

# II. Roadmap of Actions

## Introduction

**New Zealand’s health system is good by international standards but we need to continue to adapt and find new ways of working, to ensure we are doing our best for the health and wellbeing of New Zealanders into the future.**

Like many other health systems around the world, our system faces the challenges of an ageing population and a growing burden of long-term conditions, such as heart disease, diabetes and mental health conditions. Issues such as obesity can also lead to longer-term health problems.

The Government expects the public health system to continue to focus on delivering high-quality health services, improving performance where it matters most.

It also wants to tackle priority issues with wider impact, such as housing quality and the wellbeing of children. The health system already makes important contributions to these issues. Stronger partnerships and changing approaches will allow us to do even more.

**The New Zealand Health Strategy: All New Zealanders live well, stay well, get well** (the Strategy) has been developed to guide change in the system. Over the longer term, the Strategy’s implementation will lead to a health system with a new way of working to support the health and wellbeing of New Zealanders.

The Strategy has two parts.

- I. Future Direction** (companion document) outlines a 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** (this document) identifies 20 work areas for the next five years to put the Strategy in place.

The areas of work set out in this Roadmap will have a critical role in driving change. In some cases, this is because they have a system-wide impact; in others, it’s because they play a catalytic role in modelling or unlocking the particular change required. Some areas address issues that are a priority for the Government. In this case, this Roadmap underlines what we need to do to reach government goals.

The work areas in this Roadmap are not all new. Most are, to varying degrees, the subject of programmes of work at the Ministry of Health and in district health boards (DHBs), in other Crown entities and across the system.

Their presence in this Roadmap signals their importance for the future of New Zealand’s health system, and reflects our expectation that going forward we will focus on them collectively to achieve positive change.

The Strategy includes eight principles that reflect the values of New Zealanders and their expectations of the system (see the box below). These principles apply also to this Roadmap and have relevance across all the themes and to many of the actions. The Strategy principles can be used to guide decisions; for example, about how services could be redesigned, who should be involved and what outcomes to expect.

As a specific example, the principle that acknowledges the Treaty of Waitangi should guide the design of training for health workers and board members to ensure they have appropriate knowledge about the Treaty, its implications for the participation of Māori in the health system, partnership approaches to services, and the need to improve the health status of Māori.

**Section A** of this Roadmap describes action areas under each of the five themes of the Strategy (Figure 2.1).

**Section B** of this Roadmap outlines how the Strategy will be implemented, including the ongoing work to develop this Roadmap on an annual basis.

**Figure 2.1:**  
Five strategic themes of the Strategy



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

## Section A: Action areas

**This section of the Roadmap sets out actions within 20 work areas under each of the five themes of the Strategy. We have laid out the actions in a way that recognises that progress will be step-wise.**

We recognise that organisations will be at different stages in their own development. However, in setting out these actions, we have aimed to provide a general approach. The actions typically start with an assessment of current progress. They then comprise guidelines for sharing good practice, and build on further improvement from that base.

The actions are intended to be carried out within a five-year timeframe, with first steps starting in 2016/17 and indicated with an asterisk (\*). The workplan will be updated annually as set out in Part B.

Appendix 1 on page 49 contains a summary of the 20 areas for action.

## 1 People-powered

This theme reflects the Government's priority of delivering 'better public services' and the opportunity to achieve this through more people-centred approaches to health services. A people-powered system will involve people not only as users of health services but also as partners in health care. It will support and equip all New Zealanders to be **informed** about and **involved** in their own health.

New Zealand is home to a diverse range of cultures and ethnicities, and our health system has to cater for all of our people, at all points in their lifespan. The better we **know** people's preferences and lifestyles, their health needs, their experiences of care and the outcomes they are seeking, the better we can **design** services that deliver best value for our resources. For example, many Pacific peoples have strong connections with churches, so it can make sense to use these as convenient access points for health care advice or services, designed in partnership with these communities.

### What do we want in 5 years?

- People have access to reliable and easily understood information, including online, to find out about the choices they can make and how they can take greater responsibility for their own health.
- People can easily provide feedback on their experiences of using services.
- The design of the health and disability system reflects 'person, need, outcome' principles. The system measures what matters to people, and people's involvement improves quality, safety, experience and health and equity of health outcomes.
- Providers listen to service users to understand the segments, needs and desired health outcomes for populations in their area. Planners continuously improve services to better meet needs and improve quality, safety, experience and equity of health outcomes.

## Inform and involve people

Action 1	<p>Improve coordination and oversight and expand delivery of information to support <b>self-management of health</b> through a range of <b>digital technologies</b>.</p> <ul style="list-style-type: none"><li>a. * Start with a stocktake of current provision and consider different innovation and information channels relevant to people's needs when growing the available information network.</li><li>b. Use social media to provide information on early stage diabetes.</li><li>c. * Continue to strengthen the National Telehealth Service by providing more support for self-management of people's health and conditions.</li><li>d. Create partnerships for better health services by giving everyone on the health team, including the person, access to the same information.<ul style="list-style-type: none"><li>i. * Promote to service users and clinicians the benefit of having access to health information accessible via a patient portal.</li><li>ii. * Expand the number of early adopter DHBs using an integrated health record for pregnant women and children (as part of the Maternity Information System) from five to ten.</li></ul></li></ul>
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## Know and design

Action 2	<p><b>Promote people-led service design</b> by collecting and sharing good examples of it from design laboratories and practices; focus especially on those examples that effectively reach and understand high-need priority populations.</p> <ul style="list-style-type: none"><li>a. * Identify and showcase three high-quality, people-led service designs at the annual forum (links to action 17).</li><li>b. Support clinician-led collaborations to engage with high-need priority populations on key health issues.</li></ul>
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## 2 Closer to home

Good health begins at home and in communities and these are the places most people would choose to receive care and support they need for their health. There will always be a need for hospitals. But opportunities are increasing for **shifting services** out of such specialist centres, so that we can prevent and manage health conditions safely and effectively in people's local communities. One way we can do this is to help people in the health workforce undertake tasks they are skilled (or can be trained) to do that have traditionally been outside their roles.

This theme is the intersection point between health services, other social services, and the broader community and business environment. It has a focus on prevention, early intervention, rehabilitation and wellbeing for **long-term conditions**, through evidence-based initiatives aimed broadly at all New Zealanders as well as those designed for people at higher risk. It also recognises the pressing need for us to work together more effectively to support **children, families and whānau**, particularly those at risk of poor health or social outcomes.

### What do we want in 5 years?

- People have access to services, information and support as close as possible to home, services are available when they want them, and access to services is as easy as possible.
- Strategic planning will be done regionally, and there will be stronger advisory support for determining and managing the implementation of regional services.
- The balance of services for long-term conditions will have shifted closer to the service user (by growing preventative, self-management, home, community services and primary care).
- Investment approaches will be the norm for agencies across government to improve overall outcomes and to support provision of services for at-risk children and families and other priority populations.

## Shift services

Action 3	<p>To maximise value for people and achieve the <b>best health outcomes</b>, the Ministry of Health, with input from the system, will ensure the <b>right services are delivered at the right location</b> in an equitable and clinically and financially sustainable way.</p> <ul style="list-style-type: none"><li>a. * Engage with DHBs in establishing service configuration design principles (recognising that some services, such as primary care, need to be available locally, while other specialist services, such as heart transplants, need only be in one location).</li><li>b. * Agree design principles for the approach.</li><li>c. Collaborate on the approach to implementation and timing.</li></ul>
Action 4	<p>Enable all <b>people working in the health system</b> to add the greatest value by making sure they are providing the right care at the earliest time while <b>fully utilising their health skills and training</b>.</p> <ul style="list-style-type: none"><li>a. * Remove legislative barriers to allow health practitioners, such as pharmacists and nurses, to prescribe under limited circumstances.</li><li>b. * Increase the use of telehealth approaches, including telemedicine and telemonitoring, to provide services to people closer to their home.</li></ul>

## Tackle long-term conditions and obesity

Action 5	<p>The Ministry of Health and DHBs will increase the effort on <b>prevention, early intervention, rehabilitation and wellbeing</b> for long-term conditions such as diabetes, cancers, cardiovascular disease, chronic respiratory conditions, mental health conditions, musculoskeletal disorders, and for obesity, addressing common contributors or risk factors of these conditions and focusing efforts on points in the lifecourse with the greatest opportunity for success.</p> <ul style="list-style-type: none"><li>a. * Agree the outcomes framework for setting expectations and judging success.</li><li>b. * Reorient planning guidance and performance management to outcomes for long-term conditions, starting with a focus on one of these; for example, diabetes or mental health conditions or cardiovascular disease.</li><li>c. * Make greater use of new and existing clinical networks to strengthen collaborative approaches to long-term conditions that span DHB boundaries.</li><li>d. Support the spread of best practice over time, by requiring partnerships between those producing the best and most equitable health outcomes and others.</li><li>e. Over time, progressively target other aspects of long term condition prevention and management – perhaps population segments, or weaker segments of the end-to-end journey; perhaps emerging conditions.</li><li>f. Capture the service user’s care plan in an electronic form for access by all health providers who make up the care team.</li><li>g. * Collaborate with other government agencies to implement an evidence-based programme of vocational rehabilitation to maintain employment for people with long-term conditions.</li><li>h. * Implement a package of initiatives to prevent and manage obesity in children and young people up to 18 years of age that combines targeted interventions for those who are obese, increased support for those at risk of becoming obese, and a broad base of population-based strategies to make healthier choices easier for all New Zealanders.</li></ul>
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## A great start for children, families and whānau

Action 6	<p>The Ministry of Health will continue to <b>collaborate across government agencies, using social investment and lifecourse approaches</b>, to improve and make more equitable the health and social outcomes for all children, families and whānau, particularly those at risk.</p> <ol style="list-style-type: none"> <li>a. * Increase support to pregnant and postnatal women experiencing mental health and alcohol and other drug conditions.</li> <li>b. * Promote healthy nutrition and activity for pregnant women and children to reduce the prevalence of childhood and adult obesity.</li> <li>c. * Support families, especially those with newborn babies, to have healthy housing (warm, dry and smokefree) and address crowding issues, to reduce transmission of infectious diseases and family stress.</li> <li>d. * Improve collaboration between early childhood services and health services for preschoolers to improve early childhood education attendance and better address unmet health and development needs.</li> <li>e. * Be a strong participant in the Government’s programme of work to improve social outcomes for children and young people, with initial focus on:             <ol style="list-style-type: none"> <li>i. * leading the Government’s programme of work to ensure all children, at the age of six, turn up to school regularly, are ready to learn, are well fed and healthy, and live in a safe and nurturing environment</li> <li>ii. * supporting Ministry of Education’s lead on the Government’s strategy for at-risk 15- to 24-year-olds, which includes working towards improved health outcomes for these young people.</li> </ol> </li> <li>f. * Connect children and families of offenders to health services.</li> <li>g. * Work with the Accident Compensation Corporation (ACC) and other partners to build on a range of programmes that support young people to make healthy relationship choices with the aim of reducing the incidence of sexual and family violence in the future.</li> <li>h. * Lead the development of a plan to improve the health system’s response to children and families who are living with fetal alcohol spectrum disorders.</li> </ol>
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### 3 Value and high performance

Possibly one of the most important and achievable gains we can make in the performance of the system will come from making smarter and more transparent use of information. As an integral part of a health and equity of health **outcomes-based performance** framework, this will bring immediate benefits at the point of care and also in the longer term. At a system level, it will also help with more purposefully targeting high-need priority populations.

This theme recognises that we need to make better use of our **funding, better directing it** to where needs are greatest, and that this could be done using a **health investment** mindset in a long-term approach. We are already doing well in terms of **quality and safety**. Strengthening the relationships with key agencies, such as the Health Quality and Safety Commission (HQSC) and ACC, will allow us to do even better.

The New Zealand Productivity Commission's recommendations on More Effective Social Services recognise that improving social outcomes depends critically on the involvement and capability of not only government agencies but also non-governmental organisations (NGOs) and the wider community sector.

#### What do we want in 5 years?

- Population health management is improved through: looking at the population carefully and then focusing on high-risk individuals or other groups; developing multi-sector partnerships, using key stakeholder resources and aligning our policies to provide community-based support for all who wish to make health-related behaviour change; and striving for a fair system.
- Services are configured in a way that is more clinically and financially sustainable and equitable. Services are delivered in community settings where possible.
- Primary care services use teams to deliver core services; develop shared plans of care; better coordinate care with specialists and hospitals; improve people's access through better scheduling; and work with their communities.
- Secondary hospitals improve their core services and strengthen their partnerships within regions to address workforce and quality pressures.
- Specialist/tertiary services tend to be consolidated into a smaller number of services delivering specialised care for a defined population base (regional or national) in collaboration with local referring clinicians and interacting electronically.
- Funding and information systems support providers to improve their service:
  - changes to funding processes improve access to universal services for high-need priority populations
  - providers use a health investment approach
  - funding, incentives and payment streams for primary care support its role in the system
  - commissioning of services and payment approaches focus on equity of health outcomes
  - purchasing from NGOs and commissioning at the local level improve, with standardisation of contracts, are linked to performance and are sustainable.

## Improve performance and outcomes

Action 7	* The Ministry, working with the HQSC, will develop and implement <b>service user experience measures</b> . This could build on the HQSC's existing work with online patient experience surveys.
Action 8	* Develop and implement a <b>health outcome-focused framework</b> , with involvement from the health and disability system, service users and the wider social sector. The framework will reflect the links between people, their needs, and outcomes of services and will shift the focus from inputs to outcomes. This work will build on the Integrated Performance and Incentive Framework work to date, and aims to increase equity of health outcomes, quality and value.
Action 9	* Work with the system to develop a <b>performance management</b> approach that makes use of streamlined reporting at all levels, to make the whole system publicly transparent. This will draw on service user experience results (developed through action 7), operate within the outcomes framework (developed through action 8) and involve approaching planning, monitoring and continuous improvement in a tight-loose-tight way (ie, setting specific target outcomes, making service delivery options flexible, and being tight on achieving health and equity outcomes) and supporting innovation.

## Align funding

Action 10	<p>Align funding better <b>across the system</b> with a rolling programme focused on getting the best value from health investment (including incentives where relevant to support Strategy direction).</p> <ol style="list-style-type: none"> <li>a. * Ministry of Health will provide advice on the best way to ensure access to <b>health services for those most in need through financial support</b> (eg, very low-cost access).</li> <li>b. * <b>Embed the partnership approach between Ministry of Health, Treasury and DHBs for major capital expenditure</b>, providing additional support from people with expertise in major capital expenditure to strengthen governance, planning and delivery.</li> <li>c. * <b>Improve commissioning</b> by using a wider range of service delivery models, expanding the use of contracting for health and equity of health outcomes, and build capability to lift the quality of commissioning (as suggested in the New Zealand Productivity Commission's More Effective Social Services' review recommendations).</li> <li>d. Agree on <b>information technology (IT) project funding</b> priorities with input from across the system.</li> </ol>
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## Target investments

Action 11	<p>Develop and use a <b>health investment approach</b> with DHBs. This could be used to target high-need priority populations to improve overall health outcomes, while developing and spreading better practices. This will increase knowledge about population segmentation, drive collaboration, build skills in developing investment cases in the system, improve visibility of value for money, and build on the New Zealand Productivity Commission's recommendations around a learning system.</p> <ol style="list-style-type: none"><li>a. * Develop the techniques, standards and guidance for health investment cases.</li><li>b. Trial the approach by targeting services for population segments offering the highest potential health and fiscal returns. Funding will be awarded on the basis of the strongest investment cases for a three- to five-year period to enable longer-term contracting of NGO providers where relevant.</li><li>c. Review results and learnings and consider extending the scope to cover the country for the selected population outcome and segment, and/or other outcomes and segments.</li></ol>
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## Improve quality and safety

Action 12	<p><b>Continuously improve system quality and safety.</b> The Ministry of Health will achieve this by:</p> <ol style="list-style-type: none"><li>a. * partnering with other organisations on quality and safety initiatives in primary and rest home care</li><li>b. * working with ACC and the HQSC to strengthen initiatives to reduce patient harm, in particular where services have high volumes or high costs</li><li>c. * working with ACC and HQSC to analyse data on treatment injury, making continuous improvements to solutions to the problems identified</li><li>d. * reviewing and streamlining annual reporting to incorporate relevant quality performance reporting.</li></ol>
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## 4 One team

The Strategy demands a more integrated and cohesive system, but this will only be possible when people have a clear view of their own **roles, responsibilities and accountabilities**, whether these are in **governance**, clinical, managerial or other areas. The Ministry of Health's system leadership role involves keeping a **whole-of-system** view, and this will be supported by an annual forum for the system that can feed into **annual planning**. Another important initiative could be to simplify the structure of national committees, to enable the **integrated health advice** the Ministry needs for its leadership role. This will have governance and legal implications.

Great **system leadership**, including alignment across clinical, managerial and governance domains, leads to great health outcomes. Health system staff are demanding better support for leadership and **talent development**; we need to meet that demand. There is an ongoing need to ensure the sustainability of our health and disability **workforce** to meet changing population needs and new models of care. This needs to include building the capability and diversity of the workforce to meet the demands for more integrated health care, prevention, self-care and care closer to home, and could include developing and drawing on skills in the wider NGO and volunteer communities.

### What do we want in 5 years?

- All actors within the system are committed to collaboration and the future direction of the system. They freely and rapidly share innovation and good practices, and support one another. Survey results show rising levels of engagement across the system.
- Roles throughout the system are clearer and better understood; so are the parameters within which those roles are exercised.
- An established, integrated, central advisory framework supports the shared future direction.
- The leadership, alignment, flexibility, diversity and sustainability of the health and disability workforce improve significantly.
- A performance and planning system supports the strategic direction.

<b>Clarify roles, responsibilities and accountabilities</b>	
Action 13	<p>Improve <b>governance</b> and <b>decision-making processes</b> across the system, through a focus on <b>capability, innovation and best practice</b>, in order to improve overall outcomes.</p> <ol style="list-style-type: none"> <li>* Review governance arrangements across the system, including those of the Ministry of Health and ministerial advisory committees.</li> <li>Develop and implement a regular review of DHB governance performance.</li> </ol>
Action 14	<p>The Ministry of Health will work with leaders in the system to improve the cohesion of the health system, including by <b>clarifying roles and responsibilities/accountabilities</b> across the system as part of the planning and implementation of the Strategy.</p> <ol style="list-style-type: none"> <li>* The Ministry will review its structures, processes and culture to ensure it is well positioned for its stewardship role in the system and its leadership role in implementing the Strategy, including ensuring good-quality policy and legislative/regulatory advice, and monitoring of performance.</li> <li>DHBs will carry out their roles and responsibilities at national, regional and local levels, including any changes to these as a result of implementation of the Strategy.</li> </ol>

<b>Integrate health advice</b>	
Action 15	<p>* The Ministry of Health, with input from the system, will establish a simplified and <b>integrated health advisory structure</b> that oversees health system changes and incorporates or takes into account relevant existing national committees (eg, the National Health IT Board, the Capital Investment Committee, Health Workforce New Zealand, the National Health Board, and the National Health Committee).</p>

## Build system leadership, talent and workforce

Action 16	<p>Put in place a <b>system leadership and talent management programme</b> and <b>workforce development</b> initiatives to enhance capacity, capability, diversity and succession planning and build workforce flexibility.</p> <ol style="list-style-type: none"> <li>a. * Develop a system-wide leadership and talent management programme aligned with the State Services Commission framework.</li> <li>b. Use the same principles to strengthen skills and capability and expand support for the NGO/primary and volunteer sector.</li> <li>c. * Develop and roll out governance training programme bespoke for the system.</li> <li>d. * Work with the HQSC to equip clinical networks to lead quality improvement, emphasising clinical leadership.</li> <li>e. Working with other social sector agencies, the Ministry of Health will identify areas of workforce capacity planning that it can lead on behalf of the social sector and accelerate workforce development actions for the carer and support workforce.</li> <li>f. The Ministry of Health will identify and use workforce data to inform workforce planning and development where a workforce is not sustainable and initiate a remedial work programme to address this.</li> </ol>
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## Lead whole-of-system forums

Action 17	<p>To create a <b>‘one-team’ approach for health in New Zealand</b>, the Ministry of Health will <b>facilitate whole-of-system forums annually</b> (in advance of DHB planning), to discuss government priorities, share international and New Zealand best practices and build leadership. Forums will inform advice to the Minister of Health on system priorities on an annual basis and contribute to a culture of trust and partnership.</p> <ul style="list-style-type: none"> <li>* Communicate yearly to share progress on the implementation of the Strategy.</li> <li>* Share best practices and identify, publicise and spread examples of innovation that demonstrate improved equity of health outcomes, efficiency, quality and safety, and reduction of harm.</li> </ul>
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## 5 Smart system

In order to fully unlock the benefits of information and other technologies, we need to develop our **analytical capability and the quality of our data** at a national level. Having and sharing good-quality information will drive better performance in the health system and support effective work with other government agencies.

We need to ensure all New Zealanders, regardless of where they interact with the health system, have online access to their health and social services information. We can do this by extending the current range of online services, health information and decision support tools, and by developing **electronic health records and patient portals**. It is challenging to keep up with the development of **health technologies**, but important. We need to actively scan, evaluate and develop **knowledge** and **innovative** technologies in a New Zealand context, and apply the best of these nationally.

### What do we want in 5 years?

- Data is consistent and accurate. It is accessible across the country, and not needlessly duplicated. Privacy is assured.
- People are increasingly able to interact with the health system online.
- There will be strong analytical capability working to national standards, able to transform individual data into the knowledge required to accurately and effectively target services to meet people's needs, including where health services have high potential to deliver on priority outcomes in social service areas, such as employment outcomes.
- Government agencies will design and collect information consistently and share information to segment the population, to improve targeting of health services including where services assist delivery of priority social outcomes.
- Innovative health technologies and best practices are rapidly identified, evaluated and introduced across the system.
- Improved processes and clarified roles and responsibilities result in faster uptake of digital solutions and processes designed to national standards.

#### Strengthen national analytical capability

Action 18	<p>Increase New Zealand's <b>national data quality and analytical capability</b> to improve transparency across the health system.</p> <p>a. The Ministry of Health will work with other government agencies to ensure better information and analytics for effective cross-sectoral action at all levels of the system.</p> <p>i. * Progress analytical and research networks to inform decision-making, working with Superu.</p> <p>ii. * Work with Statistics New Zealand's integrated data infrastructure to inform prioritisation of health and social investment programmes.</p> <p>iii. * Increase Ministry of Health capability (links to actions 14 and 15).</p>
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## Use electronic records and patient portals

Action 19	<p>The Ministry of Health will establish a <b>national electronic health record</b> that is accessed through certified systems including: <b>patient portals</b>, health provider portals, and mobile applications.</p> <ol style="list-style-type: none"> <li>a. * Design and implement a national electronic health record, with appropriate standardisation to ensure high-quality data is accessible by certified health applications.</li> <li>b. * Continue to drive uptake of patient portals so that over time all New Zealanders will be able to access their health information electronically.</li> <li>c. * Public hospital-based health providers will use a common provider portal to access medical records, standardised to enable effective sharing of medical records, and with appropriate privacy safeguards.</li> <li>d. Establish a list of certified mobile ‘health apps’ that service users and health providers can use with confidence (to be known as the ‘Health App Formulary’).</li> </ol>
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## Strengthen the impact of health research and technology

Action 20	<p>Develop capability for <b>effective identification, development, prioritisation, regulation and uptake of knowledge and technologies</b>. This action area seeks to improve the health system’s service effectiveness, reduce cost, improve engagement with people who access health services, promote healthy behaviours and self-management, and aid people-led design. It includes use of new technologies (medicines, medical devices from dressings to robotics, cell and tissue therapies), service design/models of care, and information technology.</p> <ol style="list-style-type: none"> <li>a. * The Ministry of Health will work with the Ministry of Business, Innovation and Employment and the Health Research Council to better align and strengthen the impact of health research for New Zealand.</li> <li>b. * Continue to develop and implement the regulatory scheme to support the assessment and uptake of medical devices and therapeutic products.</li> <li>c. Continue to improve and simplify processes and systems for prioritisation and procurement of technologies (links to action 15).</li> </ol>
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# Section B: Implementation

## Implementation of a strategy means doing new things, doing things differently and also stopping things.

At the level of the health system, there will undoubtedly be challenges in putting this Roadmap into action. It is ambitious and will involve change. In order to achieve the future we want, each of us will need to do things differently.

The actions in this Roadmap are expected to contribute to the direction of the Strategy and its five themes. They also reflect New Zealand and international experience and research about what enables change in health systems and how these can be embedded into implementation. These enablers include the use of existing good practice as springboards, leadership that is supportive of change, and the effective use of data about the impact of actions as part of feedback loops.

Implementation will nonetheless need to recognise the time and effort it can take to build trust and work in new ways. It will need to be treated as a learning process – there will be things that work well, and things that don't. We need to work together as a team, and freely share what we learn.

### Co-creation of the Roadmap

This Roadmap of Actions is intended to be a living document, updated annually as new developments and results emerge, but remaining within the context of the overall Strategy. The Ministry of Health will lead an annual forum that will provide a place to share practice, develop a system overview and inform the Roadmap and the annual actions.

### Annual planning

The Strategy, including this Roadmap, provides guidance for the annual planning cycle of DHBs and other agencies working in the health system, including the Ministry of Health.

The New Zealand Public Health and Disability Act 2000 requires DHBs' annual plans to reflect the direction set out in the Health Strategy. In addition, the Crown Entities Act 2004 allows the Minister of Health to direct statutory Crown agents for whom the Minister of Health is responsible to give effect to government policy that relates to the entity's functions and objectives.<sup>14</sup>

### Role of the Ministry

The Ministry of Health will maintain an overview of the changes put in motion through the Strategy and this Roadmap, advise the Minister of Health on the policy or regulatory changes required to deliver, and monitor the agencies involved in implementing the Strategy. The Ministry also has responsibility for implementing or supporting others to implement many of the actions in the Strategy.

### Tracking progress

For information on the Roadmap, see the Health Strategy page on the Ministry of Health's website: [www.health.govt.nz](http://www.health.govt.nz).

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<sup>14</sup> Crown agents under the responsibility of the Minister of Health are DHBs, the Health Promotion Agency, the HQSC, the Health Research Council, the New Zealand Blood Service and PHARMAC.

# Appendix 1:

## Summary of actions

<b>People-powered</b>	1. Improve coordination and expand delivery of information to support self-management in health through digital solutions.
	2. Promote people-led service design including for high-need priority populations.
<b>Closer to home</b>	3. Ensure the right services are delivered at the right location in an equitable and clinically and financially sustainable way.
	4. Enable all people working in the health system to add the greatest value by providing the right care at the earliest time, fully utilising their skills and training.
	5. Increase the effort on prevention, early intervention, rehabilitation and wellbeing for long-term conditions and for obesity.
	6. Collaborate across government agencies, using social investment approaches, to improve the health outcomes and the equity of health and social outcomes for children, families and whānau, particularly those at risk.
<b>Value and high performance</b>	7. Implement service user experience measures.
	8. Implement a health outcome-focused framework to better reflect links between people, their needs, and outcomes of services.
	9. Work with the system to develop a performance management approach with reporting that enhances public transparency.
	10. Align funding across the system to get the best value from health investment, starting with better access to those most in need, improved delivery of major capital expenditure, and more effective commissioning by contracting for outcomes.
	11. Develop and use a health investment approach with DHBs and consider using this to target high-need priority populations to improve overall outcomes while developing and spreading better practices.
	12. Continuously improve system quality and safety.

<b>One team</b>	13. Improve governance and decision-making processes across the system, through a focus on capability, innovation and best practice, in order to improve overall outcomes.
	14. Clarify roles and responsibilities and accountabilities across the system as part of the implementation of the Strategy.
	15. Establish a simplified and integrated health advisory structure.
	16. Implement a system leadership and talent management programme and workforce development initiatives to enhance capacity, capability, diversity and succession planning and build workforce flexibility.
	17. Create a 'one team' approach for health through an annual whole of system forum, sharing best practice and contributing to a culture of trust and partnership.
<b>Smart system</b>	18. Increase New Zealand's national data quality and analytical capability to improve transparency across the health system.
	19. Establish a national electronic health record that is accessed via certified systems including patient portals, health provider portals, and mobile applications.
	20. Develop capability for effective identification, development, prioritisation, regulation, and uptake of knowledge and technologies.