

Planned Care Strategic Approach 2019 – 2024

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Minister's Foreword

New Zealanders generally enjoy good health and experience a high performing health system. We have comprehensive, publicly funded access to a large range of quality health services. However, worldwide the demand for health services is increasing as populations grow and age. Advances in digital technologies are rapidly evolving and driving innovations across the health sector. People expect to be more informed and involved in their own care while having timely access to contemporary models of care.

There are also some examples of variation in access to services and health outcomes that should be addressed. For example, we know that Māori and Pacific people have poorer health outcomes for many conditions and on average live shorter lives than other New Zealanders.

Now more than ever it is critical we focus on improving health outcomes for all New Zealanders and support people to remain well. Maintaining the status quo will not achieve this. We need to provide healthcare services which are high quality and responsive to the community's needs. While continuing to invest in hospital care is important, this cannot be done separate to, or even at the expense of, earlier interventions. This approach does not provide the best experience for people and it is not fiscally sustainable.

The term Planned Care is new, and reflects a new direction for publicly-funded healthcare in New Zealand. Planned Care is about providing services based on clinical need and service user preferences to achieve better health outcomes, within the publicly-funded resources available. The intent of Planned Care is to consider medical and surgical activity, traditionally known as Elective or Arranged services, in a way that is not limited to hospital settings or groups of health professionals. Rather than supporting just hospital-based care, Planned Care refers to care provided in the most appropriate setting, by the most appropriate person, based on the needs of individuals accessing services.

The way healthcare is arranged and delivered is important to people and influences health outcomes. Implementation of Planned Care provides a platform for improving the way healthcare resources are designed for and used by people. It will enhance the way the multidisciplinary care team works to improve care and health outcomes.

I am pleased to endorse this Planned Care Strategic Approach, which represents an important change for our public health and hospital system. The Strategic Approach demonstrates a shift in thinking away from the notion that Planned Care is primarily the role of hospitals. It recognises that truly addressing inequities in access to services and outcomes will require service users' needs and preferences to be at the centre of the care pathway. There needs to be commitment across every area and level of the sector to better understand the causes of inequities. Once identified, actions need to be prioritised to address these.

Realising the vision for Planned Care will require commitment and collaboration from general practice and other primary care providers, Primary Health Organisations, District Health Boards (DHBs), the Ministry of Health and the people who use health services.

I look forward to our health services embracing the principles of this new approach. By working together we can take the next step forward in improving the equity, access, quality, timeliness and experience of our Planned Care services.

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Why do we need a new approach?

Since the introduction of the Reduced Waiting Times Strategy in 2000, we have seen services perform in line with the Strategy's principles of clarity, timeliness and fairness. After many years of consistent focus and investment, there have been significant increases in the number of first specialist assessments and procedures delivered as well as reductions in waiting times. This has been enabled by hospitals' use of prioritisation and urgency tools so that people who have the greatest clinical needs and potential to benefit get their care first.

The challenges facing us have evolved and changed since the Reduced Waiting Times Strategy was introduced. An ageing, more co-morbid population, increasing public expectations and funding/capacity constraints are some of the drivers placing increased pressure on Planned Care services. It's time to build on the improvements delivered in the past decades and mature our view of Planned Care. This means reassessing what we mean and expect when it comes to fairness, equity, and timelines, and broadening our focus to include service quality and service users' experience.

Some of the key challenges and opportunities facing us in 2019 include:

Understanding and responding to service users' needs

The Office of the Auditor-General has published reviews of the progress made against the Reduced Waiting Times Strategy in 2011 and 2013. The reviews acknowledged significant improvements in many areas but also identified the need to better understand who is not able to access care.

After a period of increasing delivery, we need to broaden our focus to identify and address inequities by understanding which services are, and are not, being provided to people who need them.

Outcomes and experience for service users

In our current policy environment, there is assurance about some aspects of peoples' care but not others. There is good intelligence on how many services are delivered, but a less comprehensive view of service outcomes and service users experience along the way. Providers have a strong recent record of service delivery, but it is important to also consider what these services mean in terms of health outcomes, including how Planned Care allows people to return to work, whānau and community roles. Just as importantly, we need to understand service users' experience of the quality of their care, including, for example, how healthcare providers have met the Code of Health and Disability Services Consumers' Rights.

Continuing to grow service delivery

We cannot expect the rate of growth seen in the past decade to continue without making deliberate changes to the way we plan and use our resources. Using our finite resources to deliver the right mix of services is an evolving challenge. Health services face significant population growth, ageing and increasingly comorbid populations that are driving increased demand for both acute and planned services.

Access to specialist interventions is important, as is access to diagnostics, follow-ups and integration to primary care. We know that the day-to-day pressures on DHBs to balance resources across their hospitals and clinics is increasing as facilities, equipment, funding and availability of workforce can all constrain service provision. It is critical we improve our planning and preparation for future demand and broaden our focus to include new ways of delivering services and supporting people to remain well. Maintaining a focus only on hospital delivered care is unlikely to achieve this.

New delivery models

The traditional approach to delivering Planned Care will not be the way that many people access care in the future. The management of long term conditions recognises that when people are

informed, empowered and supported, they can undertake greater levels of self-management and potentially reduce the number of hospital attendances. The way in which specialist advice is provided is also changing. Options are being provided to enable general practice to access the advice they need without requiring the service user to attend a specialist appointment at the hospital. Within hospital services, new workforce models are developing that recognise expanded roles for nursing and allied health professionals to meet the needs of service users and contribute as part of the multi-disciplinary team.

In recent years, there has been a trend towards establishing sub-specialist service models, and recruiting sub-specialist workforce. While this is appropriate in certain areas, in others this has meant that generalist capability is being diminished, with less specialists available to provide flexible support to people across a range of the most common conditions and procedures that New Zealanders need. There is absolutely a role for sub-specialist care, but we need to be thoughtful about where, and by whom, these services are provided. Careful workforce planning is needed to make sure that training and recruitment activities are aligned to best meet the needs of our population, we need to think flexibility for what our population needs now but also what it might need in 10-20 years.

Planned Care services need to foster and develop service models that optimise the capability and capacity of the health workforce to respond to the rapidly increasing demand for services.

Flexible and sustainable systems and processes

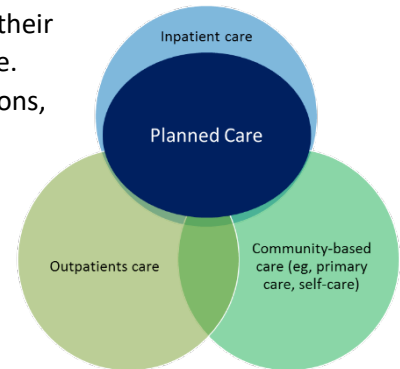
Factors such as technology and service user preferences often change faster than funding and planning frameworks. Truly addressing inequities in health outcomes will require more flexibility and innovation than the current frameworks allow. We need to re-assess our planning, funding and performance frameworks to best support improvement and change. This means that we need to work toward providing services that better meet the needs and preferences of service users, rather than having systems of care built around particular funding streams or the availability of health professionals.

What is Planned Care?

Planned Care encompasses medical and surgical activity traditionally known as Elective or Arranged services that are delivered by hospitals. It also includes a range of treatments that are funded by DHBs, but are delivered in primary or community settings¹.

Planned Care generally begins from the point a person is referred from their primary care provider or another health professional for specialised care. Planned Care considers more than just hospital-based care and admissions, and covers all appointments and support that people need during their healthcare journeys.

Planned Care is about understanding a person's situation and informing them about the options available so they can make informed decisions about the most appropriate care for their needs, provided by the health professional best suited to care for them.



Planned Care is not intended to replace the existing terms and concepts such as 'acute', 'arranged' and 'elective' admissions. These concepts will continue to exist. The intention of Planned Care is to take more deliberate steps toward considering these concepts collectively and in the context of quality of services, service users' experience and equitable health outcomes.

Close links to primary care is important to Planned Care, as there is an opportunity to use community based facilities and the multi-disciplinary care team more effectively to support delivery of less complex procedures traditionally provided in a hospital setting.

Ultimately, Planned Care seeks to ensure people can access quality care appropriate to their needs and preferences provided in a timely and respectful way.

Planned Care is about providing a pathway of care based on the service user's clinical needs to achieve better health outcomes, within the publicly-funded resources available. Delivering Planned Care will require close partnerships between the Ministry of Health, DHBs, Primary Health Organisations, general practice and other primary care providers, individuals and whānau, to adopt innovative and evidence-based approaches.

¹ A defined set of these interventions can be found on the Planned Care section of the Ministry of Health website.

Strategic Vision, Priorities and Principles

The purpose of this document is to articulate a whole of sector approach to deliver more sustainable Planned Care that focuses on a person's needs and improves outcomes for them, their whānau and communities.

This is intended to be a leadership document, outlining at a high level what we are aiming to achieve for the population of New Zealand and the principles that will support this direction. Making steps towards the vision will be iterative and evolving. It will require open engagement between all parts of the system to understand how we might all contribute to creating change, developing and embedding service improvement initiatives, and creating an environment where changes in service delivery can be achieved. It is anticipated that implementation plans will be developed collaboratively and led between key partners in the system.

This approach focuses on strategies that are specific to Planned Care. This approach sits within a wider framework of health system improvement, noting that there are a number of other system initiatives that support overall health system performance, and which will impact on Planned Care. This includes Health Workforce, system capacity (including capital build programmes), health funding, and acute demand management.

Vision

New Zealanders experience timely, appropriate access to quality Planned Care which achieves equitable health outcomes.

Principles:

- Equity – You'll get the healthcare that safely meets your needs, regardless of who you are or where you are.
- Access – You can access the care you need in the right place, with the right health provider.
- Quality - Services are appropriate, safe, effective, efficient, respectful and support improved health.
- Timeliness – You will receive care at the most appropriate time to support improved health and minimise ill-health, discomfort and distress.
- Experience – You and your whanau work in partnership with healthcare providers to make informed choices and get care that responds to your needs, rights and preferences.

Strategic Priorities:

1. Understanding health need.
Understand health need, both in terms of access to services and health preferences, with a focus on understanding inequities that we can change.
2. Balancing national consistency and local context.
Ensuring consistently excellent care, regardless of where you are or where you are treated.
3. Simplifying pathways for service users.
Providing a seamless health journey, with a focus on providing person-centred care in the most appropriate setting.
4. Optimising sector capacity and capability.
Optimising capacity, reducing demand on hospital services and intervening at the most appropriate time.
5. Fit for the future.
Planning and implementing system support for long term funding, performance and improvement.

Planned Care Principles

How will planned care work?

Principles

Equity

You'll get the healthcare that safely meets your needs and preferences, regardless of who you are or where you are.

Access

You can access the care you need in the right place, with the right health provider.

Quality

Services are safe, effective, appropriate, and respectful and support improved health.

Timeliness

You receive care at the most appropriate time to support improved health.

Experience

You and your family or whānau work in partnership with healthcare providers to make informed choices about Planned Care which responds to your needs, rights and preferences.

what can I expect?

- I will be respected, regardless of who I am or where I am.
- I will receive the same quality of care as other health users.

- I get the right care, in the right place, from the right people to minimise ill-health, discomfort and distress.
- I will be fairly assessed, based on my health needs and the impact on my life.
- Information about access criteria and thresholds will be made available and understandable to the public.

- I will receive high quality care from skilled health care providers.
- I will get the information I need in a timely manner so I understand what's happening at all stages of my healthcare journey and am empowered to make informed decisions.

- I get the most appropriate care at the time when it can do the most good.
- I know when I will be treated or next seen.
- I know who to contact if plans change or I have questions about my care.
- If I cannot be treated at the scheduled time, my provider will work with me to reschedule as soon as possible.

- I will work with my providers to agree my plan of care and outcomes.
- I am supported to make my own choices and to set health goals and plans that are important to me.
- My family or whānau are given information and support so they can support me.

What will my healthcare provider do?

- Your provider will purposefully take steps to reduce health inequities.
- Your provider is committed to ensuring people referred for Planned Care are treated fairly and consistently using appropriate assessment tools and locally agreed access criteria.
- Your provider will organise and deliver services that are fit for their population's health needs, delivered in clinically appropriate timeframes.

- Your provider will ensure all people are treated based on need and potential to benefit from care.
- Providers will work with you to develop an appropriate plan of care.
- Providers will ensure you know who you can contact to get accurate, timely information about your care.
- Providers will offer a range of services for people with different levels of need, assessing people fairly and communicating clearly.

- Providers will work within communities to help keep them as healthy, well and able as possible.
- They will provide a culturally competent workforce that is connected to your community.
- They will provide evidence-based care that reduces unnecessary variation and complications of care.
- They will design services that are coordinated, reducing fragmentation, miscommunication and unnecessary hospital visits and appointments.

- Your provider will provide timely, clear communication about your plan of care.
- They will care for you within agreed timeframes based on your preferences and needs.
- Every effort will be made to avoid unnecessary delays in your healthcare journey.
- When changes to plans need to be made, DHBs will make every effort to communicate promptly with you so you know what is happening and why.

- Your provider will work in partnership with you and your family or whānau to provide care that responds to your needs and preferences.
- They will work you towards your health goals, including returning to activities that are important to you.
- They will value your time and experiences and work to continuously improve care.

Planned Care Strategic Framework



Strategic Priority 1: Understanding Planned Care need

Despite significant increases in the number of surgeries performed each year, we know that there are not enough resources to meet everybody's needs right away. In addition to the need to deliver more Planned Care, the same physical capacity and workforce also has to deliver acute services.

New Zealand has unique and robust clinical prioritisation tools that guide the fair use of available resources, based on each individual's clinical need and potential to benefit. On a larger scale, we also have a wealth of information to inform planning and funding of health services. Standardised Intervention Rates, acute attendances and admissions, waiting list and prioritisation data help us to understand which populations and services are needed based on existing activity within hospital services.

Future focus

To enable accurate planning and scheduling of Planned Care, providers first need to develop a detailed understanding and forecast of the likely acute demand for services. Robust production planning methodologies have been developed for the health system, but there is a need for more widespread adoption of these processes.

While we have good data and intelligence regarding who is treated in our public health system, there is significant opportunity for us to learn more about the people who are not able to access care, and the reasons for this.

Health inequities are recognised as remediable, unjustified inequalities. They are unjustified, as there is no reason that can explain why the inequity is necessary or unavoidable, and they are remedial, in that they are able to be improved. By this definition, it should be of the highest priority to actively identify and address health inequities. Within Planned care, inequities can be caused by differential access to health services or differences in the quality of care received.

Access to consistent and reliable data that provides an understanding of who is and isn't accessing Planned Care will enable DHBs to identify mismatches between service availability and need, which will help them to target investment where it is most needed. On a regional and national level, use of high quality data will enable health planners and funders to identify inequities in access across a range of variables such as geography, ethnicity, socio-economic deprivation and gender to inform areas for targeted improvement.

Healthcare providers cannot respond to their population's health needs, without also understanding the reality of their lifestyles and backgrounds.

Addressing inequities in health outcomes will require a commitment to understanding factors that create inequitable or unfavourable experiences and outcomes. Additionally, a commitment will be required to respond to and remedy those factors so that the needs and rights of service users are met.

In the future, the health system needs to give more thought as to why people may not access care. These may include practical constraints such as the affordability of care, access to transport and health literacy. Other reasons could include cultural considerations such as language barriers or belief systems different to the traditional medical model. Ultimately, all New Zealanders should have

equitable access to Planned Care, regardless of who they are, where they are, who they are seen by or where they are seen.

Priority actions for health sector organisations

1.1 Establish nationally consistent approaches to better understand the needs of communities for Planned Care services.

1.2 Plan and deliver Planned Care services that acknowledge population growth, ageing, levels of health need and changes in models of care or models of service.

1.3 Identify health inequities and develop solutions to address these.

Strategic Priority 2: Balancing national consistency and local needs

We know there are unique challenges for some populations to access the care or information they need based on where they live, their ethnicity, age, gender or other factors.

We are working proactively to ensure all service users receive a consistent level and quality of Planned Care. For example, DHBs set and monitor the level of access to surgeries offered to their populations. In relation to quality and outcomes, there are a number of clinical networks and registries that provide leadership to support safe, effective care nationally.

We also have organisations such as the Health and Disability Commissioner and the Health Quality and Safety Commission that play an important role in promoting and protecting service users' rights, experience and safety.

Future focus

All people have the same rights. They should expect fair and equitable access to care, and the opportunity to make informed decisions about their care.

Ultimately, people with similar health needs should experience similar health outcomes. To achieve this might require tailored approaches, providing fair but different treatment of individuals.

While treating people close to home is an important goal, the future focus will be on the right professionals, treating people at the right time, in the right place according to service users' needs and health preferences. This is because it is not sustainable or clinically appropriate to offer all services locally at all DHBs. However, pathways to care should be easily understood and consistent for all. Regional centres should work closely with smaller providers and rural facilities to support service users in a region, not just their local area.

With increasing need and pressure on our services, a clear evidence base is required for the decisions we make. People should expect to be informed about and make decisions about their care which is delivered consistently and respectfully, with unwarranted variation minimised. This means, that all people with similar needs, regardless of their treating clinician or hospital, should expect similar outcomes. However, models of care should enable appropriate local adaptation that acknowledges the differences in resources and the mix of workforce available in different areas.

We need to use technology optimally to drive consistent access and outcomes. Administrative systems, decision making tools and telemedicine all have the potential to improve care and outcomes nationally.

Priority actions for health sector organisations

2.1 Find the most appropriate balance between offering local access to new models of care, while ensuring person-centred, safe, effective, efficient and sustainable service models.

2.2 Develop nationally consistent measures to provide a more comprehensive view of the quality of Planned Care.

Strategic Priority 3: Simplifying pathways for service users

Since the introduction of the Reduced Waiting Times Strategy in 2000, there has been an ongoing focus across the sector on ensuring clarity for service users throughout their care journey.

For example, our focus on waiting times stems from a commitment to ensure people have clear expectations around how long they should expect to wait to receive care once their referral is accepted.

There are already many examples of person-centred care and service development. The consideration of the impact on peoples' lives when prioritising resources, such as person-led booking processes, health literacy resources and applications such as patient portals, are all great examples of how we plan services around peoples' needs, rights and preferences.

However, the reality is that not all services offer service users reasonable choice and navigating our public health system is a challenge for many people. This is especially true for those with complex health conditions and co-morbidities who require multiple health professionals to be involved in their care.

Over time, funding and performance mechanisms can create unintended barriers or siloes that further complicate peoples' journeys. The increasing specialisation of our health workforce makes it difficult for some health professionals to link their advice with the advice of others. Despite thousands of dedicated, expert professionals across the sector working to improve care, navigating the care continuum can be a confusing and isolating experience for many people.

Future focus

Service users, primary care providers, hospitals and funders are all partners in delivering improved health outcomes. We need to take every opportunity to engage with individuals and whānau to provide them with information to support deliberate, informed choices about every aspect of care. People bring critical knowledge, skills and experience to their care that needs to be central to the decisions they make and the plans they agree to. All providers and funders should embody the sentiment 'nothing about me, without me'.

People should be treated with respect, and their dignity and independence maintained in all circumstances. They have the right to be fully informed by health professionals so they clearly understand their condition and the options available to them.

People must be in a position to make informed decisions, to contribute to their care plan and to understand what their health outcomes might be following care. This will require all health providers, individuals and whānau to ensure they're communicating in a shared language, using meaningful vocabulary.

A stronger focus is needed on coordinating the multidisciplinary care team to enable people to be empowered to be partners in their care journey and better navigate the health system.

From the time someone is referred to secondary care for an appointment, through tests, surgery and follow ups, service users and health providers alike need to have a clear, shared view of the health journey. Understanding a journey is easier when it is as simple as possible, therefore, we should look for opportunities to streamline care by avoiding unnecessary tests and appointments and combining appointment visits wherever possible.

The health needs of individuals, whānau and communities can be complex and multi-faceted. Services provided by health professionals can only be effective if people have access to the day-to-day supports needed to maintain good health such as healthy diets, warm, safe housing and affordable healthcare. We need health providers to collaborate with people and organisations in the community to ensure people are holistically supported to achieve better health outcomes.

Priority actions for health sector organisations

3.1 More consistently apply person-centred care, from the beginning to the end of a health journey.

3.2 Work with individuals, whānau, other agencies and community organisations to ensure people have the support and resources required to reach their health goals.

Strategic Priority 4: Optimising sector capability and capacity

Across the sector, there is a wealth of expertise and data that supports health providers to predict and monitor service delivery. We know that more people are being treated than ever before, and that waiting times have improved significantly in the past decade. However, continuing to increase delivery and implement improvements is becoming increasingly challenging, as providers juggle capital, workforce, funding and other constraints alongside the growing health need.

The public health sector is already progressing innovative work to support the shift of care into more appropriate, less intensive settings. Every day, DHBs work hard to allocate resources and manage clinical risk across all groups of service users including specialist outpatient appointments, diagnostics, surgeries, follow ups, and acute and emergency work.

Future focus

There will be a need for ongoing investment in new physical hospital capacity, but Planned Care focuses on the need to find flexible, innovative ways to overcome capacity constraints. For example, some DHBs struggle to recruit and retain the full range of specialists their population needs. In an environment of increasing sub-specialisation, we need to ensure our workforce is operating effectively to make best use of all their skills and expertise. There is a need to consider the level of generalist capability and how best to match the capacity of our services with demand. We also need to encourage and enable referral pathways that recognise the skills of a multi-disciplinary team, so that the most appropriate health professionals see people the first time round to eliminate unnecessary appointments and wasting service users and clinician time.

For service users, navigating Planned Care can be confusing, time consuming and uncomfortable. Wherever possible, we should be working with people to ensure all appointments, tests and procedures are clinically necessary and agreed to.

We need to foster a culture of improvement, where information and technology are used to enable health professionals to work in new ways and use their full range of skills, and where planners and funders can invest in models of care that have benefits over the longer term.

Planned Care will support a system-wide and person-centred view of value and efficiency, including consideration of enabling services such as diagnostics. Across the sector, our service planning will acknowledge the competing demands for capacity across acute and Planned Care and resources will be allocated to effectively support flow through the system.

While the public system is significant and self-sufficient, the role of other funders and providers such as ACC and private hospitals impact service delivery, affordability and sustainability. Future planning needs to deliberately and proactively work with these stakeholders.

Priority actions for health sector organisations

- 4.1** Design and deliver care in the setting that provides safe, best value, person-centred care.
- 4.2** Work with relevant colleges and other organisations to optimise how we plan system capacity and how we train and use of our health workforce.
- 4.3** Ensure the appropriateness of services and reduce unwarranted variation in care.

4.4 More deliberately and consistently spread health improvements and cost effective innovations across health organisations.

Strategic Priority 5: Fit for the future

Healthcare organisations such as hospitals are large, complex organisations. As such, it can take time to shift focus and direction in response to external changes.

Our budgets, funding cycles and performance measures can sometimes be a barrier to reforming the way care is delivered. Detailed information on the availability of long term funding arrangements is rarely possible for government funded organisations. Faced with a high demand for current services, and without certainty of future budget allocations, it is challenging for healthcare organisations to invest in models of care that only provide benefits over the longer term.

Future focus

Planned Care is intended to support New Zealanders to access multi-disciplinary care via contemporary service models that span primary, community and hospital settings. People are supported with prevention and early intervention to stay well and reduce the need for hospital level services; surgery is not always the best option or only option. As a sector, we will continue to focus on preventive, whole sector solutions that transcend primary care settings and DHBs.

To deliver on this vision will require commitment and support to conduct longer-term planning and to have the flexibility to make investment decisions in the short term that will enable savings over time. In addition, funding and planning frameworks need to be sufficiently flexible to allow resources to be allocated and activity delivered in the most appropriate setting, in a way that promotes good flow and optimises health outcomes for service users.

There will be changes in how people access Planned Care, enabled by better use of technology and a move towards a 'one system' approach. People will be less likely to attend face to face appointments in hospitals as their relevant health information and updates to their plan of care are made more widely available across their clinical team. The divisions between primary, community and secondary care providers are already reducing and the move towards a more coordinated, interdependent system will continue.

We also need to partner with service users when designing and delivering our health services to ensure their needs, preferences and rights are met. This includes effective communication, providing information to support people to make informed decisions about their care, have clear expectations about their health outcomes and agreement of the time and supports required during their recovery.

The focus on reducing health inequities must remain a priority for the system. There is likely to be an expansion in partnerships with community organisations and other agencies to address inequities in the determinants of health, as well as reducing variation in access to, and the quality of, healthcare.

Over time, as models of care evolve, we will need to reassess what 'good' performance looks like, in terms of service delivery. Our view of performance needs to expand to consider delivery across healthcare settings. While measuring throughput and activity will always be important, we need to move toward developing performance frameworks that focus on a more comprehensive understanding of the quality of services and peoples' health outcomes.

Priority actions for health sector organisations

5.1 Health organisations and service users work in partnership to assess the performance of this strategic approach.

5.2 The Ministry will use these insights to evolve the Performance and Funding framework as part of the annual planning processes.

Related strategies and work areas

'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018

<https://www.health.govt.nz/publication/ala-moui-pathways-pacific-health-and-wellbeing-2014-2018>

Equity of Health Care for Māori: A framework

<https://www.health.govt.nz/publication/equity-health-care-maori-framework>

Health Ageing Strategy

<https://www.health.govt.nz/publication/healthy-ageing-strategy>

He Korowai Oranga

<https://www.health.govt.nz/system/files/documents/publications/mhs-maori.pdf>

New Zealand Health Strategy

<https://www.health.govt.nz/publication/new-zealand-health-strategy-2016>

Primary Health Care Strategy

<https://www.health.govt.nz/publication/primary-health-care-strategy>