



Ministry of Health

Strategic Intentions 2021 to 2025



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Statements of responsibility

Introduction

Minister of Health, Hon Andrew Little

COVID-19 has proven that we can lead the world in tackling public health threats – but only when we break down barriers and work together as a national team.

The past 12 months have shown that our public health system is proactive, innovative and closely connected to our communities. Initiatives led in partnership with Māori and diverse communities have kept us safer than almost any other country in the world.

But our experiences with COVID-19 have also highlighted weaknesses – particularly that our 12 dispersed public health units need better national coordination and leadership when responding to nationwide threats to ensure best practice and improvements can scale.

In April 2021, we announced this Government’s reforms of the health system, taking into account the advice of a health and disability system review. A key focus of these reforms is on creating a future health system with a stronger focus on public health, that addresses the range of factors which contribute to health and wellbeing, from housing to employment to social care.

As a result of the health and disability system reforms, the Ministry of Health’s (the Ministry’s) role as chief strategic advisor and kaitiaki (steward) of Aotearoa New Zealand’s health and disability system will be strengthened, and some of the things it does will change. The aim is to ensure our health system delivers more equitable outcomes for all New Zealanders.

A strengthened Ministry will be responsible for advising the Government and monitoring the performance of the public health system. It will continue to set the strategic direction and develop national policy, and it will be responsible for regulation and ensuring financial stability.

These reforms are about a smarter, fairer, national health system for all New Zealanders, and I am confident in the Ministry’s ability to steward the future health system.

While it is a statutory requirement for the Ministry to present its strategic intentions for the remainder of this financial year and the three subsequent years, these strategic intentions will only be in effect until 1 July 2022, when the new health system is established. New strategic intentions that reflect the direction of the reform changes will be developed by the Ministry by the end of the 2022 calendar year.

I am satisfied that the information on strategic intentions prepared by the Ministry of Health, in this *Strategic Intentions 2021 to 2025* document is consistent with the policies and performance expectations of the Government.

Hon Andrew Little
Minister of Health

Director-General of Health, Dr Ashley Bloomfield

Our role at the Ministry of Health (the Ministry) is to provide active stewardship and leadership across Aotearoa New Zealand's health and disability system.

The last two years have been significant in the history of the Ministry. Our people and the health and disability system have been tested by the COVID-19 pandemic, which continues to have an impact on health systems around the globe.

We continue to work closely with our partners in the health and disability sector and across the public service to maintain a strong response to COVID-19, including through vaccination.

Our health and disability system is about to undergo major reform, and our work programme is continuing to expand to reflect the scale of the changes. Those changes are significant, with most of the health and disability system expected to look and work differently in the future. However, the Ministry will remain the chief strategic advisor and kaitiaki (steward) of the health and disability system.

Our focus will continue to be on developing and maintaining a fair, effective and sustainable health and disability system that helps all New Zealanders achieve pae ora | healthy futures. I'm proud of the Ministry's work in this area to date.

We will continue to work with the Health and Disability Review Transition Unit in the Department of the Prime Minister and Cabinet, along with the Boards of the interim entities, to implement the reforms, while continuing to ensure our country's health and disability system gets the support and guidance it needs to ensure the wellbeing of all New Zealanders.

The scope of the health and disability system reform programme is significant and will substantially alter the functions and structure of the Ministry during 2021/22. As such, we expect to reset our organisational strategy and strategic intentions before the end of the 2022 calendar year.

In signing this statement, I acknowledge that I am responsible for the information on the strategic intentions for the Ministry of Health. This information has been prepared in accordance with sections 38 and 40 of the Public Finance Act 1989.

Dr Ashley Bloomfield
Director-General of Health
Te Tumu Whakarae mō te Hauora

Our operating context

The Ministry of Health (the Ministry) is the lead agency providing policy, clinical, practical and technical advice to the Government about the health and disability system for Aotearoa New Zealand.

We are kaitiaki | stewards over a system currently encompassing district health boards (DHBs), Crown entities and a number of public and private health providers (including Māori and Pacific providers). Over the coming years, the health and disability system will be significantly transformed and our kaitiaki | stewardship role strengthened.

We are currently undertaking our responsibilities in a period of global and domestic uncertainty, primarily due to the COVID-19 pandemic and the flow-on effects to our economy. As the lead agency in the health response to this pandemic, we are proud of the ongoing work the health and disability system is doing to keep the people of Aotearoa New Zealand safe. Our COVID-19 response, vaccination of New Zealanders and reconnecting Aotearoa New Zealand with the world are key areas of our focus in this work.

Our kaitiaki role is guided by the overarching health goal of achieving pae ora | healthy futures. Pae ora takes an holistic approach to health, with an emphasis on individual, whānau | families and their environments. It supports the prospect of longer and healthier lives for all New Zealanders, improving the quality of life and improving health equity for Māori and all people. Greater equity in health and sustainability of the health and disability system are seen as pathways to achieving pae ora. These concepts guide our Government and Ministry priorities and reform changes to the wider health and disability system.

A Government Policy Statement on Health is being developed. This will be the main vehicle through which the Government will set expectations for the reformed health system. Although the Government Policy Statement will be set in the context of longer-term policy aims and strategies, it will focus on priorities over a three-year period and will specify expected areas of focus, actions and deliverables to achieve the Government's objectives.

A Long-Term Insights Briefing, prepared in line with the Public Service Act 2020, will inform broader policy decisions on the long-term direction of the health and disability system.

Government priorities

Government priorities for the health and disability system shape our context and our focus is on the following:

- COVID-19 response
- Health and disability system reform
- improving child wellbeing
- improving mental health
- improving wellbeing through preventative measures
- creating a strong and equitable public health system
- providing better primary health care
- ensuring a financially sustainable health system.

COVID-19 response

We will continue to lead the ongoing health response to the pandemic, which ranges across incident response, testing, contact tracing, supply chain, staying on top of emerging science and evidence, health at the border (including in managed isolation and quarantine), and the future strategy for our country. In addition, our COVID-19 vaccination and immunisation programme is the largest vaccination programme in the country's history. We continue to support the nation's public health units to meet the unprecedented demand on their services and lead the wider health and disability system through the response.

Health and disability system reforms

The Ministry is working with the Health and Disability Review Transition Unit (the Transition Unit) within the Department of the Prime Minister and Cabinet (DPMC) to develop a joint work programme. The Transition Unit was set up to lead the response to the health and disability system review.

Work includes developing the Pae Ora Healthy Futures Bill (the Bill) before it is implemented on 1 July 2022, along with other Cabinet and policy advice, including the Government Policy Statement, and partnering with the Transition Unit to plan and implement a new operating model, which includes the public health system transformation. The Transition Unit, and from September 2021, the interim entities, will be increasingly involved in planning and organisational design work, alongside the Ministry and DHBs. The scope of the health and disability system reform programme is significant and will substantially alter the functions and structure of the Ministry during 2021/22. As such, we expect to reset our organisational strategy and strategic intentions before the end of the 2022 calendar year.

Improving child wellbeing

The Ministry plays a key role in delivering on priorities driven by the Child and Youth Wellbeing Strategy,¹ including through the Government's response to the Well Child Tamariki Ora Review,² access to mental health support for all primary and intermediate school students, expanding access to and choice of primary mental health and addiction support, and improving oral health care for children and young people.

Improving mental health

Mental wellbeing is an immediate and enduring Government priority. COVID-19 has increased the pressures on mental health services. The Ministry is working to expand New Zealanders' access to and choice of primary mental health and addiction services. Over the next five years, we are aiming to roll out a scheme that provides consistent mental health services across the country, while also reflecting the specific needs of local communities. The aim is to ensure anyone can access mental health support when and where they need it.

Improving wellbeing through preventative measures

This includes actions under the cross-agency Aotearoa Homelessness Action Plan³ and taking a prevention focus to family and sexual violence as part of the Joint Venture for Family Violence and Sexual Violence.⁴ Prevention work also includes screening programmes and tobacco control.

¹ DPMC. 2019. *Child and Youth Wellbeing Strategy 2019*. Wellington: Department of the Prime Minister and Cabinet (DPMC). URL: <https://childyouthwellbeing.govt.nz/resources/child-and-youth-wellbeing-strategy> (accessed 28 October 2021).

² For more information on this review, see the Well Child Tamariki Ora Review webpage on the Ministry of Health website at: www.health.govt.nz/our-work/life-stages/child-health/well-child-tamariki-ora-services/well-child-tamariki-ora-review.

³ For more information on this plan, see the Aotearoa Homelessness Action Plan 2020–2023 webpage on Te Tūāpapa Kura Kāinga Ministry of Housing and Urban Development website at: www.hud.govt.nz/community-and-public-housing/addressing-homelessness/aotearoa-homelessness-action-plan-2020-2023.

⁴ For more information on this joint venture, see The Joint Venture for Family Violence and Sexual Violence (Joint Venture) and cross-agency efforts to reduce family and sexual violence webpage on the Ministry of Social Development website at: www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/ministerial.html.

Creating a strong and equitable public health system

The health and disability system will be more focused on promoting good health and wellbeing, early prevention of diseases and delivering care to people in communities. Public health services will be better led and coordinated across the system to establish stronger national, regional and local responses to threats to our health. This will ensure prevention and intervention activities are fit for purpose and consider the voices of people, whānau I families and their communities.

Providing better primary health care

As societies age and the burden of chronic and acute disease grows, the need to coordinate the care of New Zealanders in their own primary and community contexts will become more urgent. In response to this, a key piece of work for the Ministry is to create a standardised population health data set that allows health care experts in the primary and community health care system to plan and act to improve the equity of health outcomes for all population groups, particularly Māori. This and other planned programmes of work will help clinicians do the right job with the right tools and ensure they are valued for the work they are doing.

Ensuring a financially sustainable health system

To meet current and future needs, the Ministry will prioritise making services clinically and financially sustainable, of high quality and safe. We promote trust in our health and disability system by assuring the quality, safety and coverage of health and disability services. We will also adopt a long-term view that future-proofs our infrastructure – both assets and facilities.

While these priorities guide our longer-term health goals, our immediate to mid-term focus is centred on the health and disability system reforms and implementing the Government's public health response to COVID-19.

Organisational strategy and achieving pae ora | healthy futures

The Ministry's current organisational strategy, Tā Tātou Rautaki, sets out how we are working towards pae ora | healthy futures. Tā Tātou Rautaki articulates our purpose as kaitiaki of the health and disability system and our mission to have a fair, effective and sustainable system that people trust. It also articulates the strategic objectives we want to achieve as a Ministry over the coming years and the organisational capabilities we will need in order to be successful.

While pae ora will remain the Ministry's overarching goal going forward, we expect changes to Tā Tātou Rautaki as part of the reset of our strategy and strategic intentions.

The health system goal of pae ora | healthy futures is based on three interconnected elements: mauri ora – healthy individuals; whānau ora – healthy families; and wai ora – healthy environments. Pae ora | healthy futures is focused on achieving the three outcomes of:

- **living longer and healthier lives** – increasing healthy life expectancy and the amount of time we spend in good health. (This is an important challenge because New Zealanders are living longer but are also, on average, spending around a decade of their lives in poor health.)⁵
- **improving the quality of life** – for people living with disability, long-term and life-limiting conditions. (as our population grows and ages and more New Zealanders live with health challenges and disability, we need to ensure our health and disability system enables people to maintain their health and independence and to live as well as possible)
- **improving health equity for Māori and other groups** – the burden of poor health, disability and premature death is not shared equally across the nation's populations. Inequities in access and outcomes are most marked for Māori, Pacific peoples and people living in high-deprivation areas.

As a holistic approach to health, pae ora | healthy futures supports the Government's focus on improving the wellbeing of New Zealanders and their whānau | families and acknowledges the importance of wider health determinants on societal outcomes. It also acknowledges the role of the health system in supporting people throughout their lives and the importance of creating a health and disability system that is well placed to meet the future needs of New Zealanders. The goals of Te Aho o Te Kahu | Cancer Control Agency of having fewer cancers, better survival and equity for all strongly align with the three pae ora | healthy futures outcomes.

⁵ Ministry of Health. 2020. *Health and Independence Report 2019*, Ministry of Health. Wellington: Ministry of Health URL: <https://www.health.govt.nz/publication/health-and-independence-report-2019>.

Figure 1: Pae ora: healthy futures



Background to the health and disability system reform

The New Zealand Health and Disability System Review | Hauora Manaaki ki Aotearoa Whānui commenced in 2018 and found significant inequities in access to and the quality of health care within communities across the country. In April 2021, the Government announced a significant reform programme to address the recommendations from the review and ensure the future health and disability system delivers equitable access to and quality of health care. The new system will be designed to provide more consistency and accountability in the delivery of health services to the people of Aotearoa New Zealand. Government aims to have the Pae Ora (Healthy Futures) Bill (the Bill) come into effect on 1 July 2022.

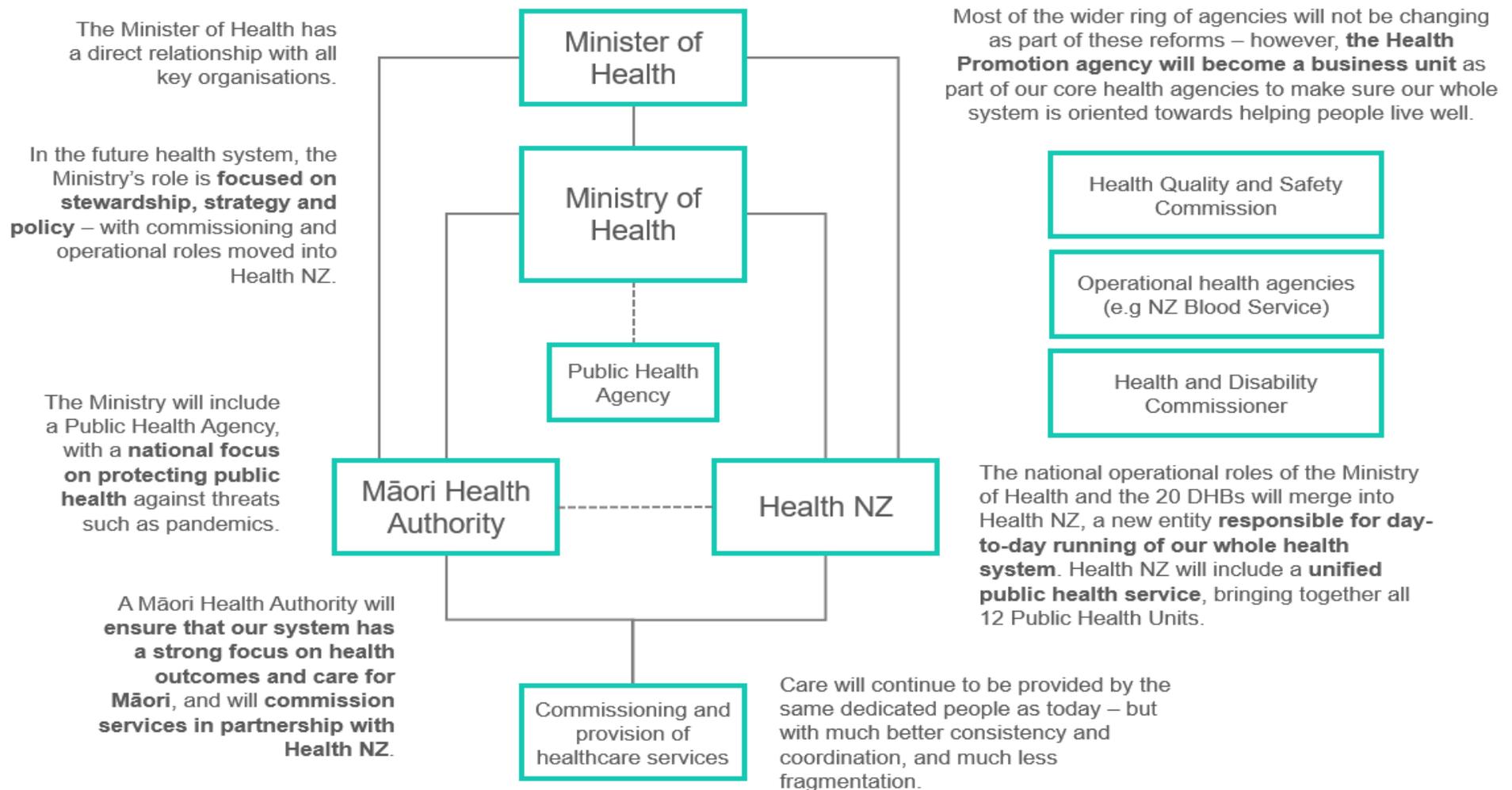
The Ministry and Te Aho o Te Kahu are now working together with the Transition Unit and the interim agencies and their boards to develop the policy response, design the system operating model, advise on the establishment of new entities and legislative change, and plan the overall implementation and work programme for the transition to a reformed health and disability system for Aotearoa New Zealand.

The Bill proposes that a new entity, Health New Zealand | Hauora Aotearoa (Health NZ), lead the planning and commissioning of services and take on the functions of the existing 20 DHBs. This will remove duplication and provide national-level service planning and delivery. Health NZ will plan and commission health services for the whole population. It will set up four regional divisions and district offices, with local services provided in specific regional locations.

A Māori Health Authority | Te Mana Hauora Māori will be established, with dual responsibilities. It will support the Ministry in shaping system policy and strategy to ensure health and disability service performance for Māori and will work in partnership with Health NZ to commission services across Aotearoa New Zealand, ensuring that the needs and expectations of Māori communities are central to all design and delivery.

Figure 2 below shows the intended settings of our health and disability system once the reforms have been implemented.

Figure 2: Future health and disability system



Source: Health Reform: White Paper Summary – DPMC. 2021. *Our Health and Disability System: Building a stronger health and disability system that delivers for all New Zealanders*. Wellington: Department of the Prime Minister and Cabinet (DPMC) URL: <https://dPMC.govt.nz/sites/default/files/2021-04/health-reform-white-paper-summary-apr21.pdf> (accessed 29 October 2021).

The Ministry is kaitiaki | steward of the health and disability system

Under the system reform, the Ministry's kaitiaki | stewardship role is being strengthened to focus on strategy, policy, regulation and monitoring the outcomes achieved by the wider health and disability system.

The Ministry will host a new Public Health Agency, which will provide national leadership on public health policy, strategies and intelligence, while public health units will be brought together into a national public health service within Health NZ. This will ensure our public health units are well equipped to continue to manage the COVID-19 pandemic, as well as build our country's health protection and general public health infrastructure. The Ministry will continue to host Te Aho o Te Kahu, and in the short term will also host the interim Health NZ and Te Mana Hauora Māori departmental agencies until the new entities are formally established when the Bill passes into law in 2022.

The Ministry continues to work towards achieving our current strategic framework – pae ora | healthy futures. We provide kaitiakitanga through:

- **advice**
We provide well-informed advice to the Government of the day on choices and trade-offs to improve the system for future generations.
- **leadership**
We collaborate to lead, nurture and guide the health and disability system and those who work in it towards our shared vision of pae ora | healthy futures.
- **monitoring**
We measure progress, learn what works and continuously improve our systems to create better health outcomes for all New Zealanders.
- **investment**
We ensure system funding, resources and assets are effectively and responsively managed to meet current and future health and disability needs.
- **regulation**
We ensure our legislation and regulations are appropriately administered and fit for purpose to meet our changing world.

The scope of the health and disability system reform programme is significant and will alter not only the structure of the Ministry but also its core functions.

Current core functions

The Ministry's current core functions are outlined below. Some of these functions will transfer to other entities when the reformed system's operating model is established.

Implementing the COVID-19 vaccine strategy

The Ministry is supporting implementation of the COVID-19 vaccine strategy to minimise the health impacts of COVID-19. The Ministry does this by advising on the COVID-19 vaccine strategy, administering the purchase of COVID-19 vaccines and other therapeutics, and supporting the delivery of an immunisation programme for COVID-19 vaccines.

National response to COVID-19 across the health sector

The Ministry is responsible for advising on and implementing the national response to COVID-19 across the health and disability sector.

Health and disability system reform

Alongside the Transition Unit, the Ministry is supporting the Government to implement the health and disability system reform, including the establishment of Health NZ and Te Mana Hauora Māori. The Ministry will host the interim agencies as departmental agencies.

Health sector information systems

The Ministry provides information technology services and infrastructure to support the operation of Aotearoa New Zealand's health services. It also collects information derived from these services and publishes data on our country's health and disability system.

Managing the purchase of services

The Ministry is responsible for procuring health and disability services from both Crown entities and other providers. We act on behalf of the Crown to enter into new or renewed contracts for services such as the National Screening Unit, disability support, ambulance, maternity, public and primary health services.

Payment services

The Ministry's payment services system administers and manages the agreements between health funding organisations and service providers. We track the entitlements that health care consumers access, and we respond to queries and service requests from funders, providers and users of health care. We also audit contracts and payments made by us and other entities in the health and disability sector.

Policy advice and related services

The Ministry provides policy advice on a range of issues impacting the health and disability sector and the health of the populations of Aotearoa New Zealand. We prepare draft correspondence and briefings for Ministers and responses to parliamentary questions and Official Information Act 1982 requests.

Regulatory and enforcement services

The Ministry is responsible for implementing, enforcing and administering health and disability related legislation and regulations. This includes providing regulatory advice to the health and disability sector and to Ministers.

We ensure health products, services and premises are safe and meet international and legal obligations. We issue licences and certifications. We coordinate public health protections and provide advice, manuals, training and guidelines to help the sector comply with legislation. We appoint members to statutory committees and regulatory authorities.

Sector planning and performance

The Ministry is responsible for health sector planning, funding, advice and coordinating and monitoring DHBs and other health Crown entities. While working with them so they can improve performance and meet deliverables, we also measure service levels and financial sustainability. We lead health and disability sector responses to national health emergencies and work with other agencies to ensure our communities are safe and our key health services can function in any situation.

Departmental agencies

The Ministry hosts three departmental agencies: Te Aho o Te Kahu, Health NZ and Te Mana Hauora Māori.

Te Aho o Te Kahu is an independent departmental agency that reports directly to the Minister of Health. Te Aho o Te Kahu works with partners across the cancer continuum to prevent as many cancers as possible; ensure early detection and diagnosis; provide high-quality treatment and care; and help identify and address inequities in cancer care and treatment where they arise.

As part of the health and disability system reforms, the interim **Health NZ** and **Te Mana Hauora Māori** have been established as departmental agencies. Interim boards have been established as section 11 committees under the New Zealand Public Health and Disability Act 2000, and chief executives are currently being recruited. These departmental agencies will be in effect until the new entities are formally established when the Bill passes into law in 2022. While these two interim agencies are hosted within the Ministry, responsibility for what is achieved with their respective appropriations in Vote Health under explicit direction from the Minister of Health under section 7C(2)(c)(i) of the Public Finance Act (PFA), to direct that a departmental agency CE can use their respective portions of an appropriation. However, under the Public Service Act 2020, they operate within the strategic and policy framework of the Ministry and are therefore captured under these strategic intentions.

Te Tiriti o Waitangi

We are committed to fulfilling the special relationship between Māori and the Crown under Te Tiriti o Waitangi (Te Tiriti). On our website at the webpage **Te Tiriti o Waitangi**⁶ we provide details about our commitment to meeting our obligations under Te Tiriti and high-level direction for how we will go about delivering on that commitment.

Our expression of Te Tiriti, including the preamble and the three articles, along with the Ritenga Māori declaration,⁷ are the enduring foundation of our approach to achieving health and independence. Based on these foundations, we will strive to achieve the following goals, each expressed in term of mana.⁸

- **Mana whakahaere:** Effective and appropriate kaitiakitanga (stewardship) over the health and disability system, in accordance with tikanga (philosophy and customs), kaupapa (principles) and kawa (protocols) Māori. This goes beyond the management of assets and resources and towards enabling Māori aspirations and health and independence.

⁶ www.health.govt.nz/our-work/populations/maori-health/te-tiriti-o-waitangi

⁷ Often referred to as the 'fourth article' or the 'verbal article' this declaration relates to Māori customary rituals.

⁸ Mead HM. 2003. *Tikanga Maori: Living by Maori values*. Wellington: Huia Publishers.

- **Mana motuhake:** The right for Māori to be Māori (self-determination), to exercise their authority over their lives and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga Māori.
- **Mana tangata:** Achieving equity in health and disability outcomes for Māori, enhancing the mana of people across their life course and contributing to the overall health and wellbeing of Māori.
- **Mana Māori:** Enabling ritenga Māori, which are framed by te ao Māori (the Māori world), enacted through tikanga Māori and encapsulated in mātauranga Māori (Māori knowledge).

The principles of Te Tiriti o Waitangi provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work within the Ministry and across the health and disability system.

Tino rangatiratanga: We will provide for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services.

Equity: We commit to achieving equitable health outcomes for Māori.

Active protection: We act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. We ensure the Crown, its agents and its Treaty partners are well informed on the extent and nature of both Māori health outcomes and the efforts to achieve Māori health equity.

Options: We will provide for and properly resource kaupapa Māori health and disability services. We are obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

Partnership: We will work in partnership with Māori in the governance, design, delivery and monitoring of health and disability services and to co-design the primary health system for Māori.

How success will be measured

In August 2021, the Government announced a set of health indicators that will be used to hold the new health system to account and ensure it delivers more equitable health care for all New Zealanders. The Ministry will use these indicators to monitor the performance of the reformed health and disability system.

High-level indicators for the health system indicator framework

Government priority	Indicator	Description	High level indicator baseline data*
Improving child wellbeing	Immunisation rates for children at 24 months of age	Percentage of children who have all their age-appropriate scheduled vaccinations by the time they are 2 years old	20,240 potentially avoidable stays in hospital for children under 5 years old
	Ambulatory sensitive hospitalisations for children (age range 0–4 years)	Rate of hospital admissions for children under 5 years old for an illness that might have been prevented or better managed in the community	14,146 2-year-old children fully immunised (92% of children)
Improving mental wellbeing	Under 25-year-olds able to access specialist mental health services within 3 weeks of referral	Percentage of child and youth accessing mental health services within 3 weeks of referral	69% of under-25-year-olds able to access specialist mental health services within 3 weeks of referral
	Access to primary mental health and addiction services	In development	In development

Government priority	Indicator	Description	High level indicator baseline data*
Improving wellbeing through prevention measures	Ambulatory sensitive hospitalisations for adults (age range 45–64 years)	Rate of hospital admissions for people aged 45–64 years for an illness that might have been prevented or better managed in the community	48,217 potentially avoidable stays in hospital for people aged 45–64 years
	Participation in the bowel screening programme	In development	In development
Creating a strong and equitable public health system	Acute hospital bed day rate	Number of days spent in hospital for unplanned care, including emergencies	75,131 people had surgery or care as planned (3% more than planned)
	Access to planned care	People who had surgery or care that was planned in advance, as a percentage of the agreed number of events in the delivery plan	2,067,733 days were spent in hospital for unplanned care, including emergencies
Providing better primary health care	People report they can get primary health care when they need it	Percentage of people who say they can get primary health care from a GP or nurse when they need it	84% of people report they can get health care when they need it
	People report being involved in the decisions about their health care and treatment	Percentage of people who say they felt involved in their own health care and treatment with their GP or nurse	82% of people report they feel involved in their health care and treatment
Ensuring a financially sustainable health system	Annual surplus/deficit at financial year end	Net surplus/deficit as a percentage of total revenue	Annual deficit is 2.8% of revenue excluding one-offs, 5.7% of revenue including one-offs**
	Variance between planned budget and year-end actuals	Budget versus actuals variance as a percentage of budget	Actual deficit result is worse than the approved plan/budget by \$38 million (12.0%) excluding one-offs and by \$488.8 million (154.3%) including one-offs***

Notes

- * High-level indicator shows data to December 2019, which is the baseline against which we will track future changes.
- ** One-offs are Holidays Act 2003 provisions and unfunded COVID-19 impacts. This shows how well the health and disability sector has managed the annual cost for providing services relative to revenue. In 2019/20, the sector spent 2.8 percent more than revenue. When one-off costs associated with the Holidays Act 2003 and COVID-19 that weren't planned for are included, the overspend increased to 5.7 percent of revenue.

*** The actual deficit result shows the difference against planned budget. This indicator is intended to show how well the health and disability sector performed against the planned budget for the year, that is, how well did it do what it said it would do. In 2019/20, the actual deficit was 12 percent worse than planned budget, and when one-off costs associated with Holidays Act 2003 provisions and COVID-19 were included, the deficit was 154 percent worse than planned. This indicator excludes Canterbury DHB, as that DHB's plan/budget was not approved at that time.

The Ministry is committed to achieving pae ora | healthy futures. The central tenets of pae ora | healthy futures are that we live longer in good health, have improved quality of life and have health equity for Māori and all other people.

We monitor and report on progress through a range of products each year, including:

- the **Health and Independence Report**,⁹ which presents the latest data on measures of health including life expectancy, causes of health loss and determinants of health
- the **New Zealand Health Survey**,¹⁰ which presents information about the health and wellbeing of New Zealanders. Survey data is collected continuously, but findings are reported annually. Over 13,000 adults and the parents or primary caregivers of over 4,000 children take part in the survey each year. The survey findings support the development of health services, policy and strategy.

We also measure operational performance through more than 150 performance measures set out in the Vote Health – Health Sector – Estimates of appropriation (available on The Treasury website at:

www.treasury.govt.nz/publications/estimates/vote-health-health-sector-estimates-2021-22).

These performance measures cover the non-financial performance of departmental expenditure appropriations, which fund the Ministry's core functions and are reported in the Ministry's annual report each year. The annual report also presents information on how our work programme has contributed to pae ora | healthy futures and Tā Tātou Rautaki.¹¹

The performance measures also cover the non-financial performance of selected non-departmental expenditure appropriations. These measures cover activities delivered by third-party service providers that do not otherwise report to Parliament (that is, services that are commissioned by the Ministry on behalf of the Crown). These non-departmental expenditure performance results are reported to Parliament directly by the Minister of Health each year in the Vote Health: Report in relation to selected non-departmental appropriations and can be found on the Papers presented webpage on the New Zealand Parliament website at: (www.parliament.nz/en/pb/papers-presented/current-papers/document/PAP_105715/vote-health-report-in-relation-to-selected-non-departmental).

⁹ For example, you can see the latest *Health and Independence Report 2019* on the Ministry of Health's website at: www.health.govt.nz/publication/health-and-independence-report-2019.

¹⁰ For more information on the latest and previous surveys, see the New Zealand Health Survey webpage on the Ministry of Health's website at: www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/new-zealand-health-survey.

¹¹ For more information on Ministry of Health annual reports, see the Annual reports webpage on the Ministry's website at: www.health.govt.nz/about-ministry/corporate-publications/annual-reports.

