

I. Future Direction

Why a Health Strategy?

Every New Zealander is supported by our health and disability system at times in their life.

The things we need for our health and independence can vary widely, from support for wellness and prevention through primary care and community services, to ongoing management of long-term conditions, to the urgent help we may need for accidents or acute illness.

New Zealand's health and disability system (the system)¹ has many skilled and dedicated health workers and organisations. But unfortunately our system is not always geared up to give people easy interactions with services.

It can struggle to ensure equitable access to limited resources, and health disparities persist. We sometimes fail to connect people to the health and social services they need. And we have to rise to the challenge of achieving more within the resources we have. This means finding new ways of working to deliver the services we need.

A high-performing system involves more than just a skilled health workforce and resources. It requires a shared view of the overall purpose and direction of our

travel, as well as effective ways of working.

The legislation that governs New Zealand's health and disability system requires a Health Strategy.² The current Health Strategy was developed in 2000.

While we have made significant progress since then in areas such as the affordability of primary care and elective surgery waiting times, the challenges now facing the system mean there is a need for a renewed clarity of direction.

This update of the Health Strategy will provide this focus and enable us to work together to create a better system.

A strategy is a guide for achieving the sort of **future** that you want. It can help people, organisations or whole systems to **work together** more effectively on the most **important things**. Without a strategy, things that are small problems today can become big problems over time.

¹ By health and disability system we mean the range of organisations contributing to the health of New Zealanders, including but not restricted to the organisations, such as district health boards and other Crown entities, established through the Public Health and Disability Act 2000. Figure 1.10 on page 28 of this document contains an overview of the system. With respect to disability, this Strategy is directly relevant to the provision of health services for people with disabilities and informs wider disability support services, including a signalled update to the Disability Strategy in 2016.

² The New Zealand Public Health and Disability Act 2000 requires the Minister of Health to determine a strategy for health services to provide the framework for the Government's overall direction of the health sector.

The Strategy has two parts.

- I. **Future Direction** (this document) outlines a new high-level direction for New Zealand's health and disability system over the next 10 years. It lays out some of the **challenges and opportunities** the system currently faces; describes **the future we want**, including the culture and values that will underpin this; and identifies **five strategic themes** for the changes that will take us toward this future.
- II. **Roadmap of Actions** (companion document) identifies 20 work areas for the next five years to put the Strategy in place.

Figure 1.1 illustrates the components of the Strategy and their location in this and the companion Roadmap of Actions documents.

Figure 1.1:
Components of the Strategy



New Zealand's health system performs well

90 percent of New Zealanders report they are in **good, very good or excellent** health, the **highest percentage reported across the OECD**; for those aged over 75 the figure is over 80 percent

80 percent of adults report they are **satisfied with the care** they receive from their usual medical centre and 83 percent of people rate their care in emergency department services as good or very good

95 percent of New Zealanders are enrolled with a primary health organisation

New Zealanders are more likely to report being able to get a **doctor's appointment** on the **same or next day** than people in the United Kingdom or Australia

Waits for **emergency department care** are the best of 11 countries surveyed by the Commonwealth Fund

Life expectancy for New Zealanders is 79.7 years for boys and 83.2 years for girls, both **above the OECD average**

Our health system **supports: 12.7 million daytime visits to general practitioners** (GPs) per year (and 2.9 million visits to GP nurses); the dispensing of 64.5 million pharmaceutical items; **24 million laboratory tests**; and 1 million emergency department attendances per year

Source: Ministry of Health, 2014. *Health and Independence Report*. Also unpublished Ministry data.

Health in its wider context

Health is something that affects everyone, every day and our system contributes in important ways to the overall wellbeing of New Zealanders and their families.

People working in the system carry out a wide range of activities: they provide immunisations, diagnose illness, treat injuries, deliver specialist hospital and community care, ensure safe drinking-water, and provide advice through community services such as pharmacies.

Having good health also benefits other aspects of people's lives (Figure 1.2). For example, the health and mental wellbeing of parents supports the social development, educational outcomes and lifelong experiences of their children, and of their wider families and whānau. In a similar way, wider factors such as home and workplace environments also contribute to people's health.

This Strategy is focused on health but is set within this wider context of the interconnections between health and other aspects of people's lives.

Partnering across government

The Government is focused on improving the lives and wellbeing of New Zealanders. Its priorities include work, across agencies, to tackle the complex and long-term problems that some New Zealand families face.

Its 'better public services'³ priority sets challenging targets for government agencies. These include the specific targets for the health system for immunisation and rheumatic fever prevention. The nine other result areas

include reducing welfare dependency, reducing assaults on children, and improving people's interactions with government, for example, through online services. Health has a part to play in all these result areas.

Figure 1.2:
Health links with the wider environment



Increasingly, government agencies are working in coordinated and effective ways to respond to priority issues. Data is being used and shared in more effective ways to find out who needs services the most, and agencies are taking more coordinated responses with service users that deal with more than one of them. Agencies are also using investment approaches (described in the box on page 4) that identify the mix of services that will result in the best return for New Zealand in the long term.

The New Zealand Productivity Commission's 2015 report on More Effective Social Services highlights the imperative to work differently to better meet the needs of New Zealand's most disadvantaged and provides guidance to agencies to meet this goal, recognising that it will be a process of learning.

³ www.ssc.govt.nz/better-public-services

An **investment approach** takes into account the **long-term** impact of current spending on people's lives. Investment in the **health** sector, which results in people having a greater ability to **participate** in **education** and **employment** and be free of, for instance, alcohol and drug dependency, family violence or mental health conditions, has a positive long-term financial impact for the **social sector**. It also has non-financial benefits as people experience **longer lives**, lived in **better health** and **independence**, and with **dignity**. As a specific funding mechanism, 'investment funding' gives providers an incentive to focus on these long-term impacts and **value them** alongside immediate, short-term gains.

The health system is working on a range of initiatives with other government agencies including:

- providing healthier homes and addressing factors such as overcrowding to reduce the risk of illnesses like rheumatic fever and respiratory conditions
- putting families and whānau at the centre of service delivery through Whānau Ora
- reducing assaults on children, by working closely with the Police, courts and justice sector partners, and providing mental health and addiction treatment.

Figure 1.3 shows how the Strategy fits with other existing government strategies and priorities. It has been informed by the Government's four high-level priorities and will support the health system's contribution to a range of cross-government strategies.

The Ministry of Health has a range of other population and other health strategies that provide more specific directions particular to populations or health conditions. Updates to these in 2015 and beyond will reflect the direction of this Strategy.

Figure 1.3:
The Strategy in its government context



Challenges and opportunities

A new Health Strategy will use our many strengths to address challenges and embrace opportunities.

New Zealand's health system is strong

Measuring our performance against international benchmarks shows us that New Zealanders can usually get the care they need when they need it and that most New Zealanders are generally happy with services they receive.⁴

Among our strengths are:

- a publicly funded, universal health system with a committed and highly trained workforce
- a strong primary care focus with a widely supported focus on wellness
- a unique public health and no-fault accident compensation system, which serves the whole population throughout their lives
- a strong desire to better integrate health and social services
- local decision-makers in district health boards (DHBs) who are well positioned to respond to community needs and integrate services
- a growing best-practice evidence base developed through research
- Māori and Pacific health providers, connected to their communities that model integrated approaches to health.

... and connected to a changing world

New Zealand will always be geographically distant from the rest of the world. But we are now more connected with it than ever, through the movement of people, through technology markets, and through the spread of knowledge and cultural practices on the internet.

This context will continue to shape New Zealanders' experience of health. It means our system needs to be aware of developments and effectively draw on and absorb global ideas and evidence.

Global challenges

Providing health and social services to increasing numbers of **older people** who are living longer

A growing burden of long-term conditions, such as **heart disease, diabetes, depression and dementia**

How to afford **new technologies** and drugs and meet rising expectations

A highly **mobile** global workforce

The emergence of **new infections** and antibiotic resistance

The health and social consequences of **climate change**

⁴ Ministry of Health. 2014. *Health and Independence Report*.

There are challenges

New Zealanders are living longer and every year there are more people aged over 65. This is a good thing for individuals and families. But it does present an affordability challenge to the health system.

Keeping an older person healthy and independent usually takes more health and social services than are needed for younger people. Older people are also more vulnerable to disability and to having more than one health condition.

Long-term conditions are a particular challenge with an ageing population. Dementia is one example and we expect the number of New Zealanders with dementia to rise from about 48,000 in 2011 to about 78,000 in 2026.

Obesity is another condition that is becoming more common and has long term health impacts. Among New Zealand children as a whole, 10 percent are obese, but the rate is 25 percent in Pacific children.⁵

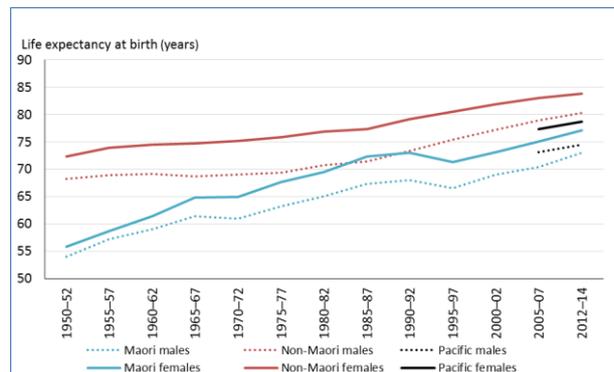
Some of New Zealand's population groups receive unequal benefits from the health and disability system. This can be seen in life expectancy statistics; while New Zealanders overall are living longer, Māori and Pacific peoples still have a lower life expectancy (Figure 1.4). Children are another population that, being dependent on others for care, may not access the health services they need.

New Zealand's total health and disability spending in the public, private and non-governmental organisation (NGO) sectors is about \$18 billion, or about 9.5 percent of gross domestic product (GDP).⁶ This is slightly over the OECD average, but consistent with most OECD countries. New Zealand is unusual in

that most health expenditure is funded by taxpayers – about 7 percent of GDP.⁷ Health makes up about 22 percent of government spending.

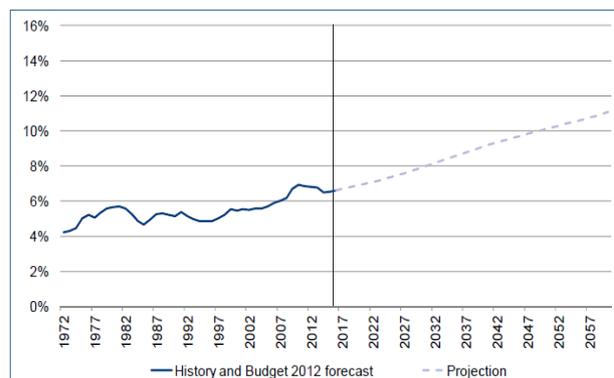
The Treasury considers that New Zealand cannot afford to keep providing services as we do now. It projects that, without significant change, government health spending would have to rise from about 7 percent of GDP now, to about 11 percent of GDP in 2060 (Figure 1.5).

Figure 1.4:
Life expectancy at birth by ethnicity, 1950–2014



Source: Statistics New Zealand. 2014. *Complete New Zealand Period Life Tables – time series summaries: Life expectancy by age and sex, 1950–52 to 2012–14.*

Figure 1.5:
Projected government health spending as % GDP



Source: New Zealand Treasury. 2012. *Health Projections and Policy Options for the 2013 Long-term Fiscal Statement*, p 18.

⁵ Ministry of Health. 2014. *Annual Update of Key results 2013/14: New Zealand Health Survey*, p 45.

⁶ Statistics New Zealand. <http://stats.oecd.org/index.aspx?Dataset.Code=SHA> (accessed 14 September 2015).

⁷ New Zealand Treasury. 2013. *Affording Our Future*, p 4.

An independent review of New Zealand's health funding system⁸ noted three ways in which it sometimes acts as a barrier.

- There is a lack of visibility of results that makes it hard to prioritise funding or take into account long term, cross-sectoral benefits from investment.
- Service mix and design changes are too slow to address changes in demand. Often our funding and contracting arrangements embed the status quo, instead of allowing us to work differently.
- Some funding arrangements contribute to stubborn disparities in access to services, and sometimes they widen the gap in unmet need.

New Zealand's health workforce also faces challenges. It is ageing – 39 percent of doctors and 46 percent of nurses are aged over 50.⁹ It also has a large number (about 63,000) of care and support workers, or *kaiāwhina*, who often have limited access to training. Many of our workforce have trained overseas – 43 percent of our doctors, 34 percent of our midwives and 26 percent of our nurses – and are not permanent residents.¹⁰ This means we need to continually invest in training to ensure that the skills of our health workforce can meet the health needs and expectations of care of New Zealanders.

These needs and expectations are themselves changing, not only with population ageing, but also with the growing ethnic diversity in New Zealand. In Auckland, for instance, around 39 percent of residents were born overseas; Asian populations are growing the fastest and now represent almost one in four people living in Auckland.¹¹

⁸ See www.health.govt.nz/healthstrategyupdate

⁹ Ministry of Health. 2014. *Health of the Health Workforce 2013 to 2014*.

¹⁰ Ibid.

¹¹ Statistics New Zealand. 2013. *Census Quickstats about a Place: Auckland region*.

... but we have many opportunities

A focus on prevention and making healthy choices easy, through approaches at both population and individual levels, can help stop or slow the occurrence of some health conditions.

In New Zealand, we have a strong and growing knowledge base, developed from research, about what contributes to good health, from birth into adulthood.¹² This will be an ongoing resource to guide policies that help ensure children start out on healthy pathways for growth and development. Early intervention can help prevent some health conditions that occur later in life.

We can keep expanding our thinking about who contributes to health by tapping into the skills of individuals, families, communities and businesses through stronger and earlier partnerships.

Like other sectors, the health sector can also take advantage of advances in technology and related infrastructure such as broadband. Automation of routine tasks can free up skilled staff to focus on what they do best. Sharing information across organisations can let us know who is missing out and what isn't working so we can change it.

In summary, our system may be functioning well enough today, but we can't guarantee that it will be tomorrow. This Strategy provides us with an opportunity to improve our health system and wider social services, so that going forward we are better able to support the health and wellness of New Zealanders. A key factor in this evolution will be our ability to work together.

¹² For example, Growing Up in New Zealand (www.growingup.co.nz) or the Dunedin study (<http://dunedinstudy.otago.ac.nz>).

The future we want

A wide range of people contributed to this Strategy, sharing their ideas and experiences about the challenges facing today’s system, and what a better future system could look like.

The discussions we had in developing this Strategy revealed a range of things we need to do differently or better. In many cases, the very process of identifying the problem presented us with potential solutions. (Some of the comments made by participants in meetings are displayed in the ‘speech bubbles’ at the bottom of this page and throughout the Strategy.)

We found many examples of great practice or progress that we could extend across the system.

From the range of information and perspectives there emerged a relatively consistent view of what a better, more ‘fit for the future’ system could look like. We captured this as follows:

So that **all** New Zealanders **live well, stay well, get well**, we will be **people-powered**, providing services **closer to home**, designed for **value and high performance**, and working as **one team** in a **smart system**.

The statement ‘All New Zealanders live well, stay well, get well’ is central to this Strategy. We intend it to reflect New Zealand’s distinctive health context and population needs.

The word ‘all’ was chosen to reflect the important need for this Strategy to reduce disparities in health outcomes, and make sure the health system is fair and responsive to the needs of all people – young and old, from all ethnic groups, and wherever they may live.

The statement also highlights wellness as a goal. This acknowledges that people want not just long life, but also quality of life, which maximises years of wellness.

There is an **exciting vision**. How can we be the **best system in the world** around improving?

Feedback during Health Strategy engagement, May–June 2015

Culture and values

The previous Health Strategy, developed in 2000, was built on seven principles. Our discussions indicate that these principles still reflect our values, and the expectations New Zealanders have of their health and disability system.

We propose to retain these principles and to add one more, to reflect what people told us about the importance of working beyond the boundaries of health services.

Our refreshed principles underpin this Strategy, and will apply in work across the system, and in any new strategies or developments.

Don't underestimate that the **core value** for health professionals is to **do good in people's lives**.

Feedback during Health Strategy engagement, May–June 2015

Aligning behaviours

To give effect to this Strategy, and apply these guiding principles, there need to be some shifts in behaviours across the system. We can use these as markers for success. As we keep moving ahead, we will think and act differently. The behaviour shifts we hope to see at a system level are:

- from treatment to prevention and support for independence
- from service-centred delivery to people-centred services
- from competition to trust, cohesion and collaboration
- from fragmented health sector silos to integrated social responses.

Refreshed guiding principles for the system

1. The best **health and wellbeing** possible for all New Zealanders **throughout their lives**
2. An **improvement in health status** of those currently disadvantaged
3. Collaborative **health promotion** and disease and **injury prevention** by all sectors
4. Acknowledging the **special relationship** between Māori and the Crown under the **Treaty of Waitangi**
5. **Timely and equitable access** for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
6. A **high-performing system** in which people have **confidence**
7. Active **partnership** with **people and communities** at all levels
8. Thinking beyond narrow definitions of health and **collaborating with others** to achieve wellbeing

Five strategic themes

Building on our guiding principles, this Strategy has five themes to guide us forward. These provide a focus for change.

The themes are shown in Figure 1.6 below and discussed further in the sections that follow.

These themes are shown as interconnected. This reflects the balance that everyone working in the system has to strike between what is best for people’s health and wellbeing, at individual and population levels, and what is affordable and possible. This involves choices. Sometimes there are

trade-offs; for example, when someone can’t get an appointment as soon as they want because more urgent requests are being met.

A great system will find a balance that matches the most important needs with the best use of skills and resources. The aim is a more integrated and cohesive system that works in the best interests of New Zealanders.

Figure 1. 6:
Five strategic themes of the Strategy



1 People-powered

This theme is about:

- understanding people's needs and wants and partnering with them to design services to meet these
- encouraging and empowering people to be more involved in their health, by engaging with them about their wellbeing and helping to make healthy choices easy
- communicating well and supporting people's navigation of the system, by building health literacy, as well as using technology such as mobile phones and the internet.

Why is it important?

The health and disability system plays an important role in providing people with the necessary information and skills to engage with health services and manage their own health. Different people or groups can require different approaches – older people, for instance, can require more support to obtain and use the information they need for their health.

This theme is focused on people, but goes hand in hand with digital technologies, like telehealth systems and mobile health apps, that enable health services to engage with people wherever they are located.

Moving to a stronger customer-focused approach is important to the Government, and is part of its 'better public services' priority area. This Strategy takes this approach though it uses the term 'people', rather than 'customer'.

New Zealand's Māori Health Strategy, He Korowai Oranga,¹³ uses the concept of mauri ora to reflect its focus on individual people. It says that people using health services need pathways to care that meet their immediate needs as well as their future needs, across all stages of their life. This Strategy similarly acknowledges that need.

A people-powered approach seeks to understand how health fits into people's lives, and how it relates to their common needs, interests and priorities. With this knowledge, there is the opportunity to partner with people to provide the care they need and want. This can involve the development of tailored services that better cater for population segments; for example, providing access to health services in community settings such as schools or churches rather than in a clinic.

Some people choose to receive their **disability support** funding as a **personal budget**; this is called 'Individualised Funding'. This funding model gives people **choice and control** about how, from who and when they get support. It means they can get the services that best suit their needs. Around **2330 New Zealanders** now have an Individualised Funding allocation.

¹³ See www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga

People-powered health requires direct engagement between the system, and people and their wider families and support networks. It requires us to use data to better understand people and populations, know what works for people and why, and continuously adapt service and funding approaches.

Across the health, disability and wider social sector there are examples of new initiatives that are taking more people-centred approaches. These provide models for what should become more widespread across the system.

Putting control back to people requires **big bold steps**.
Feedback during Health Strategy engagement, May–June 2015

The **Design for Health and Wellbeing** lab, located in Auckland City Hospital, is a collaborative venture between Auckland DHB and AUT University that is using a **people-focused, design-led** approach to improve hospital and health services. The image below is from a project to improve the **emergency department (ED)** experience by reducing people's **uncertainty and stress**. On the wall is a **patient journey map** that explains the ED process in simple terms.



The **Prime Minister's Youth Mental Health Project** is a health-led programme to improve **mental health and wellbeing of 12- to 19-year-olds**. The programme includes 26 initiatives being implemented in schools, health settings and communities, and online. **SPARX** is one of these and is an **interactive fantasy-based computer program** to help young people learn skills to deal with feeling down, depressed or stressed. It is an **evidence-based tool** developed by the University of Auckland that has won several international awards and was a finalist in the 2015 New Zealand Innovators Awards.



Patient portals are secure online sites provided by GPs where people can access **their health information** and interact with their general practice. This enables people to better **self-manage their health**. One example is Medplus in the North Shore. Through Medplus, people can now **request repeat prescriptions** and **book appointments online**. As well as being convenient, portals are **efficient for practices** too; they **reduce administration time** and allow practice teams to deal with more acute, critical care needs. More than 75,000 people enrolled at 181 general practices across the country can now use a patient portal.

What great might look like in 10 years

This is our vision for **people-powered** health in 10 years' time.

- People are able to take greater control of their own health, by making informed choices and accessing relevant information when they need it; for example, through electronic patient portals.
- Everyone who delivers and supports services in the health and disability system understands the needs and goals of the individual they are supporting, their family, whānau and community, and focuses on the person receiving care in everything that they do.
- People access practical evidence-based health advice that makes it easier for them to make healthy choices and stay well. Technology tools such as mobile devices, smartphones and wearable devices are options for everyone.
- New Zealand has a reputation for innovative and effective health services designed with people's input.
- People receive high-quality, timely and appropriate services in the most convenient way.
- Health and injury services provide a more consistent experience for people.

How do we **encourage** more self-management – we need to **shift power** back to **people**.

Feedback during Health Strategy engagement, May–June 2015

2 Closer to home

This theme is about:

- more integrated health services, including better connections with wider public services
- investment early in life and a focus on children, young people and families and whānau
- care closer to where people live, learn, work and play, especially for management of long-term conditions
- focus on wellness and prevention of long-term conditions through both population-based and targeted initiatives.

Why is it important?

Good health begins at home and in communities so it makes sense to support people's health through services located close to these places where possible.

We will always need specialist services provided in hospitals for complex treatments or surgery. But new skills and technologies are allowing us to shift some services closer to home. These changes are already happening with, for example, minor surgery and intravenous antibiotics for serious skin infections being available in primary and community care settings as an alternative to hospitals. Encouraging these sort of shifts will be important where they provide convenient, good-quality and affordable options.

For those that live in remote locations or who are unable to reach health services, we can use other approaches. These include the use of telehealth, mobile vans and out-reach clinics.

Providing services closer to home can require us to work broadly, with other agencies in health and across the wider government and community sectors. By working collaboratively, and with an investment approach, we can more effectively understand and respond to the needs of populations that may be under-served or have high needs. Some people in these groups will have interactions across multiple health and other services. For these people, we know that coordination of services is very important; for example, effective work between health services and the Accident Compensation Corporation (ACC) helps older people to live well and stay safe in their own homes after a fall.

There are good examples of health services providing integrated services closer to home. Māori and Pacific models and approaches are among these, and there are opportunities for these to be adopted more widely to make primary care more accessible and affordable.

Māori organisations are uniquely placed to contribute to the goal of closer-to-home health care. They are geared to be responsive to their Māori owners, often the very community they serve, and are inherently people-centred. This is important as Māori (and also Pacific) adults are more likely than the adult population as a whole to say that they are unable to access primary health care services due to cost (Table 1.1).

Table 1.1:

Percentage of adults reporting unmet need for primary health care, 2013/14

	All	Māori	Pacific
Any unmet need	28%	37%	33%
Unable to visit GP due to cost	14%	22%	21%
Unable to visit after-hours clinic due to cost	7%	13%	11%
Unable to collect prescription due to cost	6%	13%	16%

Source: Ministry of Health. 2014. *Annual Update of Key Results 2013/14: New Zealand Health Survey*.

The **Ngati Hine Health Trust** is establishing an **Integrated Family Health Centre** on site at the Bay of Islands Hospital. It will combine four GPs with Ngati Hine's tapuhi (community nursing), Well Child / Tamariki Ora, podiatry, adolescent, oral health, mental health, alcohol and drug, physiotherapy, cafeteria and social services **all under the one umbrella**. It especially aims to meet the needs of rangatahi, kuia and kaumātua. The Centre will provide **streamlined services** between the hospital and primary care, making use of a single reception area and a common IT system and common support services.

Invest in **child health** – investing in the **future** is the way to **make a change**.

Feedback during Health Strategy engagement, May–June 2015

'Key tips for a warmer, drier home' is an information toolkit to support **conversations** with families and whānau about steps to take for **healthy housing**, including keeping space between sleeping children. It has been developed by the Ministry of Health with the Energy Efficiency Conservation Authority (EECA) and the Health Promotion Agency and with input from **Māori, Tongan and Samoan** communities. The Ministry of Education is using the resource in its work with community groups associated with **early childhood education** centres.



Children, families and whānau

Early investment in the health and wellbeing of our children, parents, families and whānau sets the foundation for lifelong health.

New Zealand has a strong base of universal, community-based services that are generally available to all children and families. These include maternity, general practice, immunisation, Well Child / Tamariki Ora, B4 School Check, and community oral health services. We need to sustain these services, but also improve their uptake, and make better use of the opportunities they provide health professionals to work with families to promote healthy development and provide additional support where needed.

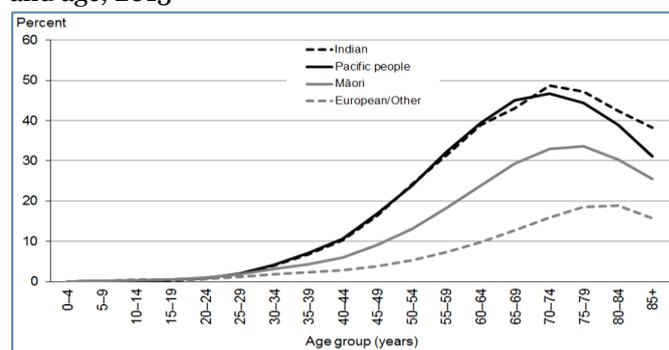
For children and young people that are struggling with health or social problems, there is an important need to ensure that they have access to services that will help them thrive and contribute positively to their communities. This will require a social investment approach and coordination across agencies.

Children's teams work locally to respond to the needs of individual children at risk by bringing together the **best mix of practitioners**, including teachers, doctors, social workers and iwi. This work is guided by the Government's **Children's Action Plan** and the Vulnerable Children Act 2014. Hamilton's Children's Team aims to help children **thrive, achieve and belong**. It was launched in September 2015, and will support approximately **650 vulnerable children** when it reaches scale.

Long-term conditions, including obesity

Like other countries, New Zealand faces a rising burden from long term health and injury conditions such as heart disease, respiratory conditions, cancer, mental health conditions, diabetes and musculoskeletal conditions, and also from obesity. Many of these affect populations in different ways. For example, as Figure 1.7 shows, diabetes increases with age, but is more common among Pacific, Indian and Māori people.

Figure 1.7:
Prevalence of diabetes, by ethnic group and age, 2013



Source: Ministry of Health. 2014. *Health and Independence Report*.

Obesity rates have increased. By 2016, obesity is expected to overtake **tobacco as the leading risk to health**. Children living in **deprived** neighbourhoods are more likely to be obese. Obesity is a preventable risk factor for diabetes, cardiovascular problems, dementia, some cancers, mental illness and chronic pain. Children with obesity may have **attention problems** that affect their ability to learn.

Primary care and community services can work together to prevent and manage many aspects of long-term conditions. We need to take advantage of this opportunity, by providing more or better access to community services.

We can also shift services from hospital to community settings in some cases.

Population-based strategies can also make healthier choices easier for all New Zealanders and help prevent and manage long-term conditions. They include things such as smokefree areas, safe sport programmes, public education initiatives, and initiatives with industry to support workplace safety or health-appropriate food product information.

A trial to improve the health and wider social outcomes in **Porirua** started in 2013 and set about **slowing the rate of admissions** to emergency departments and hospitals. Its approach has been to strengthen the **coordination of local social and health agencies** to address the cause of health problems in the community. Important health problems among **children** living in Porirua have improved since the trial started: there has been an increase in the number of children enrolled for **dental care** and a reduction in admissions for **skin infections**, which for 5- to 14-year-olds have dropped from 34 per year in 2012 to 11 in 2015. In this trial, **local leadership** is being empowered to address long-standing causes of health issues in the community.

What great might look like in 10 years

This is our vision for services that are **closer to home** in 10 years' time.

- People are safe, well and healthy in their own homes and communities.
- We have well-designed and integrated pathways for the common journeys people take through our health and disability system (eg, cancer, maternity, diabetes), starting and finishing in homes.
- We have workforce capability and capacity in primary and community services that provide high-quality care as close to home as possible.
- We have adapted our service configuration (at all levels) so that we can leverage scale where we need to and take advantage of cross-government partnerships, as well as public and private partnerships.
- Māori and Pacific health models, such as Whānau Ora and the Pacific Fonofale model, are used to provide effective and accessible care responsive to their communities.
- Our health system contributes to lifelong health through its support for parents, children, families and whānau.
- We are good at identifying key health problems, preventing them or slowing their deterioration, and keeping people well. We provide well-coordinated care and rehabilitation for people with complex conditions, injuries or disabilities, as well as for frail older people, and for children and families with unmet needs.
- The health system works effectively with other agencies, to improve outcomes for all children and young people, and particularly those at risk, through strong community links with early childhood centres, schools, marae, churches, local authorities, and other social service agencies; for example, in the areas of housing, social development and corrections.

3 Value and high performance

This theme is about:

- a focus on outcomes: people’s experience of care, health and equity of health outcomes, and best-value use of resources
- transparent use of information to drive learning and decision-making for better performance
- strong performance measurement and a culture of improvement, in which we are open and honest about where we can improve
- striving for equity of health outcomes for all New Zealand populations
- an integrated operating model that makes people’s responsibilities clear
- the use of investment approaches to address complex health and social issues.

Why is it important?

New Zealand’s health system performs well, but it can and should do better.

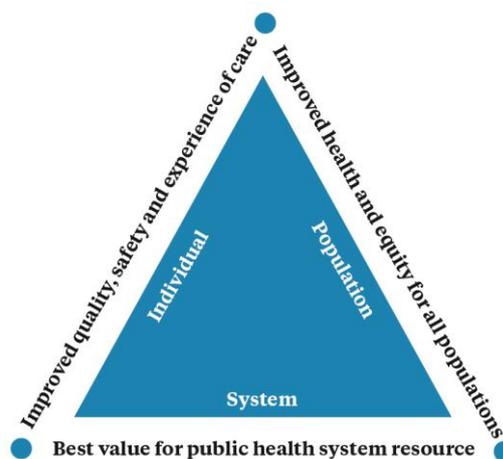
We need to focus on the results that matter most. Our approach needs to take account of the full range of factors that affect health outcomes, including financial factors, human and technological resources, service users’ experience, quality, health behaviours, the physical environment and social factors.

We can make information work much harder for us. Better information about real-time health results, which is more visible, can help us improve at the front line and at a national level.

The Triple Aim framework (Figure 1.8) provides us with a system approach to making improvements in services. It can help us balance our goals in terms of outcomes. One of its aims is improved health and equity for all populations.

New Zealand’s health system needs to do better for the populations that do not enjoy the same health as the country as a whole. These include Māori and Pacific populations and people with disabilities. To achieve this, our focus must be on removing the infrastructural, financial, physical and other barriers to delivering high-quality health services that exist within the health sector and between our sector and other sectors.

Figure 1.8:
The New Zealand Triple Aim framework



If the purpose is to reduce inequalities we need to urgently **start doing things** we are not currently doing.

Feedback during Health Strategy engagement, May–June 2015

We need to be clear about who is accountable and responsible for what. This is particularly important if we want to provide integrated care. Our operating model must describe the role and purpose of all players in the system and, equally importantly, our way of working. We need to define the processes and culture that allow us to work as a team, and the skills, resources and information that build them.

Failures in the quality and safety of health services are costly to the system and to individual people and their families and whānau. We need to promote a culture of quality improvement across our health services so that patient harm is minimised and health and injury treatment outcomes are optimised.

New Zealand has outstanding and internationally recognised research teams, working in and with the health system, contributing to innovations that can improve performance and safety. Our achievements include the knowledge and improved practice we have developed in relation to asthma, cot death, the links between housing and health, the use of cooling caps for premature infants, and heart disease decision support tools.

But in general we need to get better and faster at sharing the best new ideas and evidence and putting them to work throughout the system. This will help us avoid unwarranted variations in the quality, safety and sustainability of services, and will also mean that effort is

not wasted when regions or organisations independently develop solutions to common problems. This can be achieved if we take the learnings from successful implementations and apply them systematically to areas in need of improvement.

Value for money is an imperative in the face of changing and increasing health needs. Working with others across government is one way to achieve this.

Another way is to realise the potential for the health system to make more use of investment approaches. By adopting a more holistic perspective on social value and costs – an investment approach – we can make better decisions and more informed trade-offs.

PHARMAC's approach to managing pharmaceutical spend is **world leading**, and New Zealand has one of the highest proportions of generic **medicines** by volume, fifth out of 26 OECD countries. In 2013 spending on medicines managed by PHARMAC was \$784 million, but PHARMAC estimates that without the **savings** it has achieved on the cost of medicines since 2002, these medicines would instead cost over \$2 billion.

Source: PHARMAC Annual Report 2012/13.

4 One team

This theme is about:

- operating as a team in a high-trust system with better cohesion
- making the best, most flexible use of our health and disability workforce
- leadership, talent and workforce development throughout the system
- strengthening the roles of people, families, whānau and communities as carers
- the system leadership role of the Ministry of Health
- collaborating with researchers.

Why is it important?

We will need a more cohesive team approach across our health and disability system to reach the goal of a high-performing system. We need to work towards shared goals, and be able to work beyond organisational boundaries, proactively assisting people and populations in need.

We need to reduce the fragmentation of care in our health system, and foster increased trust and collaboration. Getting rid of the fragmentation will provide us with opportunities to improve the quality of services, improve timeliness of access and reduce doubling up on resources.

It is important that we have a workforce whose size and skills match New Zealand's needs. Going forward, this will mean the development of new or stronger skills for some, especially those supporting integrated care that work in teams with a range of health specialties. There is also a need to enable flexible and full use of skills, and this will mean continuing to reduce the barriers that currently prevent this, including legislative barriers.

It will also include strengthening the capability of NGO providers — not only the capability of their people but also their access to technology infrastructure to allow them to work to their full potential.

Whanganui DHB is using a **team approach**, working with whānau and community providers, to improve **Māori health**. A Haumoana (**navigator**) service helps whānau find their way through DHB services. It has an **open door** approach, catering for any family, whatever the need. The service includes provision of a whare for families who experience the sudden death of a whānau member. The service is delivered by non-clinical Māori staff working alongside clinicians and health professionals. It is available **24 hours, 7 days a week**.



Beyond the formal workforce, there will be an important need to support families, whānau and individuals in communities in their roles as carers of people close to them. This could involve specially tailored information and training for volunteers, as well as the opportunity for them to contribute to design choices for our health system.

We will need great leaders and managers to enable change. These people will make the most of the diverse skills in our system, optimise our use of resources and continuously improve our management processes. There are many great leaders already in the system, but we need to remember that leadership and management skills need to be honed. It is also important that we foster the next generation of leaders.

The Ministry of Health has the role of system leadership. This means keeping an overview of the system as a whole, with a view to supporting its long term capability and performance, and working with DHBs and other Crown entities, such as ACC and the Healthy Quality and Safety Commission (HQSC), to support their own leadership roles within the system. It includes attention to the linkages between different parts of the system, and strengthening these where needed to support a high-functioning system. Achieving the future envisaged in this Strategy will require strong system leadership. Steps to support the Ministry's capability for this are among the early actions for implementation of the Strategy.

A one-team approach also encompasses links with scientists and researchers, including those working in the health system also as clinicians, and those in the wider tertiary system or in industry. Their expertise can help us determine opportunities for improvement, measure the impacts of our interventions, and introduce new ideas into the system.

The **Health Research Council** (HRC) in 2013/14 supported \$42 million of research in **collaboration** with clinicians and other users. This research includes developing **new technologies**, carrying out evaluations and cost-benefit analyses, and designing **effective interventions**. This applied research is supported by the HRC's broader investments in basic research that support **breakthroughs** in knowledge.

Source: Health Research Council. 2015. *Research to Action: Improving the lives of New Zealand through health research.*

This Strategy places particular emphasis on **integration**, which is critically dependent on a team approach. Particular examples of integration in the health system include:

- integrated care for a **disease condition** or population that improves an individual person's journey; for example, a diabetes pathway
- integrated **health services** that combine different services under one roof; for example, provision of Well Child / Tamariki Ora checks at the same location as ultrasound scans
- coordination with **initiatives in other sectors**; for example, the Healthy Homes Initiatives, Healthy Auckland Together and Healthy Christchurch
- **vertical integration and service planning** that make the right facilities available in the right coverage areas; for example, access to specialists from remote locations, or sharing equipment across hospitals.

What great might look like in 10 years

This is our vision for the **one-team** approach in 10 years' time.

- The health system is more than the sum of its parts, with each part clear on its role and working to achieve the aims of the system as a whole.
- The system has competent leaders who have an unwavering focus on the system's goals, and a culture of listening carefully and working together in the interests of people's ongoing wellbeing.
- New Zealand offers coherent pathways for leadership and talent development that inspire and motivate people already working in the health system, and those considering health work as a career.
- We invest in the capability and capacity of our workforce, including that in NGOs and the volunteer sector, and make sure that it fosters leadership, flexibility and sustainability.
- The Ministry of Health is a competent system leader, playing its role effectively as part of the wider health and disability system, and partnering with other sectors.
- There is a culture of enquiry and improvement throughout the health system, and seamless links to the New Zealand and international science communities.
- New Zealand and international research, best practice and local innovations are shared freely and used to roll out improvements nationally.

What works is **leadership** that is **clear** about what it is trying to achieve but **flexible** about how it is delivered.

Feedback during Health Strategy engagement, May–June 2015

We have **motivated** and highly **skilled** people and **committed** communities.

Feedback during Health Strategy engagement, May–June 2015

Healthy Auckland

Together is a coalition working to make it easier for Aucklanders to **eat better, exercise more and maintain a healthy weight**. The focus is on five areas: streets, **parks and places**; food environments and marketing; schools and early childhood education services; workplaces; and **community settings**. The 21 agencies involved include health entities, local government, iwi-based organisations and NGOs. Together, they have developed a regional action plan with 65 actions towards achieving their goals.



5 Smart system

This theme is about:

- information being reliable, accurate and available at the point of care
- individual online health records that people are able to access and contribute to
- data and smart information systems that improve evidence-based decisions, management reporting and clinical audit
- standardised technology that allows us to easily make efficient changes
- being able to take advantage of opportunities of new and emerging technologies.

Why is it important?

The world of technology is advancing very fast. Every aspect of our lives is affected. New technologies have already had a profound impact in industries like banking, air travel and retail. In the coming years they will play a significant role in the health system in terms of what, how, where and when services are provided, and who provides them.

New technologies have the potential to generate large amounts of data that can unlock insights about the health system and the health of New Zealanders. Data and smart information systems can support evidence-based decisions on treatments, options and interventions. Technology can perform some tasks for us, help us communicate with each other and ultimately improve our productivity.

Well-organised data can help us to target different population groups and track their progress in terms of our shared goals. This is important not only in the health system, but also in the delivery of services that span other government agencies and sectors.

Our system needs to become a learning system, continuously monitoring and evaluating what we are doing, and standardising approaches where possible. Fragmentation makes technology overly complex and expensive. To share new ideas or innovations, we must have sufficient scale and similarity to roll them out across our system.

eReferrals make the **patient journey** smoother by making the transfer of information between health care providers smoother. They support **faster clinical decision-making** and increase **safety** by making it less likely for referrals to be lost or hard to read. eReferrals allow specialists to **communicate** with referrers on the **best treatment options**. This may mean that people can be **treated in the community**, without needing specialist appointments. Auckland, Waitemata and Counties Manukau DHBs have been using eReferrals between GPs and hospitals since 2012. From April to June 2015, eReferrals made up 64,415 out of 86,077 or **75 percent of total referrals in the Auckland metro DHBs**.

Technology involves more than just digital technologies. Other technologies are revolutionising health systems: robots and other automated systems are carrying out repeatable and predictable processes, advanced analytics are providing new insights into complex health problems, and research breakthroughs in human and life sciences are making ‘personalised medicine’ a reality for more and more people.

Electronic health records can let people access their own health information and gain more control of their own health. They also allow health providers to share information with others to ensure timely and consistent care and to make better decisions.

Shared care plans give people with complex long-term conditions **ownership of their health care**, supported by a multidisciplinary team. The plans enable them to **set their own health goals** with **measurable outcomes**. In Canterbury and Auckland DHBs, significant numbers of people are enrolled in shared care programmes – over 16,000 in total have active care plans. The DHBs are creating plans not only for people with long-term conditions, but also for people receiving **palliative care, older people** needing acute care and others needing advanced care. Shared care plans involve a **health navigator** who takes responsibility for care coordination in each individual case.

Health information and services can be provided to people via voice or video

through the devices they already use, such as phones and computers. These telehealth approaches can help give people in rural locations, in particular, access to specialist care. They can improve management of long-term conditions, decrease hospital admissions and reduce travel costs.

Telehealth enables health professionals to **deliver health services** without being in the same room as the person receiving care. It can also deliver health care-related **education, research and evaluation remotely**. In Central Otago, doctors can support children with type 1 diabetes through a **safe and secure video link** to specialists in Dunedin. This eliminates the need for the children and their families to make a six- to eight-hour round trip for a routine half-hour appointment. It means people living in **rural or remote areas** in Central Otago have access to the same **specialist care** as those living in the city. Currently, 17 out of 20 DHBs are actively making use of telehealth.



What great might look like in 10 years

This is our vision for a **smart system** in 10 years' time.

- New Zealanders make regular and effective use of a patient portal to access their health information and improve their interactions with their doctor and other health care providers.
- When people first attend a health service, the provider already knows their details. Their journey and scheduling are integrated.
- People at risk of various conditions have easier access to follow-up tests and services and benefit from more individually tailored treatment and management plans.
- The quality of health care is high as health workers spend quality time with people, errors are reduced and better decisions are made.
- The data we collect is more specific, so that management can be more proactive.

The process of **designing** the technology can be the **game-changer** – means you get together and have a conversation.

Feedback during Health Strategy engagement, May–June 2015

- Data is used consistently and reliably, with appropriate safeguards, to continuously improve services.

Nelson Marlborough

DHB has developed an ED system that demonstrates how **clinicians can lead the design** and development of innovations. **ED at a Glance** displays all of a service user's **relevant information** on a large electronic whiteboard for ED staff. It allows clinicians access to a person's existing care management plan each time they come in. Since the project was introduced in 2013, visits to the ED by the most frequent attenders have reduced significantly. This **frees up the ED for those who need really urgent care**.

In 2014, ED at a Glance won Dr Tom Morton and his team the Clinician's Challenge – an award from the National Health IT Board and Health Informatics New Zealand for **innovative uses of technology** to improve care.



Turning Strategy into action

Implementation of the Strategy will require effort from everyone who works in the system and contributes to health in New Zealand.

Figure 1.10 (p 28) shows the wide range of inter-linked players in New Zealand's health and disability system. They include many government and Crown agencies, including DHBs, as well as NGOs and private providers such as Māori and Pacific providers and independent general practices. As this Strategy makes clear, at the heart of the system are New Zealanders themselves, and their families and networks of informal carers and supporters.

The performance of the system depends not only on the capability of each individual part but also on the strength of linkages throughout the system. The Ministry of Health supports this through its system leadership role.

Roadmap of Actions

In a system with this many players, we need to be clear about what needs to happen and when, and who is responsible. This Strategy has a 10-year outlook. But setting out to achieve this requires some more immediate signposts. These are developed in II. Roadmap of Actions, which is part two of the Strategy.

The Roadmap takes the five strategic themes introduced in I. Future Direction and lays out 20 concrete action areas to focus implementation over a five-year time horizon. Figure 1.11 (p 29) indicates some of the results expected from delivering the actions.

The Roadmap will be updated annually, serving as a practical guide for DHBs and other agencies to support the planning and prioritisation of work to deliver the Strategy. In all the work that they do, DHBs are expected to reflect the directions of the Health Strategy. The Roadmap updates will involve continued collaboration across the health system with a new annual forum.

Tracking progress

The Ministry of Health will monitor work undertaken on the actions in the Roadmap as part of the Strategy implementation process.

A set of measures will be used to track progress – these will be relevant to the outcomes sought through the Strategy and shared widely to demonstrate and motivate ongoing learning and change. They will also support the Minister's annual report on the implementation of the Strategy as required by legislation.

The first thing is to get **systems thinking** in place. It's not about one, it's about a system of **integrated** parts.

Feedback during Health Strategy engagement, May–June 2015

Figure 10:
Overview of the New Zealand health and disability system

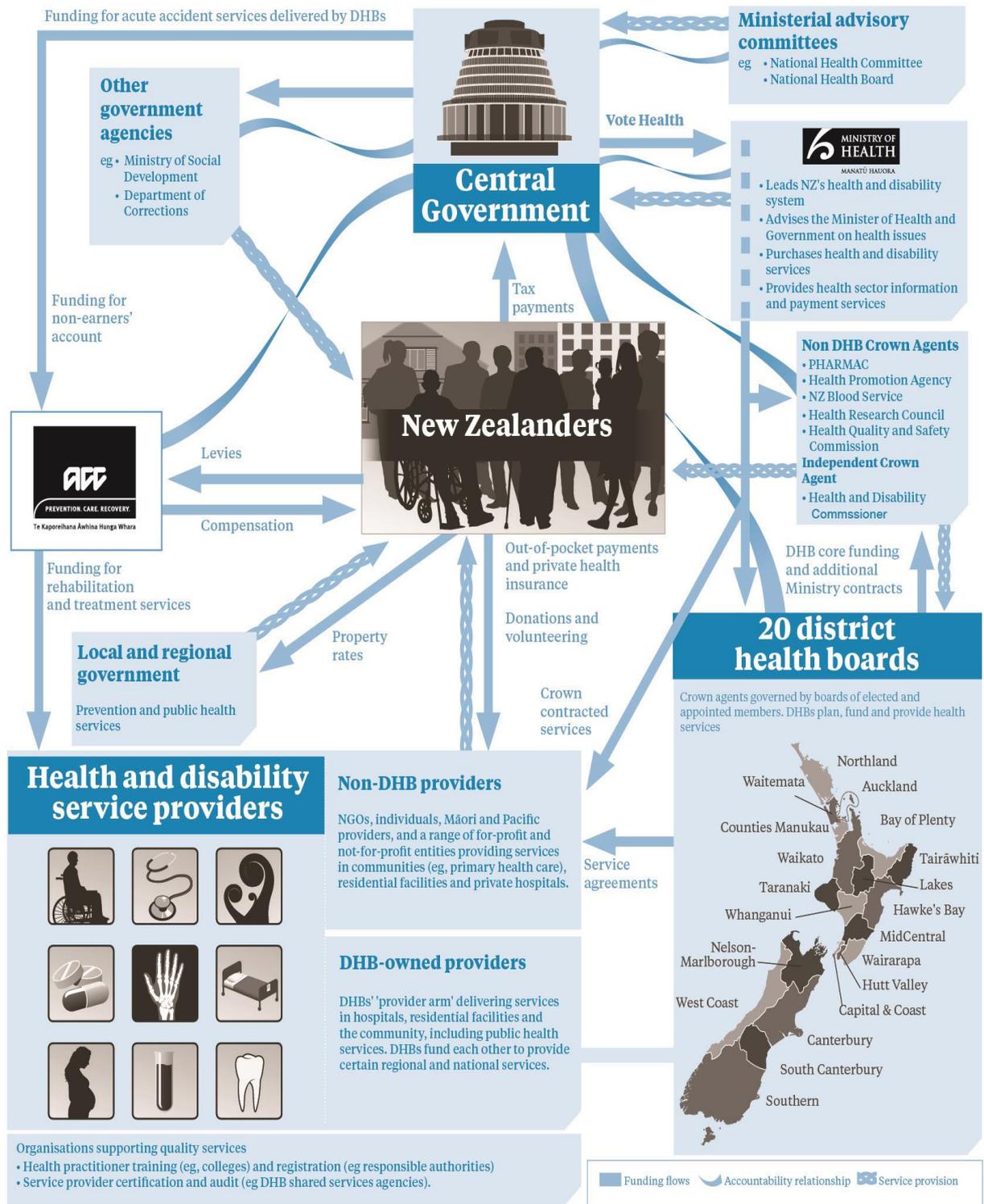


Figure 11: Possible results from implementing the Roadmap of Actions over time (illustrative with selection only; see Strategy: II. Roadmap of Actions for full list of actions)

