

Briefing

Government Policy Statement on Health Implementation Plan

Date due to MO:	31 May 2024	Action required by:	10 June 2024
Security level:	IN CONFIDENCE	Health Report number:	H2024041452
To:	Hon Dr Shane Reti, Minister of Health		
Copy to:	Hon Matt Doocoy, Minister for Mental Health		
Consulted:	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

Contact for telephone discussion

Name	Position	Telephone
Caleb Johnstone	Group Manager Strategy, Strategy, Policy and Legislation	s 9(2)(a)
Maree Roberts	Deputy Director-General, Strategy, Policy and Legislation	

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Government Policy Statement on Health Implementation Plan

Security level: IN CONFIDENCE **Date:** 31 May 2024

To: Hon Dr Shane Reti, Minister of Health

Copy to: Hon Matt Doocey, Minister for Mental Health

Purpose of report

1. This briefing provides you with advice on the release and implementation of the Government Policy Statement on Health 2024-2027 (GPS) for discussion with you.

Summary

2. You have informed us that the GPS will be the primary mechanism for setting out your priorities and expectations for the health sector, with the GPS implementation having three key objectives:
 - a. There is good visibility of the GPS across the health system.
 - b. The GPS is well understood and integrated into organisational practice, driving health action and accountability within the health sector and cross-government.
 - c. The GPS is widely recognised by the public.
3. Phase one is proposed to start immediately after GPS publication and be a combination of broad digital communication for the wider public and focused engagement with senior health leadership across the sector to drive top-down implementation within organisations.
4. Phase two is proposed to start after the busy winter period, broadly timed with publication of the NZHP and will focus on how leadership are progressing implementation within organisations, cross-government socialisation, and ensuring clear messaging on the NZHP in relation to the GPS.
5. Phase three is proposed to start in the new year, when we will review and report on GPS progress against measures and then engage with health leadership to discuss where efforts need to be directed to keep moving forward into year two.
6. We welcome the opportunity to meet with you to discuss the plan and any preferred options you may have.

Recommendations

We recommend you:

- a) **Note** we recommend we work with your office on the plan to release the GPS
- b) **Note** the proposed approach for the implementation of the GPS provided in this briefing.
- c) **Agree** to meet with us to provide feedback on the proposed implementation plan, including any preferred options, or provide feedback in another way. **Yes/ No**
- d) **Note** that after we receive your feedback, we will provide a final implementation plan to your office by the 27 June 2024.



Maree Roberts
Acting Director General of Health

Date: 30 May 2024

Hon Dr Shane Reti

Minister of Health

Date:

Government Policy Statement on Health Implementation Plan

Background - Minister's objectives

7. The Government Policy Statement on Health 2024-2027 (GPS) sets out your three-year vision for improving health outcomes through timely access to quality health care and a focus on prevention of the top five non-communicable diseases (cancer, diabetes, respiratory disease, cardiovascular disease, and poor mental health) by addressing five key modifiable risk factors (smoking, alcohol consumption, poor nutrition, physical inactivity, and adverse social and environmental factors).
8. Health targets reflected in the GPS set your expectations for faster cancer treatment, improved immunisation rates, shorter stays in emergency departments, shorter wait times for first specialist assessments, and shorter wait times for elective treatment.
9. The GPS also reflects Government mental health priorities, with health targets for faster access to primary and specialist mental health and addiction services, shorter stays in emergency department for mental health and addiction related needs, an increase in the mental health and addiction workforce, and a shift in mental health spending towards greater prevention.
10. We understand your intent is for the GPS to be your primary mechanism to translate your strategic direction and priorities into health system action over the next three years, with targets and measures to ensure system accountability for improved outcomes.
11. You have communicated to us your vision for the key messages and intent of the GPS to be widely recognised across the health sector, cross-government and by the public.
12. You have provided advice that the GPS is to be a tool for engagement with the health sector to help them enact it through their work.
13. We understand your intent is to release the GPS mid to late June and we will work with your office to finalise details on the GPS release and launch event.
14. We are preparing materials including a communications pack and have included a draft GPS A3 2-page summary document (see Appendix) as an example for your review and feedback.
15. Following a launch event, you have advised you wish to promote the GPS through a series of meetings with senior health leadership to communicate your expectations for them to drive top-down implementation.

Implementation objectives

16. Based on your directives, we are working towards three key implementation objectives;
 - a. Good visibility of the GPS across the health system.
 - b. The GPS is well understood and integrated into organisational practice, driving health action and accountability within the health sector and cross-government.
 - c. The GPS is widely recognised by the public.

Health Entities, Partners and Stakeholders

17. We have identified multiple stakeholders and stakeholder groups we plan to engage through GPS implementation, and these are summarised in the table below.

Table 1. Stakeholders

Stakeholder group	Identified stakeholders
Those who must give effect to the GPS	Health New Zealand, Health Quality and Safety Commission, Pharmac, New Zealand Blood Service
Those for whom the GPS has practical implications on their critical roles	Ministry of Health, Health Advisory Committees (Hauora Māori, Pacific Expert and Public Health), Iwi-Māori Partnership Boards, Primary Health Organisations and their members, Cancer Control Agency, Accident Compensation Corporation (ACC) NGOs, Responsible Authorities, Education and training providers, Health Research Council, Health and Disability Commissioner Mental Health and Wellbeing Commission
Cross-government agencies	Ministry of Education, Ministry of Social Development, Ministry of Housing and Urban Development Ministry for Ethnic Communities Oranga Tamariki Ministry for Women Department of the Prime Minister and Cabinet Ministry of Disabled People Ministry for Pacific Peoples Te Puni Kōkiri Department of Corrections Ministry of Justice The Treasury Ministry of Business, Innovation and Employment Ministry for Primary Industries
New Zealand public	Patients and their families, Māori communities, hapū and iwi Other high need/priority population groups including Pacific peoples, disabled people, women, and rural communities. Patient and population advocacy groups.

Resourcing

18. We will partner with health stakeholders to leverage implementation opportunities, including identifying relevant events to promote the GPS, have implementation conversations, develop, and plan any education and training required across the health system and cross-government.
19. There are several products that are being developed in preparation for the publication of the GPS that could be used to support the implementation, including a GPS A3 summary 2-pager (attached as an appendix), a slide deck, key messages and FAQs, website, and social media content.
20. Subject to timeframes and budget constraints, further products could be developed, such as a video resource to be used by health leadership in meetings or as part of a training package, to further disseminate the GPS messaging and support effective implementation.

Implementation risks

21. There are several key implementation risks that have informed our planning of the approach. Key risks identified are summarised in the table below.

Table 2. Implementation risks and proposed mitigations

Risk factor	Description	Mitigation
System maturity	Some health entities are in establishment and growth phase. Relationships within and between entities require development and strengthening.	Implementation of the GPS will require wide reaching communications and activities to ensure all stakeholder groups are aware of expectations. It will also require effective monitoring and accountability to achieving health targets and other GPS measures.
Emerging understanding of Māori health roles and responsibilities	Recent system shifts including the disestablishment of the Māori Health Authority health and changes to IMPB roles, may have resulted in ambiguity for some stakeholders regarding roles and responsibilities for Māori health.	Ensure there is good supporting material on the emerging system and the role of the GPS and NZHP. Partner with HMAAC and/or IMPBs to plan content and activities to clarify system expectations.
Change fatigue and a workforce under stress	System has undergone significant change resulting in organisational change fatigue and resistance to further change. The health workforce is also under stress.	Clear messaging and understanding of the benefits of the GPS to motivate leaders to engage in top-down implementation. References to the GPS in all key documents and reporting to highlight its significance.

<p>Winter pressures</p>	<p>Under pressure system through the winter period may mean that the health workforce are less able to meaningfully engage with the GPS.</p> <p>Extra pressure over winter may result in resistance or negative perceptions about the GPS if health workforce does not see the benefits.</p>	<p>Staged implementation. Focus on implementation with senior leadership and population messaging over winter.</p> <p>From September/October focus on how leadership are disseminating through their respective organisations by setting up environments and activities that enable changes required to implement the GPS.</p> <p>Messaging needs to show the benefits for health workforce and promote an environment that empowers them to make required changes.</p>
<p>Potential for the NZHP to reduce GPS visibility</p>	<p>The NZHP is the key mechanism for Health NZ to translate the GPS into action. There is a risk the NZHP may not reflect the GPS strongly, reducing the visibility of the GPS for health stakeholders.</p>	<p>Continue to work with Health NZ to ensure the NZHP gives effect to the GPS, so the health crown entities have a clear set of priorities and expectations to deliver on.</p> <p>Ensure that messaging and activities at GPS and NZHP launch provide clarity on the roles of the GPS and NZHP documents, the links between them and how the NZHP gives effect to the GPS.</p>
<p>Links to the Pae Ora Strategies</p>	<p>There is a risk stakeholders may not see enough alignment between the Pae Ora Strategies and GPS.</p>	<p>The Ministry will prepare supporting material to show linkages and clarify the relationship as well as the different roles and expectations of the documents.</p>

Approach and Timeline

22. We recommend a phased approach to the implementation of the GPS.
23. Phase one of the implementation is proposed to start immediately following the publication and launch of the GPS, with a focus on engagement with senior health leadership across all health entities and organisations alongside broad population messaging.
24. Phase one implementation is proposed to be a combination of broad digital communication to promote the GPS key messages to the public and focused engagement with senior

leadership across all health organisations, including primary and community, to promote thinking about how the GPS can be used to drive action.

25. Phase one will also see the Ministry implementing an internal process to ensure the GPS is visible across our work programmes and in our reporting.
26. Phase two is proposed to focus on messaging to the wider health system, including frontline health workforce post the busy Winter period. Phase two is proposed to include some key events for you to promote the GPS and NZHP but be largely facilitated by senior health leadership to encourage wider and sustained action and accountability.
27. Phase two also includes cross-government socialisation of the GPS to promotion of cross-government action on health determinants, exploring opportunities for collaboration.
28. Phase three focuses on review of the GPS implementation through assessing progress on health targets and GPS measures and follow up with health leadership. A further round of engagement may be required at this stage depending on implementation progress.
29. Implementation of the GPS is likely to identify a need for further work on health entity accountability and governance to be completed.
30. Our approach is planned to be proactive, working through any consequential shifts related to accountability, cross government machinery and monitoring as and when they arise.

Table 3. Summary of implementation phases

Phase	Stakeholders	Channel of communication	Resources
Phase 1 (July to Sept 2024)	Senior health leaders across all organisations, including primary and community health. Public	Face-to face promotional engagements & meetings. Digital & other media	A3 (GPS 2-page summary) Pull-up banner Hard copies of the GPS Accessible content Slide deck Website and social media content Talking points Video
Phase 2 (From October 2024)	Senior health leaders across all organisations, including primary and community health, drive internal top-down implementation. Cross-government	Planned meetings, workshops, and trainings. Planned meetings to socialise the GPS and explore opportunities to collaborate.	A3 (GPS 2-page summary) Hard copies of the GPS & NZHP Slide deck Video
Phase 3 (From January 2025)	Senior health leaders across all organisations, including primary and community health.	Face-to face meetings or written feedback to organisations.	GPS report Slide deck Website and social media content Talking points.

31. We would like to discuss with you what role you would like to take in this engagement.

Next steps

32. Your office to advise if you are available to meet with us to discuss the plan, including any preferred options or if you wish to provide feedback another way.
33. After we receive your feedback, we will provide a final GPS implementation plan to your office by the 27 June.

ENDS.

PROACTIVELY RELEASED

Minister's Notes

PROACTIVELY RELEASED