certifying, licensing and reviewing responsible authorities, services and providers.

- **Evidence, research and innovation**

Evidence, research and innovation have a powerful impact on how a health system performs and delivers care, and on the health and wellbeing outcomes that it ultimately achieves. This function promotes and provides high-quality analytics, research, evidence and science advice to better inform strategy and decision-making and drive innovation within the health system.

- **Government and executive services**

This function is focused on supporting the role of ministers in line with the norms and conventions of a government ministry, and on ensuring that the Ministry's leadership maintains high integrity and good organisational governance. Government and executive services have a powerful impact on an organisation's culture and tone.

- **Corporate services**

Corporate functions protect and look after our organisation so we have great people, processes and technology. Our functions provide high-quality advice, services and support to enable the business to run efficiently and achieve organisational excellence.

In addition, the Ministry has 2 further directorates that reflect priority areas and combine a number of the functions above, but which take a more specific focus.

- **Māori health**

Māori health operates at the heart of the Ministry's stewardship function to drive the health sector to meet its requirements under Te Tiriti and working to achieve equity for Māori. The Māori Health Directorate provides strategy and policy advice on Te Tiriti and Māori health, including the determinants of health for Māori (in collaboration with the Public Health Agency). It undertakes Māori health monitoring and insights that provide a focus on Māori health needs, informed by research and analytics, and supports the work of the Hauora Māori Advisory Committee (HMAC). The Māori Health Directorate also leads Māori-Crown relationships for the health sector, including the Waitangi Tribunal kaupapa inquiries.

- **Public health**

The Public Health Agency (as a business unit of the Ministry) provides public health leadership across the health sector and beyond to influence the wider determinants of population health to enable people, their whānau and environments to be healthy and improve their wellbeing. It leads public health policy, strategy, regulatory, intelligence, surveillance and monitoring functions and provides advice to ministers on public health matters.

These functions have long been an integral part of the Ministry. Since July 2022, however, in the context of the health

reforms and the changes envisaged by Government, these functions and the way that they are carried out must be continuously strengthened and enhanced. Where needed, new capability must be added to enable the Ministry to fulfil its role in the future.

A number of these functions are also shared with or like those in other health entities, but their roles are complementary rather than identical. For example, monitoring is a consistent function in Te Aka Whai Ora, Te Whatu Ora and the Health Quality & Safety Commission, but each entity takes a different focus and approach relevant to its role. Te Aka Whai Ora, moreover, also has strategy and policy functions for hauora Māori. As the Ministry assumes its full role as intended in the reformed health system, it will design its own functions in parallel with those of the entities it overlaps with to create clear responsibilities, accountability and synergies.

As the next section sets out, our focus over the coming year is therefore on further transforming these functions and evolving our systems and processes to deliver our stewardship role in full in the new system.

## Why and how we work: our commitment to Te Tiriti o Waitangi

As a department of the public service, Manatū Hauora has a responsibility to help the Crown meet its obligations to the special relationship between Māori and Crown under Te Tiriti.

The text of Te Tiriti, including the preamble and the 3 articles, along with the Ritenga Māori declaration,<sup>1</sup> provides the enduring foundation of our approach. Based on these foundations, we will continue to strive to achieve the following 4 goals, each expressed in terms of mana.<sup>2</sup>

1 Often referred to as the 'fourth article' or the 'verbal article'.

2 Mana is a uniquely Māori concept that is complex and covers multiple dimensions.

**Mana whakahāere:** Provide effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.

**Mana motuhake:** Enable the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives; and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.

**Mana tangata:** Achieve equity in health and disability outcomes for Māori across the life course and contribute to Māori wellness.

**Mana Māori:** Enable ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and held within mātauranga Māori (Māori knowledge).

## Our approach to achieving these goals

The following principles of Te Tiriti o Waitangi, as articulated by the courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work.

- **Tino rangatiratanga:** This guarantee of tino rangatiratanga provides for Māori self-determination and mana motuhake in designing, delivering and monitoring health services.
- **Equity:** The principle of equity requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Active protection:** The principle of active protection requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that the Crown,

its agents and its Tiriti partner are well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.

- **Options:** The principle of options requires the Crown to provide for and properly resource kaupapa Māori health services. Further, the Crown is obliged to ensure that all health services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership:** The principle of partnership requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of health and disability services.

The Ministry's Te Tiriti o Waitangi Framework<sup>3</sup> provides an updated expression of the Crown's obligations under Te Tiriti in the context of the health system. This framework informs how we design and deliver our range of functions, and how we assure ourselves that these functions continue to honour Te Tiriti.

## The health sector principles

The Pae Ora (Healthy Futures) Act 2022 creates a new set of statutory principles to guide all health entities, including Manatū Hauora, in how they carry out their functions. These principles capture shared issues and objectives across all entities, and are intended to reflect the key concepts identified by the 2019 Hauora report (as above), as well as those in other documents such as the United Nations Convention on the Rights of Persons with Disabilities.

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3 For an overview of the framework, see:  
[www.health.govt.nz/our-work/populations/maori-health/te-tiriti-o-waitangi](http://www.health.govt.nz/our-work/populations/maori-health/te-tiriti-o-waitangi)

## The health sector principles

- a. the health sector should be equitable, which includes ensuring Māori and other population groups—
  - (i) have access to services in proportion to their health needs; and
  - (ii) receive equitable levels of service; and
  - (iii) achieve equitable health outcomes.
- b. the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes.
- c. the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both—
  - (i) the strength or nature of Māori interests in a matter; and
  - (ii) the interests of other health consumers and the Crown in the matter.
- d. the health sector should provide choice of quality services to Māori and other population groups, including by—
  - (i) resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services); and
  - (ii) providing services that are culturally safe and culturally responsive to people's needs; and
    - (iia) developing and maintaining a health workforce that is representative of the community it serves; and
  - (iii) harnessing clinical leadership, innovation, technology, and lived experience to continuously improve services, access to services, and health outcomes; and
  - (iv) providing services that are tailored to a person's mental and physical needs and their circumstances and preferences; and
  - (v) providing services that reflect mātauranga Māori.
- e. the health sector should protect and promote people's health and wellbeing, including by—
  - (i) adopting population health approaches that prevent, reduce, or delay the onset of health needs; and
  - (ii) undertaking promotional and preventative measures to protect and improve Māori health and wellbeing; and
  - (iii) working to improve mental and physical health and diagnose and treat mental and physical health problems equitably; and
  - (iv) collaborating with agencies and organisations to address the wider determinants of health; and
  - (v) undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health.

The Ministry must be guided by these principles. That means it should carefully consider and assess each of them when making decisions. This approach will shape how the Ministry fulfils its obligations under te Tiriti in practice, as

well as how it conducts its activities in a way that is consistent with the aims of the pae ora reforms. It will also form part of the monitoring of the Ministry's role and impact as it develops its place in the reformed system.

# Next steps towards our future role

In common with other health entities and to meet the expectations of the Government's health reforms, the Ministry has put in place an operating model from July 2022 so it can continue to deliver its functions during the period of transition. This model will evolve over time, providing flexibility and preventing the change from compromising the Ministry's performance.

The health reforms intend that the system will reach 'steady state' by July 2024. For this reason, the Ministry's organisational development will focus on reaching this milestone in parallel with the wider health system, so that we deliver our role in full and are structured and resourced to perform with excellence in the longer term.

To do so, the Ministry will assess and consider where, how and when to evolve its operating model. This will include understanding areas where we need additional skills, capability and capacity to perform our role most effectively – by carefully reviewing the skills we have and those we need. We will also consider the potential for new ways of working to improve how we discharge our functions. This includes considering how innovation and new technologies can underpin a different approach (such as the use of data science).

The Ministry has a great opportunity to shift the focus of its resource and processes to meet its new role. Over the coming 2 years, for instance, these are some of our priorities:

- Rebalance our strategy and policy resource towards proactive development of ideas and options, and away from reactive responses to issues. This will include new and enhanced functions to support global environmental scanning of issues and opportunities, review the functioning of the evolving health system and its use of new levers and incentives, and undertake strategic projects to develop insights and implications for Government policies. We will build new partnerships across and outside the health system, including with the research community, to support this work.
- Develop a new methodology for collaborative whole-of-system monitoring with Te Whatu Ora and Te Aka Whai Ora. This will include the processes and mechanisms for delivering monitoring and reporting in line with the accountability framework, spanning direction setting, evidence-based assessments and insights, and high-quality engagement on actions. It will put in place a rolling programme of monitoring that includes regular monthly and quarterly reports to ministers to indicate areas of risk and opportunity, and topics for more in-depth review – drawing on all areas of Ministry functions and expertise including our evidence, research and regulatory areas.
- Use the Ministry's unique role to build and develop mechanisms for collaborative and coordinated whole-of-system leadership. This will enable system leaders to come together to consider shared issues and opportunities and to align their

responses. This approach will embed the 'one system' ethos that is central to the reform aspirations.

- Take a collaborative approach across government and with non-governmental partners in leading a focus on the determinants of health and wellbeing. In this way, the Ministry will better inform wider policy agendas and encourage their alignment on matters that impact health. The approach will also support the development of new partnerships outside of government to influence the wider actions of other actors that contribute to the environment for health and wellbeing.
- Strengthen how the Ministry leads, enables and monitors Māori–Crown relations across the health system. The purpose of this work is to ensure that the new and evolving functions and operations of health entities honour

Te Tiriti o Waitangi, and recognise and share best practice.

Designing, planning and implementing the future Ministry will take time. We will need to consider how to develop our functions, where to invest in new resources, and when to make changes to support our people and manage the risk of disruption. These changes are taking place at a time in which the new health entities are maturing and evolving as well. It is crucial for us to align how the health system develops overall.

This document sets out the Ministry's strategy and its intentions to further build and refine its functions and operating model over the coming years. However, it cannot yet fully predict the shape of that future model. As this becomes clear, this document may be refreshed so that it describes the agreed approach more precisely.

**Part 2: Our priorities  
and strategic intentions |  
Wāhanga 2: Ā mātou  
whāinga tōmua me ngā  
koronga rautaki**



# Our priority areas of focus

Through the interim Government Policy Statement on Health, the Government has set broad system-wide priorities and objectives for health to 2024, covering the first 2 years of the health reforms. These priorities relate to the health system as a whole, and the Ministry will make an important contribution towards them, as well as monitoring their delivery.

Our priority areas for the coming years reflect the aims of the interim Government Policy Statement on Health. They also work towards achieving those aims by:

- first, focusing specifically on the priorities for the Ministry in line with its role in the future health system
- second, building on our focus to consider priorities and actions over the coming year and beyond to set a medium-term pathway for the Ministry.

We have identified **4 priority areas of focus** for the Ministry over the next 4 years. The intention of having these broad, high-level areas is to capture the range of activities that the Ministry will undertake to fulfil its functions.

## **1. We will drive the development of the reformed health system and our role within it.**

- We will develop and operate the new Ministry of Health to harness the opportunity of the new system.
- We will assure the overall design of the health system and the progress of system entities in developing their roles.

## **2. We will set the direction for health and the health system to achieve pae ora.**

- We will set and maintain strategic direction and develop policies to deliver the Government's objectives for the health of the population, the role of the health system and the people who work within it.
- We will keep a consistent focus on Te Tiriti o Waitangi and equity in the priorities of the health system.

## **3. We will enable and support the ongoing improvement of health outcomes, quality and safety.**

- We will provide for effective regulation of health and care services, products and devices to maintain and improve quality and safety.
- We will maintain the wider regulatory and legislative environment to support health entities to carry out their functions.

## **4. We will monitor health outcomes and the effective functioning of the system.**

- We will monitor and report on health outcomes, system performance and Māori-Crown relationships. We will consider opportunities to develop new policies and address any risks we identify.
- We will monitor and assess the effectiveness of health entities in fulfilling their functions and working towards pae ora, and steer collective actions where necessary.

Ministers are yet to make decisions on the next Government Policy Statement from July 2024, which will inform the precise priorities for the health system for the

second half of this period. Below, however, we offer areas to represent the high-level direction for the Ministry and set the foundation for work until 2026.

# Our key intentions and actions

This section details the Ministry's strategic intentions and actions in detail under each of our 4 priority areas of focus identified above. For each priority area, we explain why it matters and identify the key outcomes that we expect it to contribute towards.

Work programmes for each of the priority areas will describe the actions the Ministry will take. Here we note the key actions that we intend to progress over the coming 12 months (in support of the Ministry's 2022/23 business plan) and in the following 2 years. These represent the foundational actions we expect to deliver

on our priorities and fulfil the Ministry's role and functions in the reformed health system. However, given the system is in transition and we need to further develop and refine our organisational change programme, we expect to identify further actions and update these plans over time (including through business planning for future years).

Underpinning each of the priority areas will be measures to help track progress towards the intended outcomes. The next section describes the monitoring and measurement approach.

# 1. We will drive the development of the reformed health system and our role within it

## To do this, we will:

- a. **develop and operate the new Ministry of Health to harness the opportunity of the reformed system**
- b. **assure the overall design of the health system and the progress of system entities in developing their roles.**

## Why this matters

The health system reforms will strengthen how entities work and put in place the arrangements to tackle variation and inequity, make better use of health resources, and achieve pae ora for all New Zealanders. The reforms are a critical foundation for a health system that works more effectively and collaboratively to improve and protect health and wellbeing.

To implement these changes successfully, all entities in the health sector will need to work together to design and refine how they deliver their functions and meet the Government's objectives.

The Ministry will play a crucial role in establishing the reformed system by July 2024 and supporting its continued development and improvement over subsequent years. One part of this role will be to develop the Ministry's own functions and operating model to fulfil its intended role, as described in this document. The other part will be to assure, enable and support the wider group of health entities to implement their own models and collective arrangements for co-leadership.

Over the 2 years to 2024, the focus of this assurance and support will shift as the new health system entities mature and establish new ways of working. We expect that the Ministry's focus will include assuring all of the following:

- Organisational leadership is established and stable, and shows strong understanding of reform objectives and priorities. This will include embedding Te Tiriti o Waitangi and achieving equitable outcomes, both for individual entities and collectively. As part of this focus, Māori health leadership will be present at all levels of the system so that the voices of iwi, hapū and whānau inform the design, delivery and evaluation of health services.
- Evolving the structures of health entities to provide the operating model intended by Cabinet, ensuring that these are aligned across the system and incentivise the objectives and shifts that are desired – at the national, regional, district and local levels.
- The health system is built around the voices of consumers and whānau. It has the right expertise, mechanisms and information flows to ensure the views, knowledge and experience of Māori, Pacific peoples, disabled people, people with lived experience of mental health and populations with specific needs drive decision-making at all levels.
- Science, research and innovation are embedded in system design to shape the way that care is delivered, harness new technologies and continuously improve outcomes, while also ensuring that mātauranga Māori is included and protected throughout the health sector.

- Localities are established across New Zealand based on a clear and commonly understood operating model, theory of change and plan for future development, including evidence of plans and progress in early adopter areas.
- Progressive implementation of a coordinated data and intelligence function supports national and local planning and monitoring.
- A commissioning and co-commissioning framework is in place that drives decision-making based on intended outcomes, incentivises new models of care and reflects a shift in the focus of care to primary and community services.
- Hospital and specialist services are reconfigured so that they are planned nationally and delivered regionally. The changes reflect consistent best practice and address acute delays or disparities between regions.
- A system-wide plan is completed for the development of the health workforce. It aims to provide the required number of staff with the skills needed in each particular place to meet future health needs, and to deliver on the forthcoming health workforce strategy.
- ‘one system’ ethos and ensure collective ownership of the reform agenda.
- Engage with Te Aka Whai Ora to agree ways of working for our respective functions for strategy, policy and monitoring.
- Support and enable the new health entities and their boards to deliver their full range of intended functions and to develop their future operating models.
- In partnership with health entities, develop an assurance framework and approach to determine the critical features of the reformed system that is to be delivered by July 2024, and how to monitor progress.
- Support the Hauora Māori Advisory Committee to deliver its role of reflecting the voice of Māori in the accountability arrangements for Te Aka Whai Ora and undertaking any other tasks ministers request.
- Support the Ministerial Advisory Committee on health reform to undertake its role, including to contribute to assessments of the maturity and effectiveness of the new system arrangements.
- Provide leadership to the early implementation of the National Public Health Service within Te Whatu Ora through the Director of Public Health.
- Establish and support the expert advisory committee on public health to deliver its statutory role to provide independent advice to ministers, the Public Health Agency, Te Whatu Ora and Te Aka Whai Ora.
- With Te Aka Whai Ora and Te Whatu Ora, establish cross-agency leadership, governance and a shared work programme for health research, science and innovation.

## How we will get there

### Next 12 months

- Develop an approach to delivering organisational change to set the Ministry’s future operating model and ways of working, and begin to implement the changes identified.
- Strengthen the Ministry’s functions and capabilities in priority areas, in line with this document and our approach to managing organisational change.
- Develop the arrangements to convene cross-system leadership to model the

## 12 months to 2 years

- Continue to implement the Ministry's revised model and ways of working to reach 'steady state' by July 2024. Set in place processes for ongoing self-assessment and improvement beyond this date.
- Review the development of the wider health system and specific models and arrangements for health entities so that these deliver the Government's intentions by July 2024. Provide advice and support where necessary to address issues or harness opportunities.
- Establish effective channels for proactively communicating evidence, insights and knowledge, in order to inform priority areas and decision-making within the Ministry and across the system.
- Implement an evaluation of the impact of the Ministry's science, research and innovation function by 30 June 2026.

## 2. We will set the direction for health and the health system to achieve pae ora

### To do this, we will:

- a. set and maintain strategic direction and develop policies to deliver the Government's objectives for the health of the population, the role of the health system and the people who work within it
- b. keep a consistent focus on Te Tiriti o Waitangi and equity in the priorities of the health system.

### Why this matters

The Government's objectives for the health system reforms set broad aspirations for change that the system cannot achieve overnight. As the reformed system embeds, matures and delivers early improvements, it will need a new long-term direction to lay out the path to delivering those objectives and achieving pae ora.

One of the Ministry's core roles is to:

- set strategic direction for health and the health system
- maintain, update and facilitate this direction through setting policies, determining funding and shaping the health landscape
- translate the direction into more specific priorities and objectives for health entities.

The direction that the Ministry develops and that ministers decide on has a profound impact on how the health system operates and the choices that health entities make. It informs priorities, reinforces accountability and underpins the planning, design and delivery of health services. Moreover, it sets a roadmap for long-term change and helps to align the actions that different agencies need to take over time.

In this context, the strategic direction will be crucial in describing how to achieve our objectives. Importantly this includes the objectives of honouring the Crown's obligations under Te Tiriti o Waitangi and addressing inequities between our communities in health outcomes and access to services. To address inequities, we need to take an all-of-system approach to understanding the conditions and environments people live in. This includes considering the determinants of health beyond the health system – such as those related to social, economic, commercial, cultural, digital and environmental factors. We seek to play a leadership role in actively addressing the wider determinants of health that underpin inequities in health outcomes.

The Ministry will draw on data from across the health sector, government, communities and other sources to develop analytics that inform our strategic direction and policy interventions and other advice to the Government.

### How we will get there

#### Next 12 months

- Develop the suite of new and updated health strategies required under the Pae Ora (Healthy Futures) Act 2022<sup>4</sup> by July 2023, which will set direction for health and the health system for the medium and long term from July 2024. Conduct this work in partnership with Te Aka

<sup>4</sup> These are the New Zealand Health Strategy, the Hauora Māori Strategy, the Pacific Health Strategy, the Health of Disabled People Strategy, the Women's Health Strategy and the Rural Health Strategy.

Whai Ora, where it relates to the entity's strategy role for hauora Māori, and with other entities.

- Develop an outcomes framework for health that sets out the key long-term outcomes for people, whānau and the health system as an enduring basis for future priority actions and measurement.
- Develop a health workforce strategy with other health entities to strengthen and develop our workforce and address longstanding challenges to supply, training and retention of staff.
- Support ministers to approve the New Zealand Health Charter, which will set out common values and behaviours for the health workforce and underpin culture change.
- Start to develop the 2024–2027 Government Policy Statement, to translate the direction set by health strategies into specific priorities, actions and objectives for health entities over the 3-year period.
- Develop an investment approach and work programme for Budget 2024 to secure multi-year funding for health.
- Set the priorities that guide the planning and commissioning of public health services. This will include specifying the public health programmes that Te Whatu Ora is to commission and deliver.

## **12 months to 2 years**

- Finish developing the 2024–2027 Government Policy Statement, with a focus on setting the 3-year priorities, objectives and measures for the health system, and reach agreement on it.
- Support the development and approval of the 2024–2027 New Zealand Health Plan, which Te Whatu Ora and Te Aka Whai Ora will prepare.
- Lead the Budget 2024 process to agree funding and investment for the health system to support the Government Policy Statement and New Zealand Health Plan.
- Develop any further health strategies that ministers agree to.
- Develop and deliver a rolling programme of strategic policy advice to provide insights into and options for continuously improving health and system settings.
- Facilitate collaborative action on population health approaches across other sectors that have a direct influence over determinants of health.
- Strengthen links between science, public health and policy, particularly in relation to surveillance and the role of laboratories.
- Prioritise equity for Māori, Pacific peoples, disabled people and other population groups that experience inequitable health outcomes within all policies, programmes and activities.

### 3. We will enable and support the ongoing improvement of health outcomes, quality and safety

#### To do this, we will:

- a. provide for effective regulation of health and care services, products and devices to maintain and improve quality and safety
- b. maintain the wider regulatory and legislative environment to support health entities to carry out their functions.

#### Why this matters

Regulation is a central feature of all health systems. It creates standards and safeguards for health services, health care, health products and devices as well as protection for the people who administer and use them. Regulation is focused mainly on benefiting consumers. However, protection is multidimensional: rules about what is and is not acceptable practice affect those administering and providing care, as well as those manufacturing, testing, importing, promoting or exporting therapeutic devices and natural health products. Where anyone does not comply with these rules, all of these groups also experience the repercussions.

Good regulation sets clear minimum standards and encourages continuous improvement for the benefit of people who use services, their whānau and our health workforce. It incentivises best practice and innovation and can adapt to new evidence and different ways of thinking, including mātauranga Māori.

Setting and maintaining the approach to regulation is a key function of the Ministry. More than that, the Ministry's wider regulatory stewardship role manages the broader legislative and regulatory environment in which the system operates. This ensures that the statutory basis for the health system is fit for purpose and remains up to date, so that it supports entities to fulfil their roles and does not place undue barriers or constraints on

how they deliver their functions. This role also helps the Ministry to monitor and review the regulatory performance of the sector and report on compliance with the standards it administers.

#### How we will get there

##### Next 12 months

- Build our regulatory stewardship function to deliver a whole-of-system lifecycle view of regulation and legislation. Convene a regulatory stewardship group with relevant agencies and consider early steps to adjust regulatory frameworks and procedures to ensure safety in the new system and align with Te Whatu Ora and Te Aka Whai Ora.
- Support the introduction of the Therapeutic Products Bill.
- Enhance pharmacovigilance<sup>5</sup> by implementing a new information system to collect and analyse adverse reactions to therapeutic products by June 2023.
- Develop a quality management system for radiation safety, which will enable internal, external and international auditing and consistent advice.
- Develop a programme to modernise ethics regulations, guidelines and infrastructure.
- Implement new regulation of safe areas around abortion services to support people's wellbeing and safety by June 2023.

5 Pharmacovigilance is the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine-related problem.

### **12 months to 2 years**

- Put in place a programme to conduct regular, twice-yearly reviews of the regulatory and legislative environment, monitoring the effectiveness of regulatory interventions and the broader landscape. Carry out the first full review by June 2025.
- Support the Therapeutic Products Bill to pass into legislation and plan for its implementation.
- Deliver further legislation as agreed to strengthen the statutory basis for the health system.
- Support the transition to Ngā Paerewa Health and Disability Services Standard.
- Develop and implement a data analytics framework for health and disability certification and audit.
- Support an independent formal review of the implementation of assisted dying services.
- Amend the radiation safety regulations based on audit and advice from the new quality management system.

## 4. We will monitor health outcomes and the effective functioning of the system

### To do this, we will:

- a. **monitor and report on health outcomes, system performance and Māori–Crown relationships, and consider opportunities to develop new policies and address risks we identify**
- b. **monitor and assess the effectiveness of health entities in fulfilling their functions and working towards pae ora, and steer collective actions where necessary.**

### Why this matters

The health system's accountability to ministers and the public, and the social licence on which all publicly funded services are based, depend on clear and honest reporting on what has been achieved. Effective monitoring provides a continuous source of information and insight on outcomes, performance, behaviours and culture. This knowledge in turn drives improvement in services and programmes and informs new policy direction and decisions.

The Ministry has a critical and broad monitoring role, underpinned by legislation. This monitoring occurs at 3 levels:

- the health of the population and our diverse communities
- the collective performance of the health system in achieving goals and objectives
- the individual performance of each of the health entities in line with its functions.

The role includes monitoring Māori–Crown relationships within the health system and how well the Crown has honoured Te Tiriti o Waitangi obligations.

As the health system reforms set in and health entities mature in their roles, and in the context of ongoing pressures on our workforce, monitoring will be essential to achieve and sustain gains with minimal disruption to services. As a shared function across multiple agencies, monitoring will involve a partnership approach to enable collective insights and perspectives on areas of risk and opportunity. This approach will also support entity boards and ministers to make well-informed decisions.

### How we will get there

#### Next 12 months

- Develop, in partnership with Te Puni Kōkiri and Te Aka Whai Ora, an initial approach to monitoring the performance of the health sector for Māori.
- Develop and implement an initial quarterly reporting process to combine data, intelligence and insights on system-wide performance and support accountability to ministers. Align this process with the monitoring functions and outputs of other entities.
- Support Te Whatu Ora and Te Aka Whai Ora to establish monthly routine reporting of health service performance and progress against their objectives.

- Develop and test new system measures for financial sustainability and productivity to support monitoring and policy development.
- Develop a revised Crown entity monitoring framework to reflect the roles and objectives of the reformed health system.
- Promote effective relationships and engagement with health entities in order to develop and maintain an open and trusting operating model for monitoring.

### **12 months to 2 years**

- In partnership with Te Puni Kōkiri and Te Aka Whai Ora, expand and mature the approach to monitoring the performance of the health sector for

Māori, including developing measures of pae ora as recommended in the Waitangi Tribunal's Hauora Report.

- Embed and enhance the frameworks for system-wide and Crown entity monitoring with health entities, based on feedback from ministers, entities and independent advice. This will include iterating the initial quarterly monitoring reporting process as understanding of system measures matures.
- Establish processes for providing clinical expertise on and insights into the system performance and monitoring function, based on their lived experience of the health system.

# How we will measure success

Having a robust framework for monitoring and assurance will be important to track progress against the priorities, intentions and actions set out in the previous section, and to support the Ministry's accountability to the Minister of Health for delivering its role and functions. This will also inform the regular reports on the Ministry's activities, which are required by the Public Finance Act 1989.

Our approach to monitoring the success of our work will draw on different sources and types of information.

- Some measures and milestones will demonstrate the achievement of specific deliverables for which the Ministry is responsible. These deliverables include, for instance, the development of health strategies to meet statutory requirements.
- System-level measures will indicate the achievement of our broader objectives and goals. Certainly the role and actions of the Ministry will not deliver these measures on their own, and many of our activities may only contribute indirectly. However, these measures provide important contextual information on our overall aims and the success of the Ministry as a steward in creating the conditions for delivery through the health system. The measures will include a combination of outcomes, outputs, finance and activity indicators.

## Measures for our key deliverables

Many of the specific intentions and actions noted in the previous section indicate a

particular deliverable for the Ministry to meet either in the coming 12 months or in the following period. Achieving these milestones and assuring the intended outcome where possible will be important indicators of progress.

We will develop a comprehensive approach to monitoring and reporting on delivery of the actions outlined in this document. This will include both self-assessment and independent assessment, along with the views of the ministerial advisory committee on health reform on the Ministry's progress in establishing its role in the reformed system.

## System measures for our shared objectives

Several approaches are already in place to assess system-wide performance. Although the Ministry's direct contribution to some of the specific indicators may be limited, these measures do represent the key elements and evidence for how the Ministry monitors the health system and are relevant to the Ministry's own functions and objectives. The existing frameworks and measures will therefore be an important measure of the context that contributes to assessing the success of the Ministry.

In August 2021, the Government announced a set of health indicators for holding the new health system to account and ensuring it delivers more equitable health care for all New Zealanders. The table below sets out these headline indicators.

Indicator	Description	High-level indicator baseline data*
<b>Government priority: Improving child wellbeing</b>		
Immunisation rates for children at 24 months of age	Percentage of children who have all their age-appropriate scheduled vaccinations by the time they are 2 years old	20,240 potentially avoidable stays in hospital for children under 5 years old
Ambulatory sensitive hospitalisations for children (age range 0–4 years)	Rate of hospital admissions for children under 5 years old for an illness that might have been prevented or better managed in the community	14,146 2-year-old children fully immunised (92% of children)
<b>Government priority: Improving mental wellbeing</b>		
Under 25-year-olds able to access specialist mental health services within 3 weeks of referral	Percentage of child and youth accessing mental health services within 3 weeks of referral	69% of under-25-year-olds able to access specialist mental health services within 3 weeks of referral
Access to primary mental health and addiction services	In development	In development
<b>Government priority: Improving wellbeing through prevention measures</b>		
Ambulatory sensitive hospitalisations for adults (age range 45–64 years)	Rate of hospital admissions for people aged 45–64 years for an illness that might have been prevented or better managed in the community	48,217 potentially avoidable stays in hospital for people aged 45–64 years
Participation in the bowel screening programme	In development	In development
<b>Government priority: Creating a strong and equitable public health system</b>		
Acute hospital bed day rate	Number of days spent in hospital for unplanned care, including emergencies	75,131 people had surgery or care as planned (3% more than planned)
Access to planned care	People who had surgery or care that was planned in advance, as a percentage of the agreed number of events in the delivery plan	2,067,733 days were spent in hospital for unplanned care, including emergencies
<b>Government priority: Providing better primary health care</b>		
People report they can get primary health care when they need it	Percentage of people who say they can get primary health care from a GP or nurse when they need it	84% of people report they can get health care when they need it
People report being involved in the decisions about their health care and treatment	Percentage of people who say they felt involved in their own health care and treatment with their GP or nurse	82% of people report they feel involved in their health care and treatment

Indicator	Description	High-level indicator baseline data*
<b>Government priority: Ensuring a financially sustainable health system</b>		
Annual surplus/deficit at financial year end	Net surplus/deficit as a percentage of total revenue	Annual deficit is 2.8% of revenue excluding one-offs, 5.7% of revenue including one-offs**
Variance between planned budget and year-end actuals	Budget versus actuals variance as a percentage of budget	Actual deficit result is worse than the approved plan/budget by \$38 million (12.0%) excluding one-offs and by \$488.8 million (154.3%) including one-offs***

#### Notes

- \* High-level indicator shows data to December 2019, which is the baseline against which we will track future changes.
- \*\* One-offs are Holidays Act 2003 provisions and unfunded COVID-19 impacts. This shows how well the health and disability sector has managed the annual cost for providing services relative to revenue. In 2019/20, the sector spent 2.8% more than revenue. When one-off costs associated with the Holidays Act 2003 and COVID-19 that weren't planned for are included, the overspend increased to 5.7% of revenue.
- \*\*\* The actual deficit result shows the difference against planned budget. This indicator is intended to show how well the health and disability sector performed against the planned budget for the year, that is, how well did it do what it said it would do. In 2019/20, the actual deficit was 12% worse than planned budget, and when one-off costs associated with Holidays Act 2003 provisions and COVID-19 were included, the deficit was 154% worse than planned. This indicator excludes Canterbury DHB, as that DHB's plan/budget was not approved at that time.

We also measure operational performance through measures set out in the Vote Health estimates of appropriation.<sup>6</sup> These measures cover the non-financial performance of departmental expenditure appropriations, including those that fund the Ministry's core functions.

The Ministry monitors and reports on progress through a range of products each year, such as the following.

*The Health and Independence Report*<sup>7</sup> presents the latest data on measures of health including life expectancy, causes of health loss and determinants of health.

The *New Zealand Health Survey*<sup>8</sup> gathers and reports on information about the health and wellbeing of New Zealanders. The Ministry collects survey data continuously, but reports its findings once a year. Over 13,000 adults and the parents or primary caregivers of over 4,000 children take part in the survey each year. The survey findings support the development of health services, policy and strategy.

6 For detail, see The Treasury's website: [www.treasury.govt.nz/publications/estimates/vote-health-health-sector-estimates-appropriations-2022-23](http://www.treasury.govt.nz/publications/estimates/vote-health-health-sector-estimates-appropriations-2022-23).

7 For the 2019 *Health and Independence Report*, see the Ministry's website: [www.health.govt.nz/publication/health-and-independence-report-2019](http://www.health.govt.nz/publication/health-and-independence-report-2019).

8 For more information on the latest and previous surveys, see the Ministry's New Zealand Health Survey webpage: [www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/new-zealand-health-survey](http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/new-zealand-health-survey).

The Ministry's **Annual Report**,<sup>9</sup> which the Minister of Health presents to Parliament each year, includes information on our activities and work programme, our core funding and functions. This will be the main way that we will report on our performance and progress.

All of these products provide important sources of information and insight on both collective system performance and the Ministry's own functions. They will support monitoring of the reformed health system's progress.

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9 For more information on Manatū Hauora annual reports, see the Ministry's annual reports webpage: [www.health.govt.nz/about-ministry/corporate-publications/annual-reports](http://www.health.govt.nz/about-ministry/corporate-publications/annual-reports).

# Annexes | Ngā āpiti hanga



# Annex 1: Managing our functions and operations

## Our governance framework

The Ministry's governance structure ensures that it is governed effectively as a public sector agency. This structure also allows the Ministry, as the chief steward of the health system, to demonstrate what good governance looks like.

The framework consists of 2 executive-level committees and one subcommittee:

- Executive Leadership Team
- Organisational Leadership Team
- Risk and Assurance Subcommittee.

The **Executive Leadership Team** is the Ministry's strategic governance mechanism. It is responsible for ensuring the Ministry can fulfil its role as chief steward of the system by:

- setting the strategic direction of the Ministry as steward of the health system
- setting priorities
- understanding performance of the system we oversee
- ensuring we are delivering on our equity obligations.

The **Operational Leadership Team** oversees enterprise-wide governance and operational management decisions and ensures the running of the organisation is on track and tidy. Its work includes:

- overseeing business planning and reporting processes and monitoring
- approving organisational strategies and policies
- monitoring organisational compliance and statutory responsibilities

- overseeing operational and organisational risks and priorities.

The Risk and Assurance Subcommittee provides independent advice and support to the Director-General of Health on strategic and operational risks and issues across the Ministry. In doing so, its purpose is to help test and challenge new ideas, as well as business as usual, to ensure that the Ministry is improving its performance as well as meeting expectations. The Committee's advice extends to wider system risks and issues (from the perspective of the Ministry as the health system steward). This is to ensure that the Ministry is identifying the right risks as steward and considering mitigation options.

## Risk and assurance functions

The purpose of risk management is to create and protect value through improving organisational performance, encouraging innovation and supporting the achievement of objectives.

For the Ministry, risk management is an integral function of good management and governance. It adds value to the Ministry by identifying and managing threats and opportunities that could affect the achievement of objectives and helps to realise the benefits of pae ora and the health reforms.

Risk is present in all activities we undertake and cannot always be avoided. To deliver the right health outcomes for New Zealand, it is necessary to take risks, but only with full consideration and when managing it within acceptable levels.

As chief steward of the health system, the Ministry must monitor, understand and respond to health system risk. The governance arrangements, accountabilities and structures within the Ministry's operating model give effect to this health system risk management function by encompassing and integrating system strategy, policy, regulation and health system monitoring.

An enterprise risk management approach will make strong links between organisational strategy, organisational performance and key policies and controls. In this way, it will enable the Ministry to consider risk from the perspective of both an internal organisation and the system steward.

## All-of-government responsibilities

The Ministry participates in a number of all-of-government activities. These functions, which the Department of Internal Affairs operates, include the following.

### Government Chief Privacy Officer

The Ministry participates in the Privacy Maturity Assessment Framework. Public sector agencies are requested to complete an assessment of their 'privacy maturity' by 30 June of each year but their participation is voluntary. In a revised policy implemented from 1 March this year, agencies conduct a self-assessment using the Framework rather than reporting through a survey. The assessment involves a beta test that agencies can run as a desktop exercise to get accustomed to the new framework.

The Framework has 9 elements for agencies to rate their current level of capability maturity in managing privacy and identify where they can improve to meet the core expectations.

### Government Chief Digital Officer

Public sector agencies are requested to provide an annual update on their data and digital investment intentions. These are 5-year investment intentions for data and digital systems. Agencies complete their update in September and October each year. Although doing so is not explicitly stated as mandatory, there is a strong expectation that agencies will provide the information.

## Our future workforce: equal employment opportunities

The Ministry remains committed to being an equal opportunity employer and has robust systems and processes in place to treat all candidates and Ministry staff fairly and equitably, regardless of individual differences such as disability, race, ethnic origin, age, gender, sexual orientation, marital status, ethical or religious beliefs or family responsibilities. The Ministry recognises that equality and diversity are critical for organisational success.

The Ministry uses selection and appointment processes that have been designed to ensure the person who can best demonstrate competence for the job is the person appointed.

## How we manage our assets

The Ministry will monitor progress of Te Whatu Ora in delivering a quality Investment Plan and National Asset Management Strategy to Cabinet by December 2023.

# Annex 2: Te Aho o Te Kahu, the Cancer Control Agency

Te Aho o Te Kahu, the Cancer Control Agency (the Agency) is a departmental agency reporting directly to the Minister of Health and hosted by Manatū Hauora. The Agency was created in recognition of the impact cancer has on the lives of New Zealanders and provides a sharp focus on this important health issue.

## Purpose

Te Aho o Te Kahu provides strong central leadership and oversight of cancer control and unites efforts to deliver better cancer outcomes for Aotearoa New Zealand. Te Aho o Te Kahu is also accountable for ensuring transparency of progress towards the goals and outcomes in the National Cancer Action Plan 2019–2029.

In practice, the Agency delivers this leadership and oversight through:

- providing advice to the Government about the future design and function of cancer services and options for resolving operational issues
- bringing stakeholders together to progress and achieve shared objectives
- undertaking national initiatives to improve cancer outcomes for New Zealanders
- assembling and disseminating cancer data and information to inform decision-making and service delivery
- providing support for cancer service providers when service is, or is likely to be, disrupted or is not meeting demand or expectations.

## Agency name

The Agency's name in te reo Māori is a taonga that was gifted by Hei Āhuru Mōwai | Māori Cancer Leadership Network in June 2020. This name is a core part of the Agency's identity. Te Aho o Te Kahu means 'the central thread of the cloak'. Te Aho, the central thread symbolises, the Agency and its role as a leader and connector across the cancer control continuum. Te Kahu, the cloak, symbolises all the services, organisations, communities and people across the cancer control continuum.

## Vision and values

The Agency's vision is to achieve fewer cancers, better survival and equity for all. Underpinning its strategic direction and work programme are the values of being equity-led, knowledge-driven, outcomes-focused and person- and whānau-centred.

## Commitment to Te Tiriti o Waitangi

Te Aho o Te Kahu has adopted the Ministry of Health's expression of Te Tiriti and approach to achieving the goals of mana whakahāere, mana motuhake, mana tangata and mana Māori.

## Structure

The Chief Executive of Te Aho o Te Kahu reports directly to the Minister of Health. The Chief Executive receives advice from an Advisory Council (50% Māori membership) and 3 key leadership groups:

- Hei Āhuru Mōwai | Māori Cancer Leadership Network
- He Ara Tangata | Consumer Reference Group (50% Māori membership)
- the National Clinical Assembly.

Te Aho o Te Kahu has an Office of the Chief Executive and 5 teams. The composition and work programme of each team strongly aligns with Te Aho o Te Kahu values:

- Equity Team
- Person- and Whānau-centred Care Team
- Clinical Advisory Team
- Quality Improvement Team
- Data, Monitoring and Reporting Team.

The teams based in our National Office are joined by 4 regional hubs in Auckland, Hamilton, Palmerston North and Christchurch. These teams report through to the Office of the Chief Executive.

## Operating environment

The health system reforms have not changed the role of Te Aho o Te Kahu. The Agency remains the national leader

for cancer control and continues to be the central thread that connects and unites both new and existing health entities, and the wider cancer sector, providing expertise and support to improve outcomes for whānau with cancer.

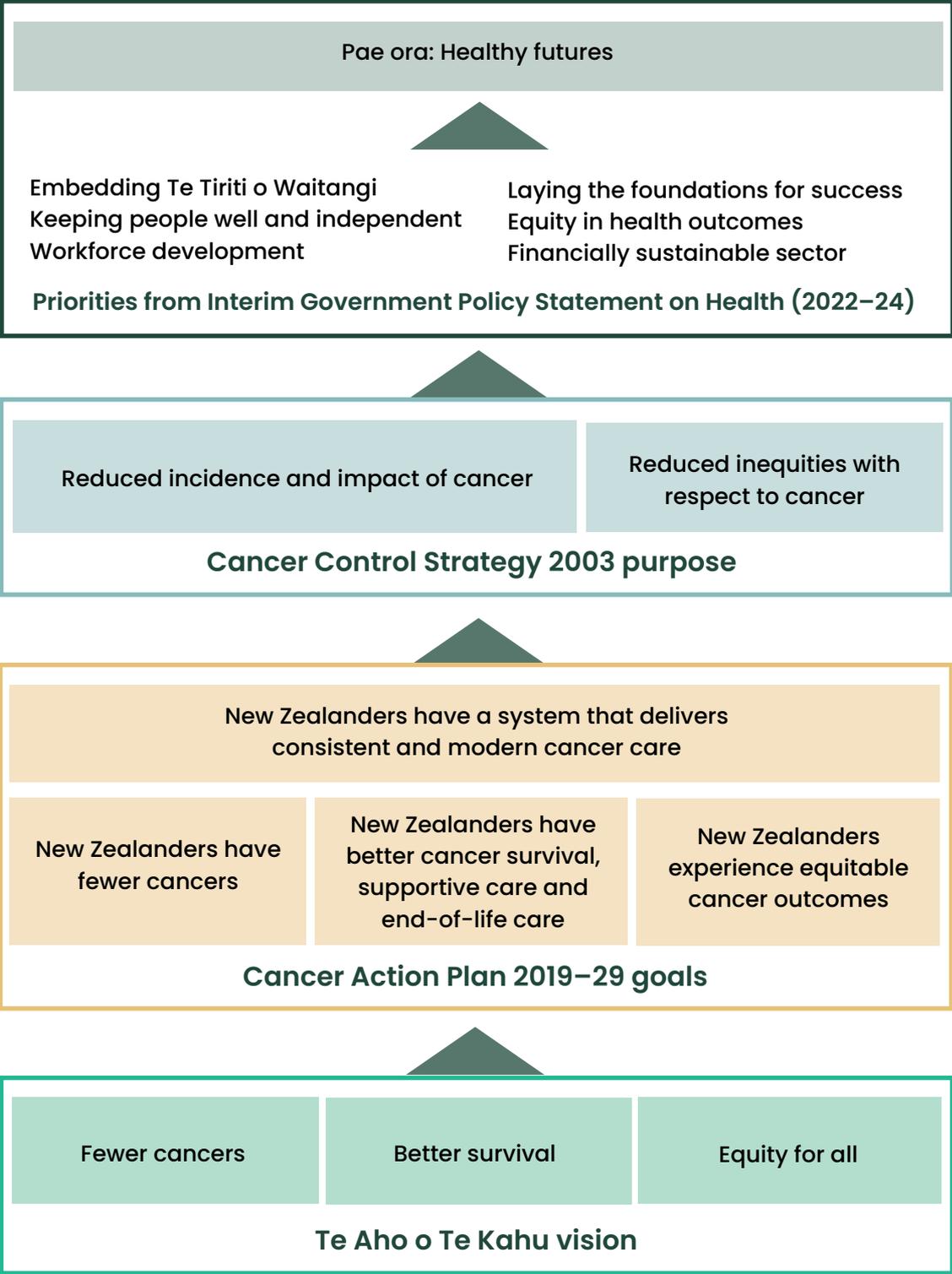
## Strategic direction

Te Aho o Te Kahu has adopted a 'shaping strategy' to enable the Agency to work in a way that maximises opportunities to engage and influence and creates a positive and receptive environment for developing and implementing new and better ways of doing things across the cancer continuum. The 3 strands of the shaping strategies are:

- engagement – collaborating with others and operating through influence
- orchestration – shaping the environment to achieve Agency outcomes
- evolution – changing as required to innovate and manage unpredictability.

The New Zealand Cancer Control Strategy 2003 and the New Zealand Cancer Action Plan 2019–2029 set out the strategic direction of Te Aho o Te Kahu. Its work focuses on achieving the health system's goal of pae ora | healthy futures and delivering the Agency's vision of fewer cancers, better survival and equity for all. Its intentions align with the 6 priorities identified in the interim Government Policy Statement on Health.

# Overview of strategic direction



# Te Aho o Te Kahu strategic priorities

New Zealanders have a system that delivers consistent and modern cancer care	
Te Aho o Te Kahu priorities	Te Aho o Te Kahu work
Supporting a system that delivers consistent and modern care	Building a high-performing agency Commitment to capability building Systems and processes Active health sector support COVID-19
Transforming the future of cancer service delivery	Seven cancer services planning projects
Developing a monitoring framework	Delivering the first monitoring report
Providing better quality, more connected data	CanShare Anti-Cancer Therapies – Nationally Organised Workstreams Structured pathology National radiation oncology collection Faster cancer treatment reporting HISO standards Collaboration across data and digital health
New Zealanders have fewer cancers	
Te Aho o Te Kahu priorities	Te Aho o Te Kahu work
Achieving fewer cancers through a focus on prevention	Cancer Prevention Report Cancer research Primary health care project Advice for primary care
New Zealanders have better cancer survival	
Te Aho o Te Kahu priorities	Te Aho o Te Kahu work
Improving cancer survival	Quality improvement programme Cancer medicines availability analysis Clinical trials
New Zealanders experience equitable cancer outcomes	
Te Aho o Te Kahu priorities	Te Aho o Te Kahu work
Improving equity of cancer outcomes	Māori community hui Embedding equity-led thinking Being equity-led and whānau-centred with data Pacific research project Supporting equity-led work across the sector

