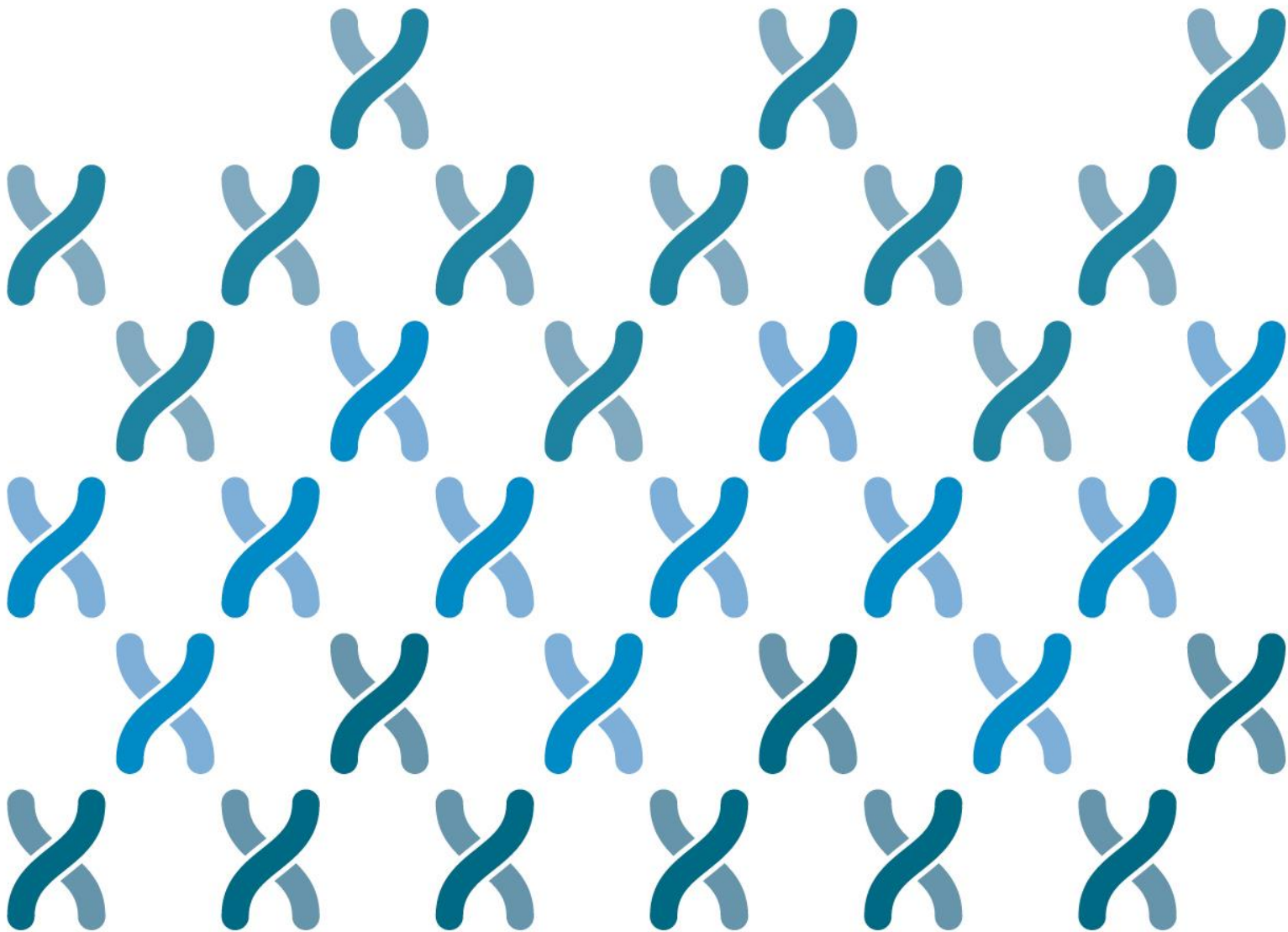




Te Kāwanatanga o Aotearoa
New Zealand Government

Government Policy Statement on Health

2024–2027





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Ministers' foreword

New Zealanders want a health system that is effective and delivers quality care when and where they need it. While our excellent health workforce is doing the best they can, our health system is facing a number of significant challenges. The Government's vision is to increase life expectancy with quality of life, and a health system that provides all New Zealanders with timely access to quality health care. To achieve this, we have introduced targets for health and mental health that will focus the system on the concrete outcomes it needs to deliver for the people of New Zealand.

The health targets focus on 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.

Mental health, addiction and suicide prevention are key priorities for the Government, with the appointment of the first Minister for Mental Health. The mental health and addiction targets focus on faster access to primary and specialist mental health and addiction services, shorter stays in emergency departments for mental health and addiction related presentations, an increase in the mental health and addiction workforce, and strengthen the focus on prevention and early intervention.

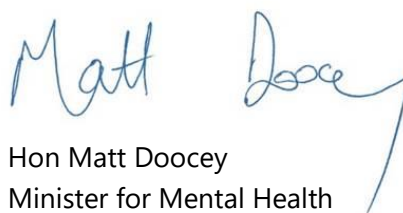
This Government Policy Statement on Health sets out our objectives and expectations for the health system over the next three years. The objectives and expectations build on the targets and focus on what we want to see across the health system – improved access to health services, more timely access to health services, and high-quality health services.

To deliver services that people need, it is critical for local communities and iwi-Māori to have input into the design and delivery of local services. It is also important to embrace new models and approaches to providing care that leverage technology and innovation to address challenges.

This Government Policy Statement on Health also includes two priorities that are essential enablers: workforce and infrastructure. We recognise that it is essential to address critical health workforce shortages and gaps, along with smart investment to maintain and develop the physical and digital infrastructure that supports an effective health system. We acknowledge that some of the expectations will be challenging to achieve over a three-year period, but we are committed to achieving better health outcomes for all New Zealanders.



Hon Dr Shane Reti
Minister of Health



Hon Matt Doocey
Minister for Mental Health

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Introduction

Purpose of the Government Policy Statement on Health

The Government Policy Statement on Health (GPS) sets out the Government's priorities and objectives for the publicly funded health sector in New Zealand for the three years from 1 July 2024 to 30 June 2027. It is a public statement of what the Government expects the health system to deliver and achieve over this period, and sets out how progress will be measured, monitored and reported on.

In line with the requirements set out in the Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act), the GPS sets the Government's priorities for improving health outcomes for all New Zealanders, including those with the highest need. This includes priorities for the population groups consistent with the Pae Ora Act health strategies: Māori, Pacific peoples, disabled people, women, and people living in rural communities. In improving health outcomes for all New Zealanders health entities also need to ensure they engage with, and their services are appropriate for, diverse groups of New Zealanders, including ethnic communities and rainbow populations.

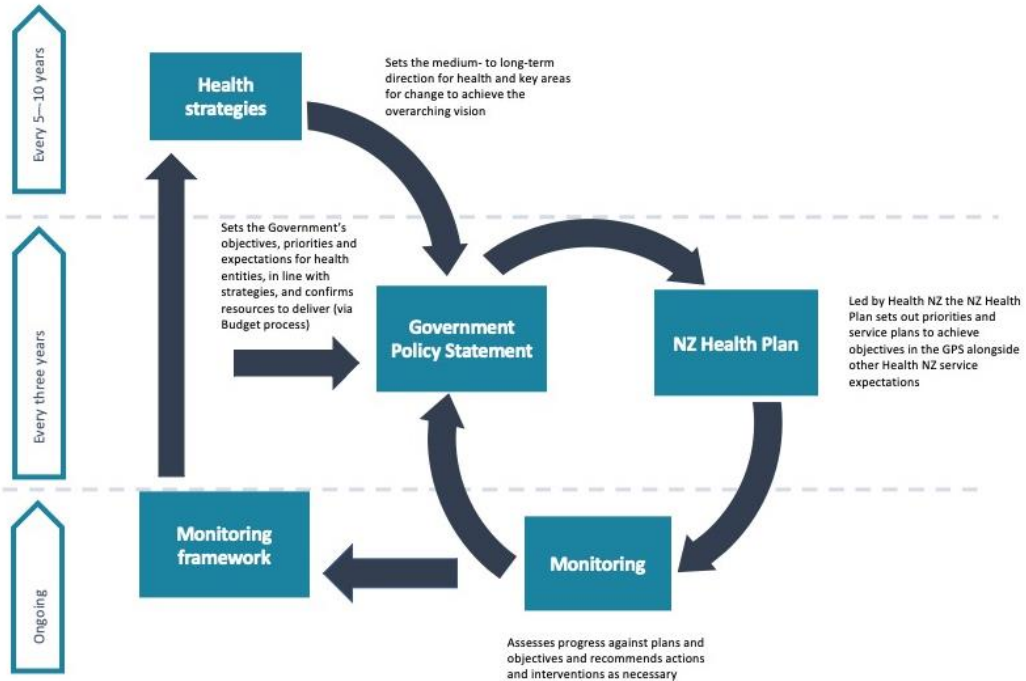
The Government is committed to improving the health and wellbeing of Māori by continuing to implement **Pae Tū: Hauora Māori Strategy**, and **Whakamaua: Māori Health Action Plan 2020–2025** in a pathway to consolidating and further focusing Māori health outcomes.

The Pae Ora Act strategies set out a longer-term direction over a 10-year horizon, and inform the priorities and expectations for the GPS from the views of communities. The GPS communicates what the Government will be delivering over the next three years, while the New Zealand Health Plan sets out how this will be delivered.

Four health entities must give effect to the GPS: Health New Zealand, Health Quality and Safety Commission (HQSC), Pharmaceutical Management Agency (Pharmac), and New Zealand Blood and Organ Service (NZBOS). The roles and responsibilities of these health entities, and other key agencies, are set out in Appendix 1.

The GPS sets parameters for the New Zealand Health Plan, a three-year costed plan for the delivery of publicly funded health services by Health New Zealand. The GPS forms an important part of how Ministers, Parliament and the public will hold Health New Zealand to account for its performance.

Figure 1: The GPS’s position in the system architecture for direction setting, planning and monitoring



The GPS mandates the Government’s Minimum Service Coverage Expectations for publicly funded health services for eligible people, available on the Ministry of Health’s website: health.govt.nz/accountability-arrangements. Those minimum service coverage expectations are maintained. The GPS also confirms ongoing expectations for the health sector already set by legislation, Cabinet or through ministerial decisions as well as key New Zealand standards that apply to health care.

The Government's vision for health in New Zealand

The core purpose of the health system is to protect, promote, and improve the health and wellbeing of New Zealanders.

The long-term vision for health and wellbeing is **to achieve longer life expectancy and improved quality of life for all New Zealanders.**

The Government is focused on **achieving timely access to quality health care.** This includes both mental and physical health.

The Government has identified five health targets and five mental health and addiction targets to ensure a focus on action. The five health targets are:

- **Faster cancer treatment** – 90% of patients to receive cancer management within 31 days of the decision to treat.
- **Improved immunisation for children** – 95% of children to be fully immunised at 24 months of age.
- **Shorter stays in emergency departments** – 95% of patients to be admitted, discharged, or transferred from an emergency department within six hours.
- **Shorter wait times for first specialist assessment** – 95% of patients to wait less than four months for a first specialist assessment.
- **Shorter wait times for treatment** – 95% of patients to wait less than four months for elective treatment.

The five mental health and addiction targets are:

- **Faster access to specialist mental health and addiction services** – 80% of people accessing specialist mental health and addiction services are seen within three weeks.
- **Faster access to primary mental health and addiction services** – 80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week.
- **Shorter mental health and addiction-related stays in emergency departments** – 95% of mental health and addiction-related emergency department presentations are admitted, discharged, or transferred from an emergency department within six hours.
- **Increased mental health and addiction workforce development** – train 500 mental health and addiction professionals each year.
- **Strengthened focus on prevention and early intervention** – 25% of mental health and addiction investment is allocated towards prevention and early intervention.

The two sets of targets address obvious health needs and bring urgency and accountability to the health system.

Milestones for health targets and mental health and addiction targets

The Minister of Health and Minister for Mental Health set performance milestones for each target to further focus efforts towards progress. These will be adjusted and updated by Ministers as expectations are reviewed and current progress is assessed.

The Government is particularly focused on accelerating action to address **five non-communicable diseases: cancer, cardiovascular disease, respiratory disease, diabetes and poor mental health**.¹ Together, these conditions account for around 80% of deaths from non-communicable diseases in New Zealand and considerable health loss experienced by New Zealanders. Prioritising work to prevent and reduce the impact of these significant non-communicable diseases aligns with Goal 3, target 3.4, of the United Nations Sustainable Development Goals (to reduce the pre-mature mortality from non-communicable diseases through improved prevention and treatment), and the World Health Organization's Global Action Plan for the Prevention and Control of Noncommunicable Diseases.

Improved prevention of these non-communicable diseases will be achieved through addressing five modifiable risk factors: alcohol, tobacco, poor nutrition, physical inactivity, and adverse social and environmental factors.

Mental health, addiction and suicide prevention are also key areas of focus for the Government, with the appointment of the first Minister for Mental Health and are supported by specific targets for mental health and addiction. Over the next three years there will be a focus on four priorities for mental health:

- increase access to mental health and addiction support
- grow the mental health and addiction workforce
- strengthen the focus on prevention and early intervention
- improve the effectiveness of mental health and addiction support.

We have heard from the public that improvement is needed

In 2022–23, the Ministry of Health - Manatū Hauora (Ministry of Health) engaged with the public and health sector as part of developing the suite of strategies required under the Pae Ora Act. This included over 140 in-person events as well as digital engagements. We heard that:

- **Access to health services needs to be improved.** People described significant barriers to access, including availability, cost, transport and timeliness. People needed the health system to be easier to navigate, and barriers removed.

¹ In addition to non-communicable diseases, other important (and preventable) causes of health loss include communicable diseases and injuries, particularly for children and young people.

- **People wanted models of care that respond to communities' needs.** People wanted the system to support more flexible and community-led solutions, such as those that were used in responding to COVID-19 pandemic and Cyclone Gabrielle. Local input into what is provided, and where, was seen as being vital to ensure the options and services are effective in meeting communities' needs.
- **Voices of people, families, whānau, and communities are key to changing health care.** People wanted their views heard and respected by health professionals and decision makers. This included ensuring the voices of populations with higher needs are listened to and people with lived experience can support the health sector to improve their practices. People wanted greater community leadership in health sector decision making, especially from those communities with high health needs.
- **Workforce capability and capacity needs to improve.** Long-term workforce shortages can put people's health outcomes at risk, especially those with the highest health needs, as well as the wellbeing of the workforce. People wanted a health workforce that listens to them and treats them with respect, works together to prevent and treat issues, and is representative of New Zealand.
- **Changing mindsets is crucial to improving outcomes.** A range of people, including those receiving health care, emphasised the need to ensure all people are treated fairly and with respect by recognising that different people with different levels of need require different approaches and resources, and the need to empower local community leadership and foster culturally safe environments. This is critical for improving outcomes for populations with higher needs including Māori, Pacific peoples, disabled people, and women, among others.
- **Cross-agency partnerships are needed to address the broader determinants of health and wellbeing.** There were concerns the health system does not do enough to support broader determinants of health. Working in partnership to address the inequitable impact of other social, economic or environmental factors on health outcomes is essential if we are to shift health outcomes.

The health strategies set the long-term direction for the health system

The health strategies provide the direction to guide health entities in protecting, promoting, and improving specific health outcomes. They set out the opportunities and changes needed to improve Zealand's health outcomes over the next 5–10 years.

In July 2023, six health strategies were published that provide direction for health in New Zealand over a 10-year horizon:

- **New Zealand Health Strategy**
- **Pae Tū: Hauora Māori Strategy**
- **Te Mana Ola: The Pacific Health Strategy**
- **Health of Disabled People Strategy**
- **Women's Health Strategy**
- **Rural Health Strategy.**

In addition, **Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing** sets the strategic direction to health entities for a whole-of-government and population-based approach to mental health and wellbeing. **Every Life Matters – He Tapu te Oranga o ia Tangata** provides direction on suicide prevention efforts.

The GPS sets out priority areas for action over the next three years to ensure timely access to quality health care and meet immediate health needs, while also making progress towards the overall directions set in the health strategies.

Priority areas for action over the next three years

This GPS sets expectations for improvements to health services over the next three years, while also signalling a shift towards prevention and early intervention and bringing care closer to home.

Given the range of challenges facing the health system, there is a limit to what changes the system can deliver over the next three years. The changes over the next three years will prioritise key areas that improve health outcomes while being feasible within resources and system capability.

Timely access to quality health care

Over the next three years, the focus for the health system will be **to ensure timely access to quality health care**. Health services must improve their accessibility,² choice of services, timeliness, and quality, to better meet people's immediate health needs. This focus is reflected in the health targets and mental health and addiction targets.

The five priorities have been developed around key drivers of improvement in health outcomes and experiences for all New Zealanders and to support ongoing system stewardship. These priority areas are distinct, but are interconnected and reinforcing.

Over the next three years, the health system will focus on improvements in three priority areas relating to health services.

- **Access:** Ensuring that every person regardless of where they live in New Zealand, has equitable access to the health care services they need.
- **Timeliness:** Ensuring that people can access the health care and services they need, when they need it in a prompt and efficient way.
- **Quality:** Ensuring that health care and services delivered in New Zealand are safe, easy to navigate, understandable and welcoming to users, and are continuously improving.

² Access is defined as the opportunity to reach and obtain appropriate health care services in situations of perceived need for care (Levesque JF, Harris M, Russell G. 2013. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health* 12, 18). DOI: <https://doi.org/10.1186/1475-9276-12-18>).

The two other priority areas are critical enablers for improving health services.

- **Workforce:** Having a skilled and culturally capable workforce who are accessible, responsive, and supported to deliver safe and effective health care.
- **Infrastructure:** Ensuring that the health system is resilient and has the digital and physical infrastructure it needs to meet people's needs now and into the future.

The commitment and focus on improving access and timeliness are also reinforced through the health targets.

- **Targets:** The Government agrees with clinicians that targets save lives, as well as focusing resources and acting as accountability measures.

Prevention

Prevention is a focus that needs to sit across all health service delivery. It includes population and public health policies and interventions that prevents illness from occurring, right through to hospital and specialist services that prevent further harms. This includes preventing mental health and addiction issues, and preventing suicide, such as by promoting mental wellbeing.

Aligned to the Government priorities, the health system should accelerate action to prevent and respond to the targets for health and mental health and addiction. It should also be proactive in responding to five non-communicable diseases: cancer, cardiovascular disease, respiratory disease, diabetes and poor mental health, and address five modifiable risk factors: alcohol, tobacco, poor nutrition, physical inactivity, and adverse social and environmental factors.

As a system, and as an initial step towards strengthening prevention efforts, we need to better understand how current investment supports prevention, and how we can strengthen this focus going forward.

To strengthen prevention in the health system, the Government will:

- prioritise investment in the health system to support a stronger prevention approach, across all forms of health system intervention
- continue to support improved health outcomes through a population-needs-based focus, including for groups with the highest health needs: Māori, Pacific peoples, disabled people, women, people living in rural communities, people on low incomes and people with mental health and addiction challenges
- ensure early access to preventative interventions, including timely access to screening, immunisation, early intervention and wellbeing/lifestyle supports
- prioritise investment in children to support a good start to life and to prevent, or lessen, life-long impacts from poor childhood health, which can also reduce future avoidable health costs
- prioritise the sustainability and quality of health services for older people. This includes ensuring aged care services and funding models support older people to live well, age well and have a respectful end of life in age-friendly communities
- shift decision-making and resources in the health system closer to communities

- ensure there is appropriate capacity, capability, and infrastructure in place to prevent and respond to future pandemics and other health security threats.

Partnering to respond to the broader determinants of health

Social determinants and environmental factors such as education, employment, income, housing, transport and climate account for the majority of health loss, but when strengthened, these same factors also provide a significant opportunity to improve health outcomes.

Access to healthy environments and addressing the social determinants of health:

- reduces expenditure on health services expenditure, maintains system sustainability, and improves general productivity
- keeps people well in their communities and enables them to achieve their aspirations
- addresses health inequities and progresses the Government's long-term vision for health in New Zealand.

We will address the social determinants by partnering and influencing across sectors nationally and with communities at local and regional level. This will involve taking stronger action at all levels of the health system. At a local community level, local planning processes can support actions to respond to local needs, including with Iwi-Māori Partnership Boards (IMPBs) where appropriate. At a regional level, this would be enabled through planning and collaboration between the health system and key regional roles, including Regional Public Service Commissioners. Nationally, work to improve the social determinants would be supported by cross-government strategies and actions, such as the **Child and Youth Wellbeing Strategy and the Oranga Tamariki Action Plan**, and policy development and commissioning that supports cross-government collaboration around broader social outcomes.

Government health priorities for Māori and other populations

Priorities for populations with high health needs

The GPS sets out a vision to improve health outcomes for populations with the highest needs. This includes the priority populations identified in the Pae Ora Act (Māori, Pacific peoples, disabled people, women and people living in rural communities), and other groups such as some ethnic communities, people from refugee-backgrounds, children and young people who are, or have been in, State care, people who are homeless and rainbow populations. The GPS also responds to health needs of the population across different stages of life, from healthy pregnancies to children and young people, through to healthy ageing.

The GPS sets clear expectations for health entities to address the unfair differences in health needs and outcomes across New Zealand's population groups, consistent with the requirements set out in the Pae Ora Act. This includes ensuring groups with the highest need are involved in the design and delivery of services, so they are effective for their communities, such as a local community or population-based ethnic community, and so the population have access to a range of services proportional to their health need.

Supported by smart investment, health entities must work with these communities and the wider health and social sector to ensure services are responding to the health needs of communities.

The focus on a social investment approach will support collaboration between core health services and other supports and services to address the social determinants of health and improve health outcomes. This includes working to address the drivers of the differences in health outcomes that sit outside the health sector, as well as monitoring and reporting on progress.

Priorities for improving Māori health

Māori have worse health outcomes than non-Māori across most measures of health, including those related to non-communicable diseases and key modifiable risk factors.

The priorities in this GPS are aligned with **Pae Tū: Hauora Māori Strategy** and **Whakamaua: Māori Health Action Plan 2020–2025** in a pathway to consolidating and further focusing Māori health outcomes. These documents provide the guiding framework for health entities to work together with Māori to respond to Māori health aspirations and address Māori health needs. Improving Māori health outcomes requires coordinated effort and action across the health system and broader government.

The Government's vision for Māori health is outcomes-driven and will be achieved by shifting decision-making around resources closer to people and communities, enabling local leadership, collaboration and innovation to meet needs. This will be reinforced with a continued focus on Māori health monitoring at all levels of the system.

As government, we will work with our partners to advance Māori health aspirations and enable Māori to live healthier and more independent lives. IMPBs will play an emerging role in this partnership. Over the next three years, IMPBs will play a greater role in supporting high-quality community-led health care. This will be consistent with the Government's focus on shifting decision-making and resources closer to communities, supported and resourced by Health New Zealand.

The Hauora Māori Advisory Committee (HMAC) will provide further guidance around Māori health priorities. It will also assist monitoring of Māori health outcomes and the cultural and clinical performance of the system.

Financial sustainability

Over recent years, Vote Health has remained at a relatively static proportion of Gross Domestic Product (varying around 5.3–5.6% from 2000–2022 and rising to about 6% after the COVID-19 pandemic). The pressure to increase spending on publicly funded health care is expected to continue due to several cost drivers. These drivers include the increasing and more complex demand for health services, changes in technology, the needs of an ageing population, and increases in the cost of delivery of health care due to a range of factors, such as inflation. However, there are choices about how health expenditure can be used to manage the long-term affordability of the health system.

In the long-term, achieving a health system that is focused on both prevention, including the determinants of health, and on financial sustainability requires fundamental changes in the way that funding is used, how services are delivered, and how investment and funding decisions are made and prioritised. The health system needs to increase the use of evidence in decisions about how to get best value for money from existing resources and new investments to ensure the best use of resources over time. This will include foundational work to understand and urgently address underlying productivity challenges, develop frameworks for harnessing innovation and new technology, and to ensure investment and disinvestment processes are in place for entities that drive towards achieving the best value for money.

In the short term, to ensure the health system delivers on its commitments within budget and avoids running a financial operating deficit, entities need a strong focus on fiscal responsibility. This includes capability improvements in financial management and reporting, cost control and risk management, accurate reporting and accounting of spend against appropriations, and the continued development of improved cost information. Health entities will need to have clear, meaningful measures of financial and non-financial performance that they look at as a package regularly to understand and manage the sustainability of their activities.

There also needs to be a sustained focus on reducing unwarranted performance variation at the district level, including through performance reviews, resource allocation, asset performance and clear plans around outlier performance, managed at the regional level. Nationally, there needs to be improvements in accountability for delivery, resource allocation decisions, including matching workforce and funding to need. Health New Zealand needs to ensure that decision-making arrangements for resource allocation and prioritisation are in place with consistency across the system, including, where appropriate, using the Health Technology Assessment, to ensure investment is better targeted across the system.

Objectives and expectations for the next three years

The objectives and expectations for financial sustainability over the next three years are outlined below with the financial sustainability measures for monitoring provided in Appendix 2, Table 1.

Objective	Expectations
<p>Deliver the actions set out in the New Zealand Health Plan on time and within budget through improvements in financial management, service reporting, reprioritisation, efficiency and risk mitigation, and cost control.</p>	<ul style="list-style-type: none"> Funding is allocated in line with the GPS and the New Zealand Health Plan (NZHP). Actions in the NZHP have clear measures and are included and measured in the Health New Zealand performance monitoring framework up to their Board level. Health New Zealand to maintain a focus on achieving financial balance by operating within financial plan and budget assumptions, including appropriated funding levels, and seek joint Ministers' (Minister of Health and Minister of Finance) agreement prior to funding costs in Hospital and Specialist Services from underspends in other appropriations. Health New Zealand provides monthly and quarterly reporting of financial, workforce and non-financial performance during the financial year against appropriations, output classes and major service areas. Health New Zealand also demonstrates an integrated understanding of financial and non-financial performance at increasing depth that meaningfully informs internal and external monitors about performance, delivery and risk.
<p>Enable a culture shift from a cost-plus to an evidence-based outcomes-focused approach for all health investment and disinvestment, including consideration of the values and behaviours required system-wide to enable sustainability.</p>	<ul style="list-style-type: none"> Ensure decision-making arrangements for resource allocation and prioritisation are in place with consistency across the system, including, where appropriate, using the Health Technology Assessment. As part of commissioning activities, Health New Zealand actively reviews all contracts on a rolling basis for alignment with priorities, effectiveness and value for money, with changes made as required including disinvestment where services are not delivering value for money. Produce a plan to reduce unwarranted performance variation in costs, particularly within the Hospital and Specialist Services appropriation, acting on insights generated by baseline reviews and Hospital Roundtable data, by the end of 2025.
<p>Deliver year-on-year improvements in productivity.</p>	<ul style="list-style-type: none"> Ensure year-on-year improvements in productivity across appropriations, including annual progress towards reversing Hospital and Specialist Services productivity decline. Continue developing, and then report regularly on, productivity measures that collectively give a picture of system productivity, performance and sustainability. Produce a plan for improving productivity over the next three years including key measures, milestones and detailed analysis of drivers and costs, including regional and district variation.

Improve visibility of expenditure and service delivery for key priorities and population groups by continuing to develop understanding of cost structures and funding flows across all parts of the health system including opportunities to better target funding towards preventative health services and early interventions.

- Continue the foundational work to understand cost structures and funding flows across the system, providing clear visibility of the work as it progresses.
- Develop an approach to improve visibility of spending on preventative measures and early interventions across all appropriations, including strategic planning to better target funding within baseline towards these areas.

Deliver, at a minimum, the milestones and targets set out in the New Zealand Health Plan for mental health and addiction services expenditure.

- Mental health funding and full-time equivalent resources are prioritised and allocated in-line with the GPS and other Ministerial priorities to deliver planned services and key initiatives for mental health and addiction.
 - At a minimum, the mental health and addiction expenditure and full-time equivalent resources meet the ringfence set by the Ministry of Health.
-

Priority area 1: Access

The Government expects that every person, regardless of where they live in New Zealand, has equitable access to the health care and services they need.

Access to health care services:

- prevents poor health outcomes and enables early identification of health issues. This includes screening, immunisation services and mental health and addiction services
- contributes to improved health outcomes, through prompt diagnosis and treatment, and broader social outcomes that are supported by good health, such as employment
- better addresses health needs with all populations able to access clinically appropriate services
- improves quality of life through the management of chronic conditions and access to medications and other treatments
- can contribute to the health system's financial sustainability as improved access is more effective in limiting preventable escalation of health issues.

In 2022/23 some adults (13%) had difficulty accessing primary and community care in New Zealand due to the cost of a general practitioner visit³ and this financial barrier will also be a factor across other primary and community care services. Disabled adults, women and Māori are more likely to have not visited a general practitioner due to cost in the last 12 months, than non-disabled, men and non-Māori. Cost is less likely to be a barrier for those aged 65 years and over than for younger people.

However, in 2022/23, the biggest barrier was the time taken to get an appointment. One in five adults (21%) and one in seven children (15%) in the previous 12 months couldn't see a general practitioner when they had a medical problem because the time taken to get an appointment was too long.⁴ This was more likely to be a barrier for disabled adults and women than non-disabled adults and men. Differential access to, and the quality and effectiveness of health care services, have direct impacts on health inequities.

However, a significant barrier is also people's access to a health service in their community, and its capacity.

Changes expected over the next three years

Over the next three years, health entities and the health system should prioritise delivering care closer to people's homes, particularly for the families and communities experiencing the highest health needs, greatest access barriers, and poorest health outcomes.

³ Ministry of Health. 2023. *2022/23 New Zealand Health Survey*. Wellington: Ministry of Health.

⁴ Ministry of Health. 2023. *2022/23 New Zealand Health Survey*. Wellington: Ministry of Health.

The Government expects new and expanded models of health care in primary and community-based settings to emerge, designed in partnership with local communities and IMPBs. This would be supported by a policy review covering outcomes, systems operating model, accountability and funding and investment.

Primary and community health care, if strengthened in its capacity, capability, and approaches in using the workforce, can also play a greater part in alleviating pressures elsewhere in the health system, such as wait times for accessing health care. The Government also expects to see that when services are at a distance from people’s homes and communities, barriers such as the costs of accommodation and transport are reduced, and virtual or mobile services embraced as part of the core provision options to the wider community.

Objectives and expectations for the next three years

Objective	Expectations
<p>1.1 Improve access to and choice of primary and community health care services, and diversify the points of entry and support throughout a person’s health care journey.</p>	<ul style="list-style-type: none"> • Deliver immunisation services that meet the needs of communities, especially for those with the poorest immunisation rates, including Māori and Pacific peoples. • Expand the choice of whānau-centred and holistic maternity and early years' services. • Implement an increasingly integrated mix of prevention, primary, community and specialist services for mental health and addiction, and suicide prevention, including community-based alternatives for acute care and a focus on prevention and early intervention to reduce the impact of mental health and addiction. • Stabilise the General Practice sector by supporting them to perform their core roles. • Expand access to community-based supports to improve prevention and management of non-communicable diseases, including kaupapa Māori and Pacific-led options.

Objective	Expectations
<p>1.2 Develop models of care to better meet people’s needs closer to home.</p>	<ul style="list-style-type: none"> • Work in partnership with local communities to ensure primary and community care services are increasingly tailored to better respond to people’s needs, including family and community-based services. • Work in partnership with IMPBs to ensure primary and community care services are increasingly tailored to better respond to the needs of Māori, and ensure the services are well supported and resourced. • Increase support for leadership pathways that enable local leadership in the design and delivery of health care services. • Prioritise the sustainability and quality of health services for older people. This includes ensuring aged care services and funding models support older people to live well, age well, and have a respectful end of life in age-friendly communities. • Review service and funding models for aged care. • Introduce a national approach to supported discharge and early discharge models, assisted by technology such as medical devices and strengthened capacity and capability in primary and community health care, that takes into account cultural contexts, caring responsibilities, and options for those in more remote and rural communities. This includes for mental health and addiction. • Make health sector information available to local communities and IMPBs to support their role in service design and delivery.
<p>1.3 Increase access to online health services (including telehealth) and improve access to communication, information and transport and accommodation assistance.</p>	<ul style="list-style-type: none"> • Implement initiatives that support an increased understanding and uptake of online care and telehealth, particularly in primary and community health care settings, and to equip people, families and whānau to better meet their own mental wellbeing needs. • Improve the transport and accommodation assistance support, particularly for disabled people and people living in rural communities. • Improve access to information and advice services, through easy access to information, advice and support to navigate the health system, communication, translation and interpretation services.
<p>1.4 Improve cancer screening.</p>	<ul style="list-style-type: none"> • Extend breast cancer screening to people aged 74 years old. • Increase human papillomavirus (HPV) screening rates with a focus on population groups with lower screening rates. • Improve access to bowel screening.
<p>1.5 Faster access to medicines and pharmaceuticals.</p>	<ul style="list-style-type: none"> • Improve the availability of and access to cancer medicines in New Zealand. • Enable faster access to medicines by improving the timeliness of processes related to accessing new medicines.

Access for families, whānau and communities with high health needs

Differential access to health care contributes to unfair differences in health outcomes and needs across the population. Access to a wide variety of public health, primary and community care and hospital-based services is necessary for families and communities that experience the greatest access barriers. Both Māori and Pacific health providers have a long history of providing effective care to Māori and other people in their communities that improves access.

In delivering the objectives and expectations above, health entities must work with IMPBs to design, commission and deliver services that are accessible for Māori. Engaging with and responding to the needs, strengths, and aspirations of families, whānau and communities are a powerful mechanism for improving services and systems. This includes developing and expanding Māori health providers and Māori health service models, such as rongoā Māori.

For other population groups with higher needs, working in partnership with local communities and IMPBs will be key to ensure primary and community care and other services, including immunisation, are increasingly tailored to better respond to people's needs and be more effective.

The examples below of expectations for access are anticipated to support improved engagement with Māori, and improved outcomes for Māori and other populations with higher needs.

- Improving childhood immunisation rates for Māori and other population groups.
- Expanding the choice of whānau-centred and holistic maternity and early years' services.
- Working in partnership with local communities, including IMPBs to ensure primary and community health care services (including oral health services) are tailored to better respond to people's needs.
- Implementing initiatives that support uptake of virtual care and telehealth, particularly to equip people, families, and whānau to better meet their own mental wellbeing needs.

Measuring success

Access priority measures – see Appendix 2, Table 1.

Priority area 2:

Timeliness

The Government expects that people can access the health care and services they need, when they need it in a prompt and efficient way.

Timely health services:

- can detect illness and diseases early and prevent their progression, for example through early detection of cancer
- improve health outcomes and quality of life for New Zealanders through early treatment, and reduced stress, suffering and pain
- improve system efficiency by maximising health system capacity
- contribute to patient satisfaction by reducing uncertainty.

In 2022/23, one in five adults (21%) reported, in the previous 12 months, that they could not see a general practitioner when they had a medical problem because the time taken to get an appointment was too long.⁵ People are also experiencing long wait times to be seen in emergency departments and to receive planned surgery.

The waitlist for elective treatment has grown from approximately 42,000 people in 2018 to approximately 75,000 people in September 2023. As at September 2023, 61.5% of people were waiting less than four months. In some places, people are waiting longer to access screening and immunisation services or home and community support services, particularly for older people. Wait times for accessing mental health and addiction services also continue to be a challenge.

Changes expected over the next three years

Over the next three years, the Government expects to see a meaningful reduction in the time it takes for people to access primary and community care services and hospital and specialist services. The health system will have:

- a stronger focus on prevention and support for New Zealanders to live healthy lives for longer so that avoidable hospitalisations are reduced
- more diverse entry points into primary and community health care, and more effective use of the wider health workforce
- reduced waiting times in emergency departments
- faster access to planned care services including cancer management
- faster access to mental health and addiction services.

⁵ Ministry of Health. 2023. *2022/23 New Zealand Health Survey*. Wellington: Ministry of Health.

Objectives and expectations for the next three years

Objective	Expectations
2.1 Reduce waiting times for appointments, operations and emergency care.	<ul style="list-style-type: none"> • Ensure shorter wait times for New Zealanders to access their first specialist assessments and treatment. • Reduce wait times for people accessing specialist mental health and addiction services. • Reduce the time New Zealanders stay in emergency departments. • Reduce the time New Zealanders stay in emergency departments for mental health and addiction-related presentations. • Reduce waiting times for people to receive planned care and elective treatment.
2.2 Faster access to primary and community health care services.	<ul style="list-style-type: none"> • Ensure that people can access general practice services and mental health and addiction services within a reasonable timeframe. • Support strengthened public and population health initiatives for non-communicable diseases to reduce pressure on the health system. • Diversify people’s entry points into the primary and community health care system, to ease acute wait times, and support more point of care diagnostic testing for putting people on the care pathway they need sooner.
2.3 Improve cancer management.	<ul style="list-style-type: none"> • Ensure timely access to cancer services through waitlist management and targets.

Timely access to health care to drive the biggest improvements in outcomes

Timely access to health services is necessary to improve health outcomes for all New Zealanders, particularly for Māori and other population groups with high health needs. Barriers that delay access to health services have negative impacts on health outcomes, particularly people who live in rural communities and in more deprived communities. Ensuring all New Zealanders have timely access to primary and community health care services in particular will help reduce differences in health outcomes by a stronger focus on prevention and early treatment.

In delivering the objectives and expectations above, health entities must work with IMPBs to design, commission, and deliver services that are accessible and timely for Māori. This must include a focus on providing effective services in places and at times that work best for Māori and their whānau, and ensuring Māori providers are adequately resourced and supported to provide timely outreach to their communities.

The examples below of expectations for timeliness are anticipated to support engagement and improved outcomes for Māori, Pacific peoples, disabled people, women, people living in rural communities and other populations with high health needs.

- Promoting timely access to a range of health services that are meaningful to these population groups.
- Strengthening public and population health initiatives to support these populations to live healthier lives for longer.

Measuring success

Timeliness priority measures – see Appendix 2, Table 1.

Priority area 3: Quality

The Government expects that health care and services delivered in New Zealand are safe, easy to navigate, understandable and welcoming to users, and are continuously improving.

Quality health care services:

- improve patient safety and overall health outcomes
- ensure treatments are based on sound evidence and that patients receive the care that best meets their needs
- improve patient experience, including through cultural safety and upholding patients' rights as set out in the Code of Health and Disability Services Consumers' Rights
- contribute to financial sustainability by ensuring services are timely and efficient and avoid the costs associated with poor quality care
- prioritise prevention and health promotion, such as screening and immunisations, over more expensive treatment
- continuously improve as part of a learning health system, including actively identifying areas for improvement.

The main causes of health loss, as measured by disability-adjusted life years,⁶ take into account early death, illness and disability. The three conditions with the highest number of disability-adjusted life years are: ischaemic heart disease, low back pain and chronic obstructive pulmonary disease.

Available quality of care indicators show that ongoing, unintentional harm continues to occur across the health system. Complaints to the Health and Disability Commissioner have increased over the past four years, with the most common theme of these complaints being communication.

Despite continual efforts to improve the quality of care, inequitable outcomes continue for maternal, infant and fetal deaths. Māori, Pacific peoples, Indian people, people under 20 years old, and people living in areas of high deprivation experience worse pregnancy and childbirth outcomes than the New Zealand European population.

People with severe and enduring mental health conditions are more likely to die 15–25 years earlier than the general population. Some of the contributing factors are their poor access to physical health screening, other related health conditions being overlooked, the impacts of poverty, and poor or limited access to warm and dry housing.

⁶ World Health Organization definition: one disability adjusted life year (DALY) represents the loss of the equivalent of one year of full health. DALYs for a disease or health condition are the sum of the years of life lost to due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to prevalent cases of the disease or health condition in a population.

Changes expected over the next three years

Over the next three years the Government expects to see a focus on:

- continuing to improve the benchmarking of quality care and evaluation of the care that is provided: this means improving data quality related to the provision of services
- benchmarking to best practice amongst countries we compare ourselves against
- coordination across the health system (for example, in improving youth mental health) and understanding the quality of care provided in primary and community care settings, including by using stronger mechanisms for gathering and responding to lived experience and whānau voice
- IMPBs playing a key role in advocating for whānau voice to inform the commissioning, design and delivery of higher-quality health services
- continuing to empower people, families, and communities to be part of health system and service design
- supporting strong clinical leadership and effective partnerships across health organisations and people with lived experience, including disabled people
- developing a systems safety strategy that defines quality and safety for the New Zealand health system.

Objectives and expectations for the next three years

Objective	Expectations
3.1 Benchmark and monitor quality of care.	<ul style="list-style-type: none"> • Develop a systems safety strategy to set expectations for New Zealand and benchmark against international best practice. • Establish a national programme to explore options for developing a set of clinical care standards that are supplementary to the Ngā Paerewa Health and Disability Services Standard. • Enable better information and data sharing arrangements across the health and social system that relate to patient outcomes or quality of health services.
3.2 Enable the use and generation of evidence, information, research and evaluation across the health system by using science principles and concepts.	<ul style="list-style-type: none"> • Strengthen clinical and lived experience networks in key service areas to support national and regional leadership, knowledge gaps, and quality improvement. • Develop system functions and settings to support the rapid adoption of new, evidence-based technologies, research findings, and innovation. • Establish the right functions and programmes to support ongoing research and innovation activities, including development, dissemination and translation in ways that benefit the health system. • Strengthen public health surveillance to increase the detection and response to communicable and non-communicable diseases, and on information on the distribution of wider determinants of health and wellbeing. • Improve data on communities, including data collection, reporting, monitoring and sharing for providers and treaty partners and enable outcomes to be monitored by ethnicity, gender, age, rurality, and disability.
3.3 Enhance processes for quality improvement and strengthen the handling of quality concerns.	<ul style="list-style-type: none"> • Improve the national approach to gathering feedback and responding to and learning from complaints and health care harm, including the development of culturally-appropriate and accessible feedback channels, as well as restorative practice. • Ensure that service users are appropriately informed about and involved in their care so they can actively manage their health and wellbeing in ways that work for them. • Extend the development of patient-centred measures: Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs) to enhance assessment of the effectiveness of health care received. • Continue to develop Pharmac’s model to ensure patient voice and wide-ranging societal consequences are taken into account.

Keeping our families and communities safe

Delivering quality health services that are both clinically and culturally safe and appropriate is necessary for improving health outcomes for Māori and other population groups. Discrimination within the health sector also contributes to health inequities. Māori are more likely than other ethnic groups to report unfair treatment by a health professional.

Health entities must work with IMPBs to design, commission, and deliver a choice of high-quality services to Māori. This includes ensuring that health services are culturally safe and responsive to people's needs.

In delivering the objectives and expectations above, health entities must provide their staff with education, systems, and processes to ensure that all people are treated fairly and with respect. This work will need to be coordinated across the health system including with the various professional bodies.

The examples below of expectations for quality are anticipated to support improved engagement with Māori, and improved outcomes for Māori, Pacific peoples, disabled people, women, people living in rural communities, and other populations with high health needs.

- Putting in place clinical networks in key service areas to support national and regional leadership, fill knowledge gaps and drive quality improvement, while recognising that a care team may look different in some communities to meet population needs while still providing high-quality care.
- Strengthening pathways for using patient voice across the system to drive service design and improvement.
- Improving access to information and advice services, including easy access to information, and communication, translation and interpretation services.

Measuring success

Quality priority measures – see Appendix 2, Table 1.

Priority area 4:

Workforce

The Government expects that the health workforce should be **available** and **accessible**, but also needs to ensure that they are **responsive** to the range and complexity of health needs, and that the workforce has the development opportunities that they require for **productivity** and delivering **quality** care across all populations.

Achieving these aspirations requires a systematic approach to the health workforce and can only be done in partnership with education agencies and providers, health regulators, health agencies or entities, employers, and local communities.

The health workforce:

- holds essential knowledge, expertise, and skills for delivering quality care
- supports people who need care to manage their own health and wellbeing, including through personalised care and planning
- promotes preventative interventions, including the provision of screening, early intervention, and immunisation services
- contributes to system improvement through research and innovation.

The persistent pressures and challenges facing the health workforce, both within New Zealand and globally, have significant impacts on the delivery of health care and our outcomes for the workforce.

- There are workforce shortages across all health professions. This means there are fewer health workers available to provide care, which can negatively impact health outcomes. For example, vacancy rates across mental health and addiction services rose from 6% in 2018 to 11% in 2022, placing additional pressure on the existing workforce.
- Workforce wellbeing is at risk from the shortages and high workload pressures, resulting in increasing attrition rates, workforce burnout, fatigue, emotional distress, and job dissatisfaction.
- The workforce is not distributed across areas and services to best meet the health needs of communities. Significant workforce gaps in some areas for general practitioners, midwives and dentists impact access to health care, the sustainability of services in those areas, and health outcomes. A different mix of the workforce in some services, including task or skill sharing, could better support the services to be sustainable and meet the variation in health care needs.
- Some population groups remain chronically underrepresented in the health workforce. As at July 2023, Health New Zealand's district workforce comprised 9% Māori and 5% Pacific peoples. In comparison, as a percentage of the total population, Māori are 18% and Pacific peoples 9% in 2023, with these populations expected to grow.

- There are inconsistencies in cultural and disability competency across health professions, limiting the ability of the workforce to meet the needs of Māori, Pacific peoples, disabled peoples and other ethnic and gender diverse populations.

New Zealand's health workforce is composed of a large number of highly skilled, internationally trained professionals who are very valuable in our workforce. Since 2008, the proportion of doctors in New Zealand who are internationally trained has remained relatively stable at around 43%, although this differs among workforces (for example, internationally trained psychiatrists made up 63% of their workforce in 2023). The proportion of international nurses as a share of the nursing workforce has been increasing steadily over the past decade, from 25% in 2012 to 32% in 2022.

Changes expected over the next three years

In the short-term, the Government expects a focus on addressing critical health workforce shortages and gaps in cultural competency by expanding domestic training pathways and developing a workforce that is more representative of the New Zealand population. However, there will also be a need to continue to bring skilled health care workers into New Zealand over the medium-term to meet pressing needs.

The health workforce needs to be retained in all health settings and incentivised to work within all communities and settings, particularly geographically isolated areas. This involves creating supportive work environments with strong leadership to ensure that people feel valued and empowered to work to the top of their scope and flexibly across different health settings.

The Government expects the health workforce to have the skills, technology, medical devices and tools they need to deliver innovative models of care that are responsive to the populations they serve. This will provide assurance that people are able to receive timely access to quality health care. It is important to develop and maintain a health workforce that is representative of the community it serves to support meeting the health needs of the population.

These changes would require a systematic approach to developing the health workforce and can only be done in partnership with education agencies and providers, health regulators, health agencies and entities, employers, and local communities.

Objectives and expectations for the next three years

Objective	Expectations
4.1 Improve training pathways and develop a more culturally safe and competent workforce.	<ul style="list-style-type: none"> • Increase the capacity of the mental health and addiction workforce, including by increasing the training places for clinical psychologists and psychiatrists and growing the Consumer, Peer Support and Lived Experience (CPSLE) workforce. • Improve access to domestic training pathways to deliver a culturally competent and home-grown workforce that better reflects the population of New Zealand as a whole. • Improve and encourage career progression and flexible pathways, including through improving professional development. • Increase training places for doctors, and grow the numbers of those entering training as nurses, midwives and allied health roles. • Develop the public and population health workforce to support ongoing pandemic preparedness and a strengthened focus on prevention.
4.2 Strengthen health system leadership locally, regionally and nationally.	<ul style="list-style-type: none"> • Ensure public health, primary, and community health care services better enable local leadership in their design, delivery, and integration. • Develop leadership programmes, including investing in aspiring Māori health leaders and rangatahi, as well as Pacific peoples and disabled people.
4.3 Retain, value, and recognise the workforce.	<ul style="list-style-type: none"> • Improve recruitment and retention of the health workforce. • Monitor the experience of health workers and target initiatives at issues that improve workers' experiences and working environments. • Better recognise people with international medical qualifications and experience for accreditation in New Zealand. • Create employment settings that allow for more workforce mobility within and between professions. This could include through role descriptions and service design. • Review regulatory settings related to the health workforce.
4.4 Recruit for workforce gaps.	<ul style="list-style-type: none"> • Recruit the international health workforce into areas of high need and vacancy.

A health workforce for New Zealand

A health workforce that is representative of the people it serves will strengthen the health system's capacity to deliver effective and appropriate services for and with Māori and other population groups. In addition, the whole health workforce must have the necessary skills and competencies to deliver culturally safe and responsive health services that meet the needs of Māori.

In delivering the objectives and expectations above, health entities must consider how they can contribute to increasing the number of lived experience, credentialed health workers, including kaimahi Māori, across the health workforce, while also ensuring that the entire health workforce can provide culturally safe and responsive health services.

The examples below of expectations for the workforce are anticipated to support improved engagement and improved outcomes for all New Zealanders including populations with higher needs, such as Māori, Pacific peoples, women, disabled people, and people living in rural communities.

- Growing the Consumer, Peer Support and Lived Experience (CPSLE) workforce for mental health and addiction.
- Improving access to training pathways for key groups including Māori, Pacific peoples, disabled people and people living in rural communities.
- Implementing models of care that optimally use all members of a health care team (including regulated and self-regulated roles).
- Developing Māori leadership programmes and investing in aspiring Māori health leaders, including rangatahi.
- Delivering care in a culturally competent manner.

Measuring success

Workforce priority measures – see Appendix 2, Table 1.

Priority area 5:

Infrastructure

The Government expects that the health system has the digital and physical infrastructure it needs to meet people's needs now and into the future.

Infrastructure:

- contributes to health care service accessibility and capacity
- enables the use of technology in health care services, such as telehealth and online mental health and addiction services
- supports efficiency and quality in health care services
- builds resilience and sustainability in health care services.

New Zealand has a number of public hospitals, including publicly funded community hospitals, that are in poor condition and no longer fit for purpose. Information technology infrastructure networks and security are also outdated and unable to manage increased cybersecurity issues, or support evolving health service delivery in the home and within community facilities. Having broader digital options can also help with access and timeliness.

Changes expected over the next three years

Over the next three years, there will be a greater focus on national planning for asset management and infrastructure investment. This should result in improvements in the quality and timely delivery of infrastructure projects.

Health entities will deliver infrastructure projects within budget and on time. As part of this, health entities must establish an evidence-based decision-making process to develop and adopt digital and innovative solutions, including precision health, nanotechnology and artificial intelligence.

Objectives and expectations for the next three years

Objective	Expectations
5.1 Long-term national planning.	<ul style="list-style-type: none"> • Have in place the structures and operating models to support investment planning and delivery. • Develop a 10-year national infrastructure and investment plan and a National Asset Management Strategy before the end of 2024. • Implement the measures required to deliver the progress as agreed in the National Asset Management Strategy. • Ensure planning reflects the need for the health system to be prepared for and able to manage the impacts of additional pressures, including predicted peaks and unexpected system shocks (for example from pandemics and extreme weather events).
5.2 Committed funding with competent delivery.	<ul style="list-style-type: none"> • Ensure that approved projects are delivered on time and within budget. • Provide a maintenance and renewal plan, and report against this plan. • Provide high-quality reporting on the investment portfolio. • Implement measures to improve efficiency of project delivery including standardised design guidance and modularisation.
5.3 Enable evidence-based digital solutions.	<ul style="list-style-type: none"> • Continue to progress digital initiatives to enable care closer to home. • Enable flexible and adaptive decision-making on emerging technologies such as precision health, nanotechnology, artificial intelligence and medical devices, for example by updating evaluation frameworks (including the Health Technology Assessment).

Infrastructure that enables care for communities

Renewing physical and digital infrastructure supports new and better health care services for families and communities across New Zealand. This includes hospital and community care settings that are welcoming and efficient, and digital services that help people to navigate the health system and access services remotely, where appropriate, and to access their own and their family’s health information.

The examples below of expectations for infrastructure are anticipated to support improved outcomes for all New Zealanders including engagement and improved outcomes for people with higher needs such as Māori, Pacific peoples, women, disabled people and people living in rural communities:

- Working in partnership with Māori, Pacific peoples, disabled people, and other population groups with additional access barriers to design and deliver digital and infrastructure investments.

- Progress digital initiatives to support care closer to home such as the uptake of virtual care and telehealth, including digital options that equip people, families, and whānau to better meet their own mental health and wellbeing needs.

Measuring success

Infrastructure priority measures – see Appendix 2, Table 1.

Technical appendices

Appendix 1: Roles and responsibilities in the health system

The health system is complex and includes several agencies and entities that deliver, commission, regulate, and monitor health and wellbeing. The roles and responsibilities of key agencies and entities are set out below:

- The **Ministry of Health** is the chief steward for the health of the population and the health system, and lead advisor to government on health. The Ministry of Health sets direction, policy, the regulatory framework, and investment for health, and monitors outcomes and system and organisational performance. The Ministry of Health includes:
 - the **Public Health Agency** to provide leadership on public health
 - the **New Zealand Medicines and Medical Devices Safety Authority** (Medsafe) to regulate therapeutic products.
- The **Cancer Control Agency** is a dedicated departmental agency that provides central leadership and oversight of cancer control.
- **Health New Zealand** designs, arranges, and delivers services across New Zealand to improve health outcomes and reduce unfair differences in health needs or outcomes. They operate in accordance with the health sector principles: to encourage, support, and maintain community participation in health improvement and service planning; and to promote health and prevent, reduce, and delay ill-health, including by collaborating with other agencies, organisations, and individuals to address the determinants of health.
- The **Pharmaceutical Management Agency** (Pharmac) decides which medicines, vaccines, medical devices, and related products should be funded and made available to New Zealanders from within a capped budget set by the Government.
- The **Health Quality and Safety Commission** leads and coordinates work across the health sector to monitor and improve the quality and safety of health services.
- The **New Zealand Blood and Organ Service** is New Zealand's sole provider of blood, blood products and associated services and co-ordinates deceased organ donation, tissue donation (eye tissue, heart valves and skin), hip bone donation, and operates the Heart Valve Bank and the New Zealand Bone Marrow Donor Registry.
- The **Health Research Council of New Zealand** is the government's principal funder of health research in New Zealand.
- The **Mental Health and Wellbeing Commission** provides independent, system-level oversight of mental health and wellbeing in New Zealand.
- The **Health and Disability Commissioner** (HDC) protects the rights of people using health and disability services as set out in the Code of Health and Disability Services Consumers' Rights. The HDC provides an independent mechanism for the assessment and resolution of complaints about the quality of care provided to people, and holds providers to account, where people's rights have not been appropriately respected.

Appendix 2: Government Policy Statement on Health (GPS) measures

The GPS includes a set of key marker measures, focused on the desired system changes

The Government will use a range of information sources to monitor progress against the objectives of this GPS. Each priority area includes a set of qualitative and quantitative measures, focused on the desired system changes, the Ministry of Health will use to assess delivery of the GPS. The selected measures align to the objectives and expectations of the Government's priorities, and are expected to move over the three-year period of the GPS.

Over the next three years, we expect to see:

- progress against achieving health targets (such as improved coverage of childhood immunisations, and reduced wait times to access treatment within emergency departments, cancer services, elective treatment, and specialist assessments)
- health entities delivering on GPS expectations and planned commitments to agreed standards, within budget and on time, including:
 - improved access, quality, and timeliness of health services
 - increased efforts to build the capacity and capability of the health workforce with long-term health workforce planning and pipelines
 - improved long-term infrastructure planning
 - improved prevention activities, including around modifiable risk factors and reductions in communicable and non-communicable disease.

Additional measures to track performance are included in documents such as the New Zealand Health Plan, Statements of Intent, and Statements of Performance Expectations, as well as through Vote Health, amongst other measures (such as those used by HQSC).

Some additional expectations for GPS measures are outlined below.

- There are annual performance milestones for each of the Government's health targets and the mental health and addiction health targets.
- Where relevant, GPS measures will build on existing data definitions and performance established through the **Interim Government Policy Statement on Health 2022–2024**. Data definitions will be available on the Ministry of Health's website.
- All measures include a focus on improving outcomes for populations with the highest needs, including an expectation that unfair differences in health needs and outcomes will be addressed, consistent with the requirements in the Pae Ora Act.
- Measures will be disaggregated by demographic characteristics including age, ethnicity, gender, geographic location and rurality as appropriate, and as data sources allow. We also aim for all relevant measures to be disaggregated for a wider range of appropriate groups, including disability over time.

- Measures identified in the GPS will form one component of a wider system monitoring framework.

How we will monitor and report on progress

All health entities will report on a regular basis through formal and more regular, informal reporting avenues internally, and to Ministers. This reporting will include evidence of progress against GPS priorities, objectives and expectations.

Monitoring agencies, including the Ministry of Health, will monitor progress against GPS priorities, objectives and expectations on a regular basis, with further actions taken as necessary to respond to any issues that are identified. Health New Zealand will need to support this by working in full collaboration with monitors, including the Ministry of Health, HQSC and HMAAC.

Public reporting

The Ministry of Health will report on results of the GPS measures annually, with results broken down by quarter where possible. The granularity and frequency of this reporting will depend on available data and may differ between measures.

Additional public reporting of GPS measures may be achieved through quarterly and annual reports, and updates through the New Zealand Health Plan reporting. Where entities are responsible for collecting and recording data to support reporting of the GPS measures, those entities must provide accurate and timely data to the Ministry of Health and Minister to support the public reporting process.

Wider system monitoring

Ultimately, the Government's focus is on improving health outcomes for New Zealanders. This includes a focus on increased quality and length of life, as well as an overall improvement in health trends and population health.

Improving system performance is critical to achieving these outcomes. This means that we must focus on ensuring we have a sustainable and resilient health system that places people at its core, and has a right-sized, right skilled workforce, and long-term infrastructure planning.

Opportunities and priorities for improving the health sector, and associated measures that reflect the long-term strategic direction, are set out across a range of documents including the six health strategies.

The longer-term priorities and measures will be brought together within a new strategic monitoring framework for the health system. This framework will enable broad analysis across the health system toward the long-term priorities set out within the health strategies, including:

- health trends and outcomes over time (including a focus on communicable and non-communicable diseases)

- prevention and other activities within the health system (including action on modifiable risk factors such as alcohol, tobacco, poor nutrition, physical inactivity, and adverse social and environmental factors)
- key inputs into and enablers for the health system (such as leadership and governance, resources and investment, workforce, and infrastructure).

Monitoring roles and responsibilities

The Ministry of Health, health entities and other agencies all have different roles to monitor progress against the Government's expectations and longer-term strategic priorities.

As chief steward of the health system, the Ministry of Health has an important role in monitoring the performance and outcomes achieved by our health system. This includes monitoring and public reporting on health system performance and outcomes for Māori.

IMPBs have a role to monitor the performance of the health sector in their communities, assessing how well things are working for Māori, how they can be improved, and what needs to change, including by determining local priorities for improving hauora Māori. IMPBs engage with Health New Zealand and support its priorities for kaupapa Māori investment and innovation. Over the next three years, IMPBs will play a key role in local service planning with Health New Zealand, and will be supported to take on a greater role in strategic commissioning.

HMAC also has a role in providing independent advice to the Minister of Health on how well the health system is performing for Māori, working alongside the Ministry of Health in overseeing system-wide performance, and providing advice as to how the health system can improve Māori health outcomes. This complements the role of IMPBs.

Crown entity boards are responsible for decisions relating to the operation of entities. The Health New Zealand Board is the primary monitor of health services provided or commissioned by Health New Zealand, and the associated delivery of most outputs.

How we will monitor and report on progress

Monitoring and reporting of wider system performance will occur across three levels which overlap and reinforce each other. The strategic monitoring framework (see Figure 2 below) brings these layers of monitoring together to ensure that there is a comprehensive picture of how the health sector is performing over time. The framework also clarifies agencies respective roles, and ensures health entities can be appropriately held to account for their responsibilities.

Internal entity monitoring carried out by health entities will:

- focus on monitoring measures and operational performance at local, regional, and national levels through internal monitoring frameworks and governance processes. Measures will be reported on and monitored at monthly, quarterly, annually or every two years, and at national, regional and district levels as appropriate to check the value added by activity delivered through public funding

- include reporting against the New Zealand Health Plan (for Health New Zealand) and their Statement of Intent and Statement of Performance Expectations, to outline progress against the Government’s agreed goals and health priorities – both through formal reporting avenues, and more regular, informal reporting to the Ministry of Health and Ministers.

Health entity monitoring carried out by the Ministry of Health will:

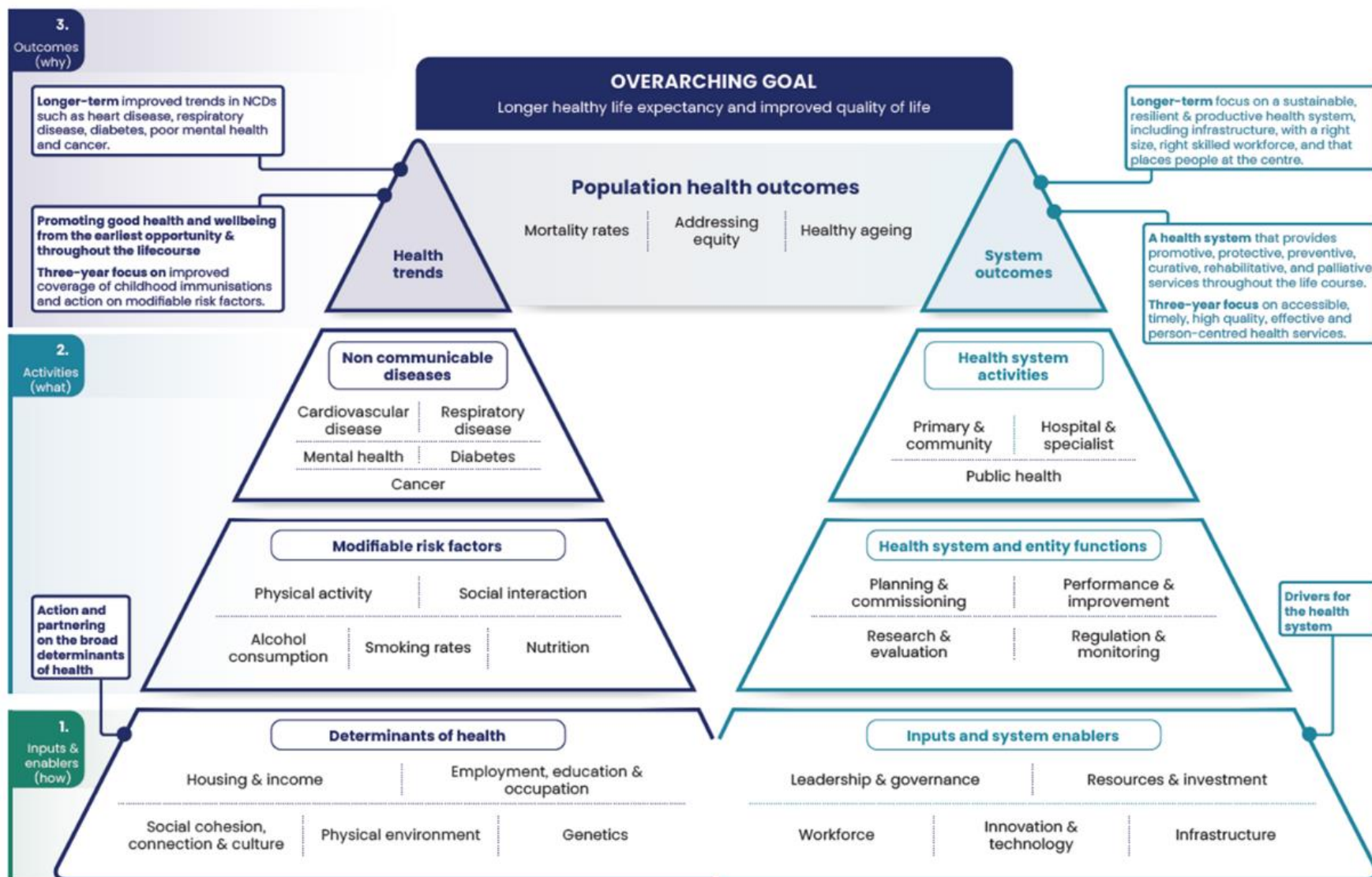
- focus on assessing entity and board performance to provide the Minister of Health or Minister for Mental Health assurance that each is operating effectively, meeting legislative requirements, and Government expectations. Progress toward operational measures, entity plans and accountability documents will be reviewed to support feedback to the entity, and the Ministry of Health will advise the relevant minister on the use of interventions and levers, including any changes to system or policy settings
- include other activities that support the Minister to manage entity and Board performance, including through administering board member appointment and induction, helping to set expectations for entities through instruments like the GPS and Letters of Expectations, and regularly engaging with entities to ensure delivery against expectations and that risks and issues are being appropriately managed.

System-level monitoring carried out by the Ministry of Health will:

- focus on the delivery of outcomes and priorities across the whole sector, including monitoring of progress on health targets, GPS measures and health strategies. The monitoring and reporting at this level will also inform statutory annual progress reports, such as the Health and Independence Report
- use regular reporting to draw on entity reports and provide additional insights. Over time we expect deeper analysis into identified areas of risk or opportunity to be completed
- support the Minister to provide regular reporting to Cabinet on progress against health targets, Government expectations and long-term strategic priorities
- identify any issues for discussion or actions that can then be taken forward through regular engagement between the Minister and the entities.

The strategic monitoring framework, in Figure 2 on the following page, also includes the GPS suite of measures and the additional expectations as outlined above. It is designed to create a shared understanding of the health system and to set out what the Ministry of Health will be monitoring, and how this will occur. The contents of this framework are illustrative.

Figure 2: Strategic Monitoring Framework



GPS measures

Table 1: Summary table of GPS measures

GPS priority area 1: Access			
Every person, regardless of where they live in New Zealand, has equitable access to the health care and services they need			
	Indicator	Measure	Expectation
1.01	Improved immunisation for children (health target)	Percentage of New Zealand children to be fully immunised at 24 months of age	Health target: 95% of New Zealand children to be fully immunised at 24 months of age
1.02	Strengthened focus on prevention and early intervention (Mental Health & Addiction (MH&A) target)	Percentage of MH&A investment allocated to prevention and early intervention	MH&A target: 25% of MH&A investment is allocated towards prevention and early intervention
1.03	Improved access through the care journey	Enrolment with a primary maternity care provider in the first trimester of pregnancy	Improvement in enrolment rates from 2021
1.04	Avoidable hospitalisations are reduced	Ambulatory sensitive hospitalisation (ASH) rates, grouped by age	Reduction in the rate of ambulatory sensitive hospital admissions for: <ul style="list-style-type: none"> • children under five years of age • people aged 45–64 years
1.05	Improved cancer screening (bowel)	Bowel screening rates of adults aged 60–74 years (two-yearly screening interval)	Bowel screening participation to target 60% of Māori and Pacific adults aged 60–74 years (two-yearly screening interval)
1.06	Improved cancer screening (cervical)	Cervical (HPV) screening rates of eligible women aged 25–69 years (five-yearly screening interval)	Increase cervical (HPV) screening coverage to 80% of eligible women aged 25–69 years (five-yearly screening interval)
1.07	Improved cancer screening (breast)	Breast screening rates of eligible women aged 45–69 years (two-year screening interval)	Increase breast screening coverage to target of 70% or greater of eligible women aged 45–69 years (two-year screening interval)
1.08	Increased action on non-communicable diseases - diabetes	People with diabetes regularly receiving any hypoglycaemic medication in the relevant year	Reduction in variation between geographic and demographic groups in the number of people with diabetes regularly receiving any hypoglycaemic medication in the relevant year (currently measured by HQSC)

GPS priority area 1: Access			
Every person, regardless of where they live in New Zealand, has equitable access to the health care and services they need			
	Indicator	Measure	Expectation
1.09	Increased access to medicines	New Medsafe and Pharmac based measures on regulatory processes	Measure yet to be determined
1.10	Reduced unmet need due to cost	The percentage of people who experience unmet need to see a GP in the past 12 months due to cost	Improvement in the response to the Health Survey question 'In the past 12 months, was there a time when you had a medical problem but did not visit a GP because of cost?'
1.11	Reduced unmet need for Mental Health support	The percentage of people who experience unmet need for mental health support in the past 12 months	Improvement in the response to the Health Survey question 'In the past 12 months, did you ever feel that you needed professional help for your emotions, stress, mental health, or substance use, but you didn't receive that help?'
1.12	Improved access to primary and specialist MH&A services	The numbers and rates of people accessing primary and specialist mental health and addiction services	Increase in access rates for primary and specialist mental health and addiction services

GPS priority area 2: Timeliness			
People can access the health care and services they need, when they need it in a prompt and efficient way			
	Indicator	Measure	Expectation
2.01	Faster cancer treatment (health target)	Percentage of patients receiving cancer management within 31 days of the decision to treat	Health target: 90% of patients receive cancer management within 31 days of the decision to treat
2.02	Shorter wait times for first specialist assessment (FSA) (health target)	Percentage of patients waiting less than four months for a first specialist assessment	Health target: 95% of patients wait less than four months for a first specialist assessment
2.03	Shorter wait times for treatment (health target)	Percentage of patients waiting less than four months for elective treatment	Health target: 95% of patients wait less than four months for elective treatment
2.04	Shorter stays in emergency departments (health target)	Percentage of patients to be admitted, discharged or transferred from an emergency department (ED) within six hours	Health target: 95% of patients to be admitted, discharged or transferred from an ED within six hours

GPS priority area 2: Timeliness			
People can access the health care and services they need, when they need it in a prompt and efficient way			
	Indicator	Measure	Expectation
2.05	Faster access to specialist MH&A services (MH&A target)	Percentage of people accessing specialist MH&A services seen within three weeks	MH&A target: 80% of people accessing specialist MH&A services are seen within three weeks
2.06	Faster access to MH&A services (MH&A target)	Percentage of people accessing primary MH&A services through the Access and Choice programme seen within one week	MH&A target: 80% of people accessing primary MH&A services within the Access and Choice programme are seen within one week
2.07	Shorter mental health and addiction-related stays in emergency departments (MH&A target)	Percentage of MH&A-related ED presentations admitted, discharged or transferred from an ED within six hours	MH&A target: 95% of MH&A-related ED presentations are admitted, discharged or transferred from an ED within six hours
2.08	Reduced waiting times	Access to first specialist assessments (total, and standardised rates)	Improve access for first specialist assessments
2.09	Reduced waiting times	Missed appointments in specialist care and variation in missed appointments between Māori and Pacific peoples and non-Māori, non-Pacific peoples	A decreased percentage of missed appointments
2.10	Reduced waiting times	Elective surgical discharges (total, and standardised rates)	Improve access for elective treatment
2.11	Faster access to primary and community health care services	The percentage of people who experience unmet need to see a GP in the past 12 months due to time taken to get an appointment	Improvement in the response to the Health Survey question 'In the past 12 months, was there a time when you had a medical problem but did not visit a GP for any of the following reasons? - Time taken to get an appointment was too long'

GPS priority area 3: Quality			
Health care and services delivered in New Zealand are safe, easy to navigate, understandable and welcoming to users, and are continuously improving			
	Indicator	Measure	Expectation
3.01	Improved patient safety and overall health outcomes	Avoidable injuries: Hospital falls	Reduction in the number of inpatient discharges where a fall occurred while in hospital

GPS priority area 3: Quality			
Health care and services delivered in New Zealand are safe, easy to navigate, understandable and welcoming to users, and are continuously improving			
	Indicator	Measure	Expectation
3.02	Improved patient safety and overall health outcomes	Avoidable injuries: Pressure injuries	Reduction in the number and proportion of inpatient events with a pressure injury diagnosis
3.03	People receive the care that best meets their needs	Acute readmissions to hospital	Reduction in the readmission rate at 0–7 days and 0–28 days
3.04	Improved patient experience	People report being involved in the decisions about their care and treatment (as captured in the Code of Health and Disability Services Consumers' Rights)	Improvement in results from June 2023, as reported in the HQSC patient experience survey
3.05	Improved patient experience	Responsiveness, engagement and experience as captured in the Code of expectations for health entities' engagement with consumers and whānau	Increase in average score for each of the three areas, across all entities
3.06	Improved patient experience	People understanding the information about their care	Increase in positive responses to the question 'Did the health care provider explain things in a way you could understand?'
3.07	People receive the care that best meets their needs	Polypharmacy in people aged 65 years and over	Percentage of people aged 65 years and over who were dispensed five or more unique long-term medicines

GPS priority area 4: Workforce			
The health workforce is available, accessible, and responsive to the range and complexity of health needs			
	Indicator	Measure	Expectation
4.01	Increased mental health and addiction workforce development (MH&A target)	MH&A professionals trained each year	MH&A target: Train 500 MH&A professionals each year
4.02	The health workforce is representative of the people it serves	Proportion of Māori and other priority groups in the regulated and unregulated health workforce (including consumer, peer support and lived experience workforce), compared with the proportion of the total population	Increase in proportion of priority groups in the regulated and unregulated health workforce, compared with the proportion of the total population from the 12 months to 30 June 2023

GPS priority area 4: Workforce			
The health workforce is available, accessible, and responsive to the range and complexity of health needs			
	Indicator	Measure	Expectation
4.03	The health workforce is representative of the people it serves	Proportion of Māori and Pacific people and other priority groups in governance roles in Health statutory committees	The proportion of priority groups across governance roles are better reflective of the population
4.04	Improved retention, valuing, and recognition of the workforce (Health NZ)	Health NZ workforce turnover rates	Decreased rate of turnover
4.05	Improved retention, valuing, and recognition of the workforce (Health NZ)	Health NZ workforce retention rates	Increase in retention rates post qualification or registration
4.06	Improved training pathways and a more culturally safe and competent workforce	Number and proportion of Māori and other priority groups graduating in a health field, by field of study	Increase in the proportion of priority groups graduating in a health field to be better reflective of the population
4.07	Improved health workforce satisfaction and sentiment	Health workforce satisfaction and sentiment as reported through Health NZ staff survey	Increase in health workforce satisfaction and sentiment as reported through Health NZ staff survey, including increased participation and improvement in overall results

GPS priority area 5: Infrastructure			
The health system has the digital and physical infrastructure it needs to meet people's needs now and into the future			
	Indicator	Measure	Expectation
5.01	Infrastructure enables people's needs to be met	First Specialist Assessment and follow up outpatient appointments delivered via telehealth	Increased delivery of outpatient appointments via telehealth
5.02	Infrastructure enables people's needs to be met	Access to My Health Record	Increased access to My Health Record
5.03	Crown entity accountability documents meet expectations	Statement of Intent (SOI) and Statement of Performance Expectations (SPE)	SOI and SPE are finalised and published at the beginning of the relevant financial year

GPS priority area 5: Infrastructure

The health system has the digital and physical infrastructure it needs to meet people’s needs now and into the future

	Indicator	Measure	Expectation
5.04	Value for money is demonstrated	All investments submitted for Ministerial or Cabinet approval demonstrate rigorous planning that complies with the Better Business Case process, are supported by relevant health planning inputs and demonstrate value for money	All investments submitted for Ministerial or Cabinet approval comply with the Better Business Case process, demonstrate value for money and are supported by relevant inputs such as service plans, asset management plans and site masterplans
5.05	Improved long-term planning for health infrastructure	Delivery of a service-led 10-year infrastructure plan that incorporates associated performance expectations	Delivery of a service-led, 10-year infrastructure plan that integrates physical and digital infrastructure, is achievable within expected market and financial constraints, and aligns with workforce planning. First plan to be delivered before December 2024, with regular updates
5.06	Improved long-term planning for health infrastructure	Improved management of the investment portfolio, with accurate and consistent reporting against forecasts and key milestones for major projects across the digital and physical infrastructure portfolios is demonstrated in monthly reporting; includes details as set out in the associated performance expectations	Health NZ provides monthly reporting across the digital and physical infrastructure portfolios that demonstrates risk management and progress against project milestones and actual and forecast cash drawdowns for all projects requiring Ministerial or Cabinet approval
5.07	Improved long-term planning for health infrastructure	Progress against milestones to implement the Asset Management Strategy is demonstrated in quarterly reporting; includes details as set out in the associated performance expectations	Health NZ provides quarterly reports on progress against milestones to achieve Horizon One activities in the Asset Management Strategy
5.08	Improved long-term planning for health infrastructure	Sufficiency of expenditure on repairs and maintenance is demonstrated in monthly financial reporting; includes details as set out in the associated performance expectations	Health NZ demonstrates that it has sufficiently planned for the maintenance and renewal of assets and reports quarterly on progress against the plan
5.09	Delivery of projects against time and budget	Performance against budgets and timeframe milestones of major projects across the digital and physical infrastructure portfolios is demonstrated in monthly reporting; includes details as set out in the associated performance expectations	Projects are delivered on time and within budget

GPS priority area 5: Infrastructure			
The health system has the digital and physical infrastructure it needs to meet people's needs now and into the future			
	Indicator	Measure	Expectation
5.10	Compliance with capital settings	Approvals of new investments and changes to scope, timeframes and budgets of approved projects comply with capital settings as demonstrated in monthly reporting	All investments submitted for Ministerial or Cabinet approval comply with capital settings and have followed the Treasury's Investment Life Cycle process, comprising a Risk Profile Assessment and Strategic Assessment before entering and completing the Better Business Case process

GPS expectation: Financial Sustainability			
The health system makes best use of resources now to ensure long-term sustainability			
	Indicator	Measure	Expectation
6.01	The health system delivers on its priorities and achieves an annual operating breakeven or surplus position against budget	Delivery by Health NZ within its budget of commitments set out in the New Zealand Health Plan (NZHP) or otherwise agreed with the Minister, such as ensuring minimum service coverage expectations are met	Concordant with its statutory obligations, the Health NZ Board sets for itself, for each financial year, a detailed budget that reflects its best estimate of costs and revenue for that year, making adequate provision for financial risks. Health NZ shares an aggregated version of this budget with the Ministry of Health, and updates it as needed during the year to reflect changes to annual baselines agreed by Cabinet or joint Ministers (Minister of Health and Minister of Finance) during the year as well as any other significant changes in its financial position. Health NZ delivers on the commitments set out in the NZHP or otherwise agreed with the Minister, such as ensuring minimum service coverage expectations are met, while achieving an annual actual financial result that achieves an operating breakeven or surplus position against this budget
6.02	Health NZ accurately reports output class expenditure in line with expected levels	Detailed monthly reporting on revenue and expenses by output class, comparing actuals to phased budget, where the budget aligns with the SPE	Actual revenue and expenses by output class are in line with phased budget performance and are reported monthly, including the provision of a full set of output classes outlined in the SPE and mapped to approved appropriations
6.03	Services are delivered in line with expenditure levels with clear	Detailed monthly reporting on financial, recruitment and activity forecasts including Hospital and Specialist Services activity reporting	Forecast levels of activity are achieved across appropriations with monthly updated financial, recruitment and activity forecasts,

GPS expectation: Financial Sustainability

The health system makes best use of resources now to ensure long-term sustainability

	Indicator	Measure	Expectation
	visibility of activity across appropriations	showing actual versus budgeted production volumes	including improved granularity and quality of information over time
6.04	The Minister of Health and monitors receive timely and responsive financial risk reporting to inform decision-making	Detailed quantified quarterly reporting to monitors on financial risks, including addition reporting if risks arise	<p>Financial risks and how these are being managed and mitigated are reported on a quarterly basis to monitors, with additional timely reporting to monitors and the Minister of Health if there are material risks of exceeding appropriations, including but not limited to if:</p> <ul style="list-style-type: none"> • Health NZ wishes to offer a wage settlement higher than budgeted for • growth in full-time equivalent (FTE) staff in a given month at a national or regional level would not be financially sustainable on an ongoing basis • Health NZ wishes to make decisions around expanding service coverage or scope that cannot be sustainably funded on an ongoing basis
6.05	Spending by appropriation does not exceed funding	Financial reporting on expenditure by appropriation	Spend by appropriation does not exceed funding after accounting for other revenue sources and Health NZ seeks joint Ministers' agreement prior to funding costs in Hospital and Specialist Services from underspends in other appropriations
6.06	A focus on value for money and continuous improvement is consistent across the health system	Visibility for monitors of a consistent approach to investment and disinvestment decision-making	By 2027, develop investment and disinvestment frameworks that drive towards value maximisation with identified paths of continuous improvement, with cross-system consistency
6.07	Health NZ closely monitors and actively manages productivity performance, which consequently improves over time	Health NZ's reporting internally and to monitors includes productivity measures and insights, including but not limited to measures of case-weights per FTE and measures relating to bed days and theatre utilisation	Decision-makers in Health NZ and external monitors receive productivity data and associated data-led insights at least quarterly from February 2025, with the suite of measures being improved and expanded over time. The suite should at the outset include measures of case-weights per FTE and measures relating to bed days and theatre utilisation

GPS expectation: Financial Sustainability

The health system makes best use of resources now to ensure long-term sustainability

	Indicator	Measure	Expectation
		Health NZ reports at least six-monthly on progress against a productivity improvement plan	Productivity improves over time as Health NZ generates and implements a productivity improvement plan, and reports against it every six-months, that supports it to: <ul style="list-style-type: none"> • innovate, experimenting sensible to trial new approaches that could improve efficiency • reduce unwarranted variation in costs by using productivity data to identify outliers (positive and negative) and responding accordingly, with a particular focus on Hospital and Specialist Services. This should include, by the end of 2025, acting on insights generated by baseline reviews and Hospital Roundtable data
6.08	Reduction in unwarranted variation in costs	Performance against measures in the productivity plan-referenced in 6.07 above to reduce unwarranted variation in costs	Deliver on measures within the productivity plan referenced in 6.07 above to reduce unwarranted variation in costs, noting this is only one aspect in reducing unwarranted variation in performance and improvements across the system are planned
6.09	Decision-makers and monitors have improved visibility of cost structures across the system	Quarterly reporting against Costing Initiative Plans and milestones provided to monitors	From 2024/25, there is clear visibility of and regular quarterly reporting against Costing Initiative Plans and milestones
6.10	Strengthened focus on prevention and early intervention	Plan for improving visibility of spend on and better targeting of funding towards preventative measures and early interventions	Health NZ provides a clear plan for improved visibility of spending on preventative measures and early interventions across all appropriations, as well as identifying opportunities to better target funding within baseline towards prevention activities
6.11	Expenditure and FTE resources align with the mental health and addiction ringfence expectations set by the Ministry of Health	Expenditure and FTE resources on mental health and addiction as per expectation set	Mental health and addiction funding and resources are prioritised and allocated in line with the ringfence expectations set by the Ministry of Health. Expenditure and FTE resources at minimum meet the ringfence level set

Expectation of accelerated actions for Non-communicable diseases (NCDs)			
Accelerated action to prevent and reduce the impact of significant non-communicable diseases			
	Indicator	Measure	Expectation
7.01	Increased prevention and reduced impact of NCDs - diabetes	Rate of registrations on Virtual Diabetes Register (VDR)	Improved trend
7.02	Increased prevention and reduced impact of NCDs diabetes	Rate of diabetes related limb amputation	Decrease
7.03	Increased prevention and reduced impact of NCDs - diabetes	Rate of diabetes related renal failure	Decrease
7.04	Increased prevention and reduced impact of NCDs - respiratory disease	Housing-related hospitalisations	Decrease in housing-related illness including rheumatic fever and respiratory disease
7.05	Increased prevention and reduced impact of NCDs - respiratory disease	Pneumonia hospitalisations	Decrease
7.06	Increased prevention and reduced impact of NCDs - respiratory disease or diabetes	Potentially avoidable hospitalisations based on ASH conditions (asthma, chronic obstructive pulmonary disease, ear nose and throat, diabetes) and age brackets (0–4, 5–14, 45–64 years)	Decrease
7.07	Increased prevention and reduced impact of NCDs - mental health	Psychological distress	Decrease in people reporting high or very high levels of psychological distress in the New Zealand Health Survey questions
7.08	Increased prevention and reduced impact of NCDs - cardiovascular diseases	Hospitalisation for all cardiovascular diseases	Decrease
7.09	Increased prevention and reduced impact of NCDs - cardiovascular diseases	Chronic rheumatic heart disease hospitalisations	Decrease

Expectation of accelerated actions for Modifiable Risk Factors			
Improved prevention of non-communicable diseases is achieved by addressing modifiable risk factors			
	Indicator	Measure	Expectation
8.01	Increased action on five modifiable risk factors (all)	Percentage of people who have a Body Mass Index (BMI) of 30 or more	Decrease
8.02	Increased action on five modifiable risk factors (alcohol consumption)	Percentage of people aged 15 years and over who engage in hazardous alcohol consumption	Year-on-year reduction in proportion of those aged 15 years and over who engage in hazardous alcohol consumption
8.03	Increased action on five modifiable risk factors (nutrition)	Percentage of people eating the recommended daily intake of vegetables and fruit (five or more servings of vegetables, and two or more servings of fruit)	Increase
8.04	Increased action on five modifiable risk factors (all)	<ul style="list-style-type: none"> • Mean number of decayed, missing and filled teeth (DMFT) teeth in children aged 5 • Mean number of decayed, missing and filled teeth (DMFT) teeth in children in school year 8 • Percentage of children caries free at age 5 • Percentage of children caries in school year 8 	Decrease in mean number of DMFT in children aged 5 and in school year 8 and increase in percentage of children caries free at age 5 and in school year 8
8.05	Increased action on five modifiable risk factors (physical activity)	Percentage of children and adults meeting recommended hours of physical activity / physical activity guidelines	Year-on-year increase
8.06	Increased action on five modifiable risk factors (smoking)	Percentage of people aged 15 years and over who are daily smokers, reported by population group	Reduction to 5% or less of people aged 15 years and over who are daily smokers, reported by population group, with a 5% or less target in each population group
8.07	Increased action on five modifiable risk factors (social and environmental factors)	Percentage of children living in households where food runs out often or sometimes in past year (0–14 years) (food insecurity)	Year-on-year decrease
8.08	Increased action on five modifiable risk factors (social and environmental factors)	Either face-to-face or non-face-to-face contact with family or friends at least once a week (social connection) (question from the two-yearly General Social Survey (GSS))	Increase

Expectation of accelerated actions for Modifiable Risk Factors			
Improved prevention of non-communicable diseases is achieved by addressing modifiable risk factors			
	Indicator	Measure	Expectation
8.09	Increased action on five modifiable risk factors (social and environmental factors)	Social connection, cohesion and culture (question from the two-yearly GSS)	Increase
8.10	Increased action on five modifiable risk factors (social and environmental factors)	Loneliness - lonely most or all of the time in the last four weeks	Decrease in reported rate from the New Zealand Health Survey question

Performance milestones for health targets and mental health and addiction targets

Table 2: Summary tables of annual performance milestones for health and mental health targets

Health targets				
	Target	Performance milestone 2024/25	Performance milestone 2025/26	Performance milestone 2026/27
1	90% of patients to receive cancer management within 31 days of the decision to treat	86%	87%	88%
2	95% of children to be fully immunised at 24 months of age	84%	87%	90%
3	95% of patients to be admitted, discharged or transferred from an emergency department within six hours	74%	77%	80%
4	95% of patients wait less than four months for a first specialist assessment	62%	65%	70%
5	95% of patients wait less than four months for elective treatment	63%	67%	71%

Mental health and addiction targets				
New Zealanders will have timely access to effective mental health and addiction services and supports, delivered by a skilled and growing workforce				
	Target	Performance milestone 2024/25	Performance milestone 2025/26	Performance milestone 2026/27
1	80% of people accessing specialist mental health and addiction services are seen within three weeks	80% (72% for under 25-year-olds accessing mental health services)	80% (75% for under 25-year-olds accessing mental health services)	80% (78% for under 25-year-olds accessing mental health services)
2	80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week	Establish routine data collection for Integrated Primary Mental Health and Addiction (IPMHA) providers (from October 2024) and youth providers (from January 2025) Set baselines for IPMHA (by February 2025) and youth services (by May 2025)	80% or a percentage increase from IPMHA and youth baseline (TBC once baselines are established) Establish routine data collection for Pacific providers (from October 2025) Set baselines for Pacific services (by February 2026)	80% or a percentage increase from IPMHA, youth and Pacific baseline (TBC once baselines are established) Establish routine data collection for kaupapa Māori providers (from July 2026) Set baselines for kaupapa Māori services (by October 2026)
3	95% of mental health and addiction-related emergency department presentations are admitted, discharged, or transferred from an emergency department within six hours	74%	77%	80%
4	Train 500 mental health and addiction professionals each year	Confirm baseline for 2024 calendar year	500 (for 2025 calendar year)	500 (for 2026 calendar year)
5	25% of mental health and addiction investment is allocated towards prevention and early intervention	TBC once 2022/23 baseline is validated. Mechanism for extraction of data established (by July 2024)	TBC once 2022/23 baseline is validated	TBC once 2022/23 baseline is validated

