



# New Zealand Health Strategy

## Roadmap of actions 2016

**All New Zealanders**  
**live well**  
**stay well**  
**get well**

New Zealand Government

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Cover photo: Thanks to the teachers and children of Waterloo Kindergarten, Lower Hutt and the Waterloo Community Garden.

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# **New Zealand Health Strategy**

## **Roadmap of actions 2016**



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# Introduction

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**New Zealand's health system is good by international standards but we need to continue to adapt and find new ways of working. By doing so, we can make sure 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, and issues such as obesity that lead to long-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 that have a wider impact, such as housing quality and the wellbeing of children. The health system already contributes strongly to improving these issues. Stronger partnerships and changing approaches will allow us to do even more.

The **New Zealand Health Strategy** (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:<sup>1</sup>

- **The New Zealand Health Strategy: Future Direction** (companion document) outlines the high-level direction for New Zealand's health system over the 10 years from 2016 to 2026. It lays out some of the challenges and opportunities the system faces; describes the future we want, including the culture and values that will underpin this future; and identifies five strategic themes for the changes that will take us toward this future.
- **The New Zealand Health Strategy: Roadmap of actions 2016** (this document) identifies 27 areas for action over five years to make the Strategy happen.

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 prompt further action by 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.

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<sup>1</sup> Both parts of the Strategy together comprise the 'New Zealand health strategy' required by Section 8(1) of the New Zealand Public Health and Disability Act 2000.

The work areas in this roadmap are not all new. Most are, to varying degrees, already part 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 that they are important for the future of New Zealand's health system. It also reflects our expectation that 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 overleaf). 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.

For 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, what it means 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 1).

**Section B** of this roadmap outlines how the Strategy will be put into action. It also covers the ongoing work to update this roadmap each year.

**Figure 1:**  
**Five strategic themes**  
**of the Strategy**





## **Refreshed guiding principles for the system**

1. Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi
2. The best health and wellbeing possible for all New Zealanders throughout their lives
3. An improvement in health status of those currently disadvantaged
4. Collaborative health promotion, rehabilitation and disease and injury prevention by all sectors
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

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**This section of the roadmap sets out actions within 27 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 happen in steps.**

We recognise that different organisations will be at different stages in their own development. The actions in this roadmap aim to account for this through the general approach taken. 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 the first steps starting in 2016/17 and indicated with an asterisk (\*). The workplan will be updated each year, as section B describes.

Appendix 1 summarises the 27 areas for action.

# 1. People-powered

## Mā te iwi hei kawē

The people-powered theme reflects the Government's priority of delivering 'better public services' and the opportunity to achieve this through taking more people-centred approaches to providing 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 provide value for people. For example, many Pacific peoples have strong connections with churches, so it can make sense to use churches as convenient access points for health care advice or services, designed in partnership with these communities.

### What do we want in five years?

- People have access to reliable, clear 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. People's involvement improves the quality, safety and experience of services and is beginning to influence health outcomes and the equity of health outcomes.
- Providers listen to service users to understand the needs and desired health outcomes for populations in their area, and how populations are segmented. Planners continuously improve services to better meet these needs and improve outcomes and the equity of outcomes.

## Build health literacy and active two-way engagement

### Action 1

Inform people about public and personal health services so they can be 'health smart' and have greater control over their health and wellbeing.

- a. Improve coordination and oversight and expand delivery of information to support **self-management of health** through a range of **digital technologies**.
  - i. \* Start with a stocktake of current provision and consider different innovation and information channels relevant to people's needs when growing the network of available information.
  - ii. Use social media to support healthy living by providing:
    - a) authoritative, clear information to support people to make healthy food and activity choices
    - b) information on diabetes prevention and early stage management.
  - iii. Provide parents and caregivers of children with clear information (eg, via mobile apps) to support, for example, making healthy food choices, drinking water, brushing teeth and finding ways to be more active.
  - iv. Promote interactive computer game ideas to support good health and wellness for priority groups.
  - v. \* Continue to strengthen the National Telehealth Service by providing more support for people to manage their own health and conditions related to illness and injury.
  - vi. Create partnerships for better health services by giving everyone involved in a person's care, including the person, access to the same information:
    - a) \* promote and increase use of health information accessible via a patient portal
    - b) \* double the number of early adopter DHBs that are using an integrated health record for pregnant women and children (as part of the Maternity Information System) from five to ten.
  - vii. Better connect immigrants with health services – work with the Office of Ethnic Communities and Immigration New Zealand to inform new immigrants about how the New Zealand health service works and direct them to appropriate services.

**Action 2**

Make the health system more responsive to people.

- a. Enable Māori to contribute to decision-making on health and disability services and participate in the delivery of those services.
- b. Strengthen capability to understand the full range of the needs and circumstances of people, how to reach them effectively and how to respond to those needs effectively.
- c. Build cultural competence in the system to reflect New Zealand's cultural diversity.
- d. Foster genuine two-way communication between providers and health system users, so that providers have a good understanding of people's needs and aspirations for wellbeing before taking a course of action.
- e. Increase engagement, especially by priority population groups and population groups that are hardest to reach.
- f. Run public e-forums on selected health and social issues.
- g. Implement collaborative processes in the health sector to better share understanding among agencies and communicate it to others.



## Support the consumer movement

### Action 3

#### Engage the consumer voice.

- a. Ask the public what dimensions of service delivery and wellbeing are most important to them and use this information to report on progress against the Health Strategy.
- b. Build local responses to issues raised during Health Strategy consultation that need to be dealt with at a local or regional level.
- c. Increase participation in the health system by priority groups.

### Action 4

**Promote people-led service design** 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.

- a. Identify and showcase three high-quality, people-led service designs at the annual forum (links to action 22).
- b. Support clinician-led collaborations to engage with high-need priority populations on key health issues.
- c. Develop methods for involving priority groups in service design.
- d. Develop and implement an action plan to improve the health of people with learning/intellectual disabilities.

### Action 5

In selected high-need communities, build on, align, clarify and simplify the multiple programmes currently focused on achieving the best results from social investment in those communities.

## 2. Closer to home

### Ka aro mai ki te kāinga

Good health begins at home and in communities and these are the places most people would choose to receive the care and support they need for their health. We will always need hospitals. But the opportunities are growing 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 where public health, personal health services, other social services and the broader community and business environment intersect. It focuses on prevention and wellbeing, early intervention and rehabilitation 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 five years?

- People have access to services, information and support as close as possible to home. These services are available when they want them, and access to services is as easy as possible.
- The balance of services for long-term conditions will have shifted closer to the service user (by growing preventative, self-management, rehabilitation, home, community and primary care services).
- Services from health promotion and primary care up to tertiary-level services are configured in a way that is more effective, equitable and sustainable. Services are delivered in community settings where possible.
- 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 6

To maximise value for people and achieve the **best health outcomes**, the Ministry of Health, with input from others in the system, will ensure the **right services are delivered at the right location** in an equitable and clinically and financially sustainable way.

- a. \* The Ministry of Health and DHBs work together to establish service configuration design principles (recognising that some services, such as allied health and primary care, need to be available locally, while other specialist services, such as heart transplants, need only be in one location).
- b. Map and simplify referral pathways.
- c. Collaborate on the approach to implementation and timing.

### Action 7

Enable all **people working in the health system** to add the greatest value by making sure they are providing the right care at the earliest time while **fully utilising their health skills and training**.

- a. \* Work with health professionals to develop a single competency framework, which includes cultural competence, for all prescribers in New Zealand.
- b. \* Increase the use of telehealth approaches, including telemedicine and telemonitoring, to provide services to people closer to their home.
- c. \* Take advantage of technological advances in order to make services more accessible.

## Tackle long-term conditions and obesity

### Action 8

Increase the effort on **prevention, early intervention, rehabilitation and wellbeing** for people with long-term conditions, such as diabetes and cardiovascular disease, by addressing common risk behaviours such as obesity and intervening at key points across the life course.

- a. \* Agree the outcomes framework for setting expectations and judging success.
- b. \* Reorient planning guidance and performance management to outcomes for long-term conditions. Begin by focusing on one of these conditions; for example, diabetes or mental health conditions or cardiovascular disease.
- c. \* Make greater use of new and existing clinical networks across different DHB regions to strengthen collaborative approaches to long-term conditions.
- d. Support the spread of best practice over time, by requiring partnerships between those producing the best and most equitable health outcomes and others.
- e. Over time, progressively target other aspects of preventing and managing long-term conditions – perhaps population segments, or weaker segments of the end-to-end journey; perhaps emerging conditions.
- f. Capture the service user’s care plan in an electronic form for access by all health providers who make up the care team.
- g. \* Collaborate with other government agencies to implement an evidence-based programme of vocational rehabilitation to keep people with long-term conditions in employment.
- h. \* Implement and monitor a package of initiatives to prevent and manage obesity in children and young people up to 18 years of age. The package should take a life-course and progression of condition approach, and ensure parents have good information and that those with greater need receive greater support. Action will be taken across a range of settings where children learn, live and play, such as schools.

### Action 9

Collaborate across government agencies, using social investment approaches, to improve the health outcomes and equity of health and social outcomes for children, young people, families and whānau, particularly those in priority groups or at risk.

- a. \* Increase support to pregnant and postnatal women experiencing mental health and alcohol and other drug conditions.
- b. \* Promote healthy nutrition and activity for pregnant women and children to reduce the prevalence of childhood and adult obesity.
- 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, infant mortality and family stress.
- d. \* Enhance collaboration between early childhood services and health services for pre-schoolers, to improve early childhood education attendance and better address unmet health and development needs.
- e. \* Lead the Government's work to improve outcomes for at risk children aged 0-5 years, so they are safe, healthy and learning, they belong and enjoy economic opportunities.
- f. \* Support the Ministry of Education's lead for at-risk 15- to 24-year-olds, which includes working towards improved health outcomes for these young people.
- g. Investigate expanding the Well Child / Tamariki Ora programme to include parenting education, training and support aimed at increasing children's social, emotional and behavioural competence.
- h. Expand the Healthy Housing programme to target and measure a reduction in avoidable admissions to hospitals in priority groups.
- i. \* Connect children and families of offenders to health services.
- j. \* 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.
- k. Plan and implement a range of actions to prevent fetal alcohol spectrum disorders and improve the response of the health and social sectors to children and families living with the disorder.



## Support for older people with high and complex needs

### Action 10

Involve health and other social services in developing shared care for older people with high and complex needs in residential care facilities or those needing support at home, so that older people and their family and whānau receive integrated support to live well.

- a. Enhance the role of shared-care plans, using lessons learned from the new model of disability support.
- b. Improve connections between primary care and support services delivered in people's homes and in the community.
- c. Work with the Ministry of Social Development and other social sector agencies to improve health and social outcomes for vulnerable older people and improve support for those who care for them at home.
- d. Review, together with service users, quality dimensions for aged residential care and home support.
- e. ACC, Health Quality and Safety Commission New Zealand (HQSC), DHBs and the Ministry of Health work jointly on injury prevention and rehabilitation to improve the quality of life for older people.

## Support for the final stages of life

### Action 11

Support clinicians and people in developing advance care plans and advance directives by building existing national and international resources and networks.

### Action 12

Review adult palliative care services to ensure all those who would benefit from palliative care at the end of their life are able to access high-quality, culturally appropriate care and have a seamless experience regardless of whether they are at home, in hospital, in a hospice or in an aged residential care facility.

## 3. Value and high performance

# Te whāinga hua me te tika o ngā mahi

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 **performance framework based on health outcomes** and equity of health outcomes, this improved use of information will bring immediate benefits at the point of care and also in the longer term. It will also help the system as a whole to more purposefully target 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 we could achieve this by taking a **health investment** approach with a long-term mindset. We are already doing well in terms of **quality and safety**. Strengthening relationships with key agencies, such as 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 five years?

- There is a greater focus on health outcomes, equity and results that really matter to the public across the health system. The accountabilities of health organisations have been reoriented to reflect this focus.
- Service users have a more prominent role in shaping improvements to system performance.
- The performance and planning system supports the strategic direction.
- Funding supports 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 are improved to better support NGO performance and sustainability.
- Services at all levels of the system are providing high-quality care as a result of ongoing programmes of monitoring and improvement.

## Improve performance and outcomes

### Action 13

#### \* Enable people to be partners in the search for value.

- a. The Ministry, working with the HQSC, will develop and implement **measures of service user experience**. These measures could build on the HQSC's existing work with online surveys of patient experience.
- b. Develop more transparent, robust and meaningful public reporting of performance information, including patient safety data.

### Action 14

\* Develop and implement a **monitoring framework focused on health outcomes**, with involvement from the health and disability system, service users and the wider social sector. The framework will reflect the links between people and priority groups, 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 and results-based accountability and aims to increase equity of health outcomes, quality and value.

### Action 15

\* Work with the system to develop a **performance management** 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 as well as quality and safety information (developed through actions 13a and 19), and operate within the outcomes framework (developed through action 14). It will 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.

### Action 16

Maintain the direction set by the Strategy.

- a. \* Monitor and report publicly on progress on the Strategy, well coordinated with the monitoring and public reporting of associated strategies and periodically evaluate progress (years 5 and 9).
- b. \* Review, refine and renew roadmap actions each year.
- c. \* Establish a Strategy Leadership Group with representation from across the system, to advise the Director-General of Health on the Strategy's progress, implementation and refinement.

## Align funding

### Action 17

Align funding better **across the system** with a rolling programme focused on getting the best value from health investment (including incentives where relevant to support Strategy direction).

- a. \* Explore possible means for improving access to **health services for those most in need through financial support**.
- b. \* **Embed the partnership approach between the Ministry of Health, The Treasury and DHBs for major capital expenditure**, providing additional support from people with expertise in major capital expenditure to strengthen governance, planning and delivery.
- c. \* **Improve commissioning** by using a wider range of service delivery models, expanding the use of contracting for health and equity of health outcomes and building capability to lift the quality of commissioning (as the New Zealand Productivity Commission recommended in its review of More Effective Social Services).
  - i. Review funding, contracting and accountability arrangements for primary maternity and Well Child / Tamariki Ora services to better support access to, and integration of, health and social services for children, families and whānau with complex needs.
  - ii. Increase joint commissioning across the health and social sectors and quality improvement in youth services.
  - iii. Improve commissioning models for NGOs to enable streamlined and flexible contracting that supports providers to be sustainable.
- d. Where appropriate, improve consistency between services funded by health and those funded by ACC, the ministries of Justice and Social Development and the Department of Corrections.
- e. Agree on **information technology project funding** priorities, with input from across the system.
- f. Build capability across health and social service providers, especially those delivering services to priority groups and the most vulnerable, to promote sustainable options and choice within communities.

## Target investments

### Action 18

Continue to develop the application of the social investment approach to health investment with DHBs. This approach could be used to target high-need priority populations in order to improve overall health outcomes and improve equity, while developing and spreading better practices. This approach 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.

- a. \* Develop the techniques, standards and guidance for health investment cases.
- b. Trial the approach by targeting services for population segments for whom the potential health and fiscal returns are highest. Funding will be awarded on the basis of the strongest investment cases for a three- to five-year period so that NGO providers can have longer-term contracts where relevant.
- c. Review results and learnings and, if appropriate, extend the approach throughout the country for the selected population outcome and segment, and/or other outcomes and population segments.

## Improve quality and safety

### Action 19

**Continuously improve system quality and safety.** The Ministry of Health will achieve this by:

- a. \* partnering with other organisations on quality and safety initiatives in primary and rest home care
- b. \* working with ACC and HQSC to strengthen initiatives to reduce patient harm, focusing on services with the highest potential to make gains for patients
- c. \* working with ACC and HQSC to analyse and share data on patient safety and treatment injury, making continuous improvements to solutions to the problems identified
- d. \* reviewing and streamlining annual reporting to include relevant quality performance reporting.



## 4. One team

### Kotahi te tīma

The Strategy demands a more integrated and cohesive system that puts people and their families and whānau at the centre of care. However, making this happen will only be possible when people within the system have a clear view of their own **roles, responsibilities and accountabilities**, whether these are in **governance**, clinical, managerial or other areas. In its role as system leader, the Ministry of Health is responsible for keeping a **whole-of-system** view, and this will be supported by an annual forum where others in the system can feed into **annual planning**.

Great **leadership**, including bringing together clinical, managerial and governance perspectives, leads to great health outcomes. Health system staff are demanding better support for developing leadership and talent; the system needs to meet that demand. The sustainability of our health and disability **workforce** must be secured to meet changing population needs and new models of care. Building the capability and diversity of the workforce will help it to meet the demands for more integrated health care, prevention, self-care and care closer to home. Ensuring sustainability could also include developing and drawing on skills in the wider NGO and volunteer communities.

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

- All participants 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 organisations and people carry out those roles.
- People from across the health system are meeting together at least once a year to review progress, share ideas and plan for the future.
- The health and disability workforce has improved significantly in terms of its leadership, cohesion, flexibility, diversity and sustainability.

## Enhance cross-sector, whole-of-system working

### Action 20

Improve **governance** and **decision-making processes** across the system in order to improve overall outcomes, by focusing on **capability, innovation and best practice**.

- a. \* Review governance arrangements across the system, including those of the Ministry of Health and ministerial advisory committees.
- b. Regularly review DHBs' governance performance.

### Action 21

The Ministry of Health will work with leaders in the system to make a more cohesive health system, including by **clarifying roles, responsibilities and accountabilities** across the system as part of the planning and implementation of the Strategy.

- a. \* The Ministry will review its structures, processes and culture so that it is well positioned for its stewardship role in the system and its leadership role in implementing the Strategy, which includes providing good-quality policy and legislative/regulatory advice and monitoring performance.
- b. DHBs will carry out their roles and responsibilities at national, regional and local levels, including any changes to these as a result of implementing the Strategy.

### Action 22

Taking a **'one-team' approach to health in New Zealand** requires a united team of health professionals, carers and volunteers, suppliers of goods and services, researchers and those working in related areas such as housing, education and employment. To support this approach, the Ministry of Health will **facilitate forums for the whole system every year** (in advance of DHB planning activities) to discuss government priorities, share international and New Zealand best practices and build leadership. Feedback from the forums will be used to advise the Minister of Health on system priorities each year. The forums will also contribute to a culture of trust and partnership, both within the health sector and across other sectors, with consumers and other actors.

- a. \* Communicate yearly to share progress on the implementation of the Strategy.
- b. \* Share best practices and identify, publicise and spread examples of innovation that demonstrate improvements in equity of health outcomes, efficiency, quality and safety, and reduction of harm.
- c. \* Clinicians share innovative models at the annual forum for preventing and managing long-term conditions and agree on best practices that should be used nationally.

## Build leadership and manage talent

### Action 23

Put in place a **system leadership and talent management programme** to enhance capacity, capability, diversity and succession planning throughout the sector.

- a. \* Develop a system-wide leadership and talent management programme aligned with the State Services Commission framework.
- b. Use the same principles to strengthen skills and capability and expand support for the NGO/primary and volunteer sector.
- c. \* Develop and run a governance training programme specifically designed for the system.
- d. \* Work with HQSC to equip clinical networks to lead quality improvement, emphasising clinical leadership.

## Support a sustainable and adaptive workforce

### Action 24

Put in place **workforce development** initiatives to enhance capacity, capability, diversity and succession planning and build workforce flexibility.

- a. 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, kaiāwhina and support workforce.
- b. The Ministry of Health will identify and use workforce data to inform workforce planning and development where a workforce is vulnerable, and will initiate a remedial work programme to address this vulnerability.
- c. Create incentives and pathways that use the skills and experience of the growing workforce that is older or retired.
- d. Identify ways to best use the skills and expertise of the allied health workforce.
- e. Track and publish progress towards a goal of workforce diversity, working with: Health Workforce New Zealand; educational institutes; the ministries of Education, Social Development, Business, Innovation and Employment, and Pacific Peoples; ACC; Tertiary Education Commission; Te Puni Kōkiri; and iwi.

## 5. Smart system

# He atamai te whakaraupapa

To become a learning system that makes best use of innovation, research and emerging technologies, we need to develop our **analytical capability and the quality of our data** at a national level. When we have and share good-quality information, the health system will be able to perform better and work more effectively with other government agencies in other sectors.

We need to give all New Zealanders, no matter where they interact with the health system, access to online information about their health and social services. 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, but important, to keep up with the development of **health technologies** such as robotics, genomics and nanotechnologies. 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 five years?

- The system has a strong analytical capability that meets national standards and is able to transform specific data into the knowledge required to accurately and effectively target services to meet people's needs. This includes knowledge about which health services have strong potential to help achieve priority outcomes in wider social service areas, such as employment.
- Government agencies design and collect information consistently and share information to identify different segments in the population, so that they can better target health services, including services to help achieve priority social outcomes.
- Innovative health technologies and best practices are rapidly identified, evaluated and introduced across the system.
- With better processes and clearer roles and responsibilities, the system is quicker to adopt digital solutions and processes designed to national standards.
- 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.

## Strengthen national analytical capability

### Action 25

Increase New Zealand's **national data quality and analytical capability** to make the whole health system more transparent and provide useful information for designing and delivering effective services.

- a. The Ministry of Health will work with other government agencies to improve information and analytics so that they can take effective cross-sectoral action at all levels of the system.
  - i. \* Develop analytical and research networks to inform decision-making, working with Superu, the Health Research Council and other agencies.
  - ii. \* Work with Statistics New Zealand's integrated data infrastructure to inform prioritisation of health and social investment programmes.
  - iii. Build the capability to understand the full range of people's needs and circumstances, how to reach them effectively and how to respond to those needs effectively, and improve sharing of the knowledge gained.
  - iv. Build the evidence on what works in high-needs communities and for priority groups.
  - v. \* Increase the Ministry of Health's capability (links to actions 20 and 21).

## Use electronic records and patient portals

### Action 26

The Ministry of Health will establish a national electronic health record that is accessed through certified systems including: patient portals, health provider portals and mobile applications.

- a. \* Design and implement a national electronic health record, with appropriate standardisation so that certified health applications can access high-quality data.
- b. \* Continue to promote patient portals so that over time all New Zealanders can access their health information electronically.
- c. \* Public hospital-based health providers use a common provider portal to access medical records, standardised so that they can share medical records effectively and with appropriate privacy safeguards.
- 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').
- e. Improve the functionality of the electronic handling of prescribed medicines.



## Strengthen the impact of health research and technology

### Action 27

Develop capability for **effectively identifying, developing, prioritising, regulating and introducing knowledge and technologies**. 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.

- a. \* The Ministry of Health works with the Ministry of Business, Innovation and Employment and the Health Research Council to consult with government agencies and the public to better align health research in New Zealand and strengthen its impact.
  - i. Develop and implement the New Zealand Health Research Strategy.
- b. \* Continue to develop and implement the regulatory scheme to support the assessment and uptake of therapeutic products, including medicines, medical devices, cell and tissue therapeutic products and hybrids thereof.
- c. Continue to improve and simplify processes and systems to prioritise and procure technologies and develop processes that make it easier to introduce technologies based on genomics, genetics and epigenetics in a sustainable way.
- d. Provide an environment that can rapidly take advantage of the opportunities presented by international developments in models of care, ways of working and technology by:
  - i. monitoring proactively
  - ii. reviewing policy settings in discussion with service providers, clinical leaders, professional groups and suppliers of goods and services to the sector.

## Section B:

# Implementation

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**Implementing a strategy involves doing new things, doing some things differently and stopping other 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. 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 health systems to change and how these enablers can be used in implementation.

These enablers include the use of existing good practice as a springboard, leadership that supports change and the effective use of data about the impact of actions to inform further adjustments.

Implementation will also need to recognise that it can take time and effort to build trust and work in new ways. We will need to treat it 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.

## Creating the roadmap together

This Roadmap of actions will be a living document, updated every year 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 (action 22). We also intend to give others in the health system an important role in monitoring and advising on progress by creating a Strategy Leadership Group (action 16c) that is responsible for advising the Director-General of Health.

## 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>2</sup>

## Role of the Ministry

In partnership with the Strategy Leadership Group, the Ministry of Health will:

- keep an overview of the changes put into action through the Strategy and this roadmap
- advise the Minister of Health on the changes to policy or regulation that are needed to make the Strategy happen
- monitor the agencies involved in putting the Strategy into action.

The Ministry is also responsible for implementing or supporting others to implement many of the actions in the Strategy.

## Tracking progress

Further information and updates on the roadmap will be made available through the Health Strategy page on the Ministry of Health's website: [www.health.govt.nz](http://www.health.govt.nz)

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2 Crown agents under the responsibility of the Minister of Health are district health boards, the Health Promotion Agency, the Health Quality and Safety Commission New Zealand, the Health Research Council, the New Zealand Blood Service and PHARMAC.

## Appendix 1:

# Summary of actions

<p><b>People-powered</b></p> <p><i>Mā te iwi hei kawe</i></p>	<ol style="list-style-type: none"><li>1. Inform people about public and personal health services so they can be 'health smart' and have greater control over their health and wellbeing.</li><li>2. Make the health system more responsive to people.</li><li>3. Engage the consumer voice by reporting progress against measures important to the public, building local responses and increasing participation of priority groups.</li><li>4. Promote people-led service design, including for high-need priority populations.</li><li>5. In selected high-need communities, build on, align, clarify and simplify multiple programmes of social investment.</li></ol>
<p><b>Closer to home</b></p> <p><i>Ka aro mai ki te kāinga</i></p>	<ol style="list-style-type: none"><li>6. Ensure the right services are delivered at the right location in an equitable and clinically and financially sustainable way.</li><li>7. 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.</li><li>8. Increase the effort on prevention, early intervention, rehabilitation and wellbeing for people with long-term conditions. This includes addressing common risk factors.</li><li>9. Collaborate across government agencies, using social investment approaches, to improve the health outcomes and equity of health and social outcomes for children, young people, families and whānau, particularly those at risk.</li><li>10. Involve health and other social services in developing shared care for older people with high and complex needs in residential care facilities or those needing support at home.</li><li>11. Support clinicians and people in developing advance care plans and advance directives.</li><li>12. Review adult palliative care services to ensure all those who would benefit from palliative care at the end of their life are able to access high-quality care and have a seamless experience.</li></ol>

<p><b>Value and high performance</b></p> <p><i>Te whāinga hua me te tika o ngā mahi</i></p>	<p>13. Enable people to be partners in the search for value by developing measures of service user experience and improving public reporting of performance.</p> <p>14. Implement a framework focused on health outcomes to better reflect links between people, their needs and outcomes of services.</p> <p>15. Work with the system to develop a performance management approach with reporting that makes the whole system publicly transparent.</p> <p>16. Maintain the direction set by the Strategy through monitoring and evaluation, and advice from a Strategy Leadership Group.</p> <p>17. Align funding across the system to get the best value from health investment.</p> <p>18. Continue to develop the application of the social investment approach to health investment with DHBs. Consider using this approach to improve overall outcomes for high-need priority populations, while developing and spreading better practices.</p> <p>19. Continuously improve system quality and safety.</p>
<p><b>One team</b></p> <p><i>Kotahi te tīma</i></p>	<p>20. Improve governance and decision-making processes across the system in order to improve overall outcomes, by focusing on capability, innovation and best practice.</p> <p>21. Clarify roles, responsibilities and accountabilities across the system as part of the process of putting the Strategy into action.</p> <p>22. Create a ‘one-team’ approach to health in New Zealand through an annual forum for the whole system to share best practice and help build a culture of trust and partnership.</p> <p>23. Put in place a system leadership and talent management programme to enhance capacity, capability, diversity and succession planning throughout the sector.</p> <p>24. Put in place workforce development initiatives to enhance capacity, capability, diversity and succession planning and build workforce flexibility.</p>
<p><b>Smart system</b></p> <p><i>He atamai te whakaraupapa</i></p>	<p>25. Increase New Zealand’s national data quality and analytical capability to make the whole health system more transparent and provide useful information for designing and delivering effective services.</p> <p>26. Establish a national electronic health record that is accessed through certified systems including patient portals, health provider portals and mobile applications.</p> <p>27. Develop capability for effectively identifying, developing, prioritising, regulating and introducing knowledge and technologies.</p>