

Questions from stakeholder hui 10 April 2024

Has Health NZ | Te Whatu Ora got a Te Tiriti based strategy in place to engage with Iwi Māori Partnership Boards (IMPB)?

Health NZ | Te Whatu Ora and Te Aka Whai Ora have been engaging with IMPBs on the content of the plan. Te Aka Whai Ora are leading this. It has included online hui, planned in-person individual hui and opportunities to feedback as required. For more information on Health Minister, Dr Shane Reti's direction, you can read his recent media release <https://www.beehive.govt.nz>

Why is the target described as Cancer Management and not treatment? Previous Faster Cancer Treatment targets specified treatment - which was defined to include things from chemotherapy and surgery through to palliative care.

The target is called 'Faster Cancer Treatment' and includes both the treatment and management of cancer patients. There is also a specific target for shorter wait times for treatment.

Do you have the data and analytics tools in place to report on the new targets at national, regional and local levels and what are these?

These measures are not new to us. We already report on them at a national, regional and local level. We use Qlik Sense and PowerBI as our national reporting tools, with drill-down to district, ethnic group and other breakdowns. What is new is the narrowed focus on these 5 targets. We have national reporting in place now and are working to provide supplementary reporting of contributory and balancing metrics.

Who are the partners you propose working with in the prevention realm?

Our network of health providers working in the area of prevention across the motu is well developed and has good access to hard to reach communities.

You spoke a lot about the new and exciting steps Hauora Māori has taken to incorporate Te Aka Whai Ora principles e.g. IMPB - what is being lost?

We are putting Te Tiriti o Waitangi into action by implementing Pae Tū the Hauora Māori Health Plan, working closely with Iwi Māori Partnership Boards and continuing to embed Tiriti-dynamic practices for organisational culture and workforce development including mātauranga Māori in education and training. If we do this successfully, nothing will be lost.

When can we expect the health data to be filtered by rural vs urban?

In the future we expect some rural data sets to be reported which will provide us with more data to enhance decision making in rural locations.

More screening will increase demand for services - given the fiscal constraints can we respond to the demand - what will not be funded?

Yes, more screening will result in an increase in demand for treatment and management. However, early diagnosis and intervention will result in better health outcomes for the individual, if treatment occurs early. The plan will be fully costed taking increased demand into account.

You stated that the targets are more hospital focused but you wish to improve outcomes using a whole of system approach, however there are no targets for primary care being described. How will improvements to primary care be measured?

The Minister's targets cover areas of primary care, including immunisation; it is not one or the other. Both the health targets and our new health plan will bring about measurable improvement. Primary care is very much our focus and the new health plan will include further improvement actions and measures in this area.

Is there a Pacific Health Plan in all of this?

We will continue the work started through Te Pae Tata | Interim NZ Health Plan to strengthen the foundations for Pacific health.

Ola Manuia | Interim Pacific Health Plan is still our focus for actioning our priorities. This will support Pacific families and communities to stay well and ensure they can access the care they need more easily, where and when they need it.

How can we ensure efficiency and consistency of community support once a person is discharged from hospital?

Most current initiatives are focused on enabling people to be discharged at the most appropriate time, with the most appropriate supports. This includes greater integration and strengthening primary and community care. Every year around 80,000 people receive home and community support services. Work is underway to ensure greater consistency across the country, especially for older people, through Home and Community Support Services and Age-Related Residential Care.

There was a lot of work done on testing new approaches to localities for healthcare. How will this look under the new plan?

We are creating healthcare hubs in localities and rural communities. This will improve a person's health and wellbeing, connecting people more easily with specialist advice sooner, reduce unplanned hospitalisations and provide access to planned care in more timely ways.

We want to empower people to access health services at times and in ways that suit them.

Are you considering reintroducing funded Minor Ailments in Pharmacy as a way to decrease ED presentations?

The Community Pharmacy Minor Health Conditions Service Evaluation is in final draft and is being prepared to be presented to the Commissioning leadership team.

Health NZ continues to focus on improvements to manage seasonal surge periods across the health system, including the increase in activity due to winter ailments. This work is currently underway and will take into account an evaluation of the measures that formed part of the Winter Plan in 2023. Health NZ is finalising which initiatives will form part of this year's plan.

In the development of Te Pae Waenga, can you give a brief update on your initial thoughts on ensuring the current challenges of Rural communities are considered?

We are actively working to put a rural lens on many priority projects across Health NZ. This includes the way we fund primary and community care, supporting rural specific workforce initiatives, and expanding the use of digital and telehealth services for rural communities. At the same time we are working to improve the range of services in rural communities, while also supporting whānau who need to access care outside their community.

The measures are very hospital-focused. When I was on the Auckland District Health Board (ADHB) it was clear that a large proportion of hospital admissions could have been handled at GP level. Could you not look at such preventable hospitalisations and ED arrivals and see which GPs are associated with them and then providing help to those GPs?

Yes. High demand includes people with complex needs placing pressure throughout the system, with hospitals, primary, and community providers operating at capacity. Prevention and early intervention at a primary and community level is a focus of the NZ Health Plan and will help to reduce the number of people requiring hospital level treatment.

The repeal of smoke-free legislation has undone decades of work to reduce inequities in Māori health outcomes. The focus on five modifiable behaviours for healthier longer lives including smoking and vaping prevention seems at odd with recent actions. How will Health NZ | Te Whatu Ora look to manage this space?

Our focus is still very much on reducing smoking rates across the motu and for priority populations and also reducing youth vaping.

Will Te Pae Waenga be collaborating with Whaikaha?

Health NZ has a collaborative relationship with Whaikaha led by the Chief Executive.

Te Pae Waenga outlines how Health NZ is taking responsibility for providing good health care to disabled people.

Health NZ has prioritised the disability population and have a team within the Office of the Chief Executive to provide leadership across Health NZ.

Our work incorporates the Enabling Good Lives (EGL) Principles, the NZ Disability Strategy and the Ministry of Health Strategy on the Health of Disabled People.

Has the Minister released his Government Policy Statement (GPS) yet? Te Pae Waenga is said to be based on the GPS but I have not seen it?

We have had a re-set with the change in government and Minister of Health. Minister Reti will issue the GPS in the coming months. Te Pae Waenga must give effect to the GPS and we are working with the Ministry of Health to ensure this.

Please could you speak into the problems in healthcare around lack of community care aiming for wellbeing? This care is cheap, effective and includes GP's specialist nurses, nurses health workers community workers, the wider wellbeing community and patients being resourced & able to navigate themselves to remain or into wellbeing. Hospital ED's are being hammered even in these summer months, people are attending in very poor health due to lack of access. Furthermore there is no follow up for those without community team care.

Primary and community care to support people's wellbeing is available when people need it. Over the next three years, the health system will focus more on actions designed to prevent these conditions developing and provide support and interventions across the care continuum from prevention through to treatment and rehabilitation.

It is great that the new health plan is focused on timely access to healthcare; are there expectations in the plan on how Health NZ, Manatu Hauoro and Pharmac work together to ensure timely access of medicines and vaccines needed to deliver on plan?

To achieve Pae Ora for New Zealanders, many of the solutions will require cross-sector partnerships and collaborations across our health system. This is a key aspiration for our organisation, not just in the NZ Health Plan | Te Pae Waenga. Medicines is the most common intervention in health so Pharmac is a key partner and collaborator for us as a supplier and distributor of medicine, vaccines and medical devices. This becomes critical for the fast-paced mahi needed to respond to communicable diseases with flexibility and agility.

Another Health Plan - where is the focus on implementation and accountability?

Health NZ has developed a strategically aligned entity performance framework, with a set of measures articulated in our accountability documents (Statement of Intent 2024-28, Statement of Performance Expectations 24/25 and New Zealand Health Plan 2024-2027) supporting us to tell our organisational performance story in a way that integrates our financial and non-financial results.

Our accountability documents are supported by a suite of Planning & Measurement Frameworks through business units nationally, regionally and at a local operational level. These will be monitored and reported as part of our regular reporting and accountability processes of monthly and quarterly reporting.

I am concerned that not all people are being sent an invitation to this hui? Just yesterday I spoke with colleagues to ask if they were attending this virtual hui and they hadn't received invitations. There's really valuable information shared here, so wanted to ensure all had the opportunity to join and listen in.

We try to reach as many internal and external people as we can via various channels. You can help us by forwarding the hui [registration link](#) to those you think would be interesting in attending or who may not already have received an invitation to register.