

The
New Zealand
Health Strategy

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Foreword

A health system that all New Zealanders can trust.

A health system that is there when people need it, regardless of ability to pay.

A health system that makes a real contribution to reducing inequalities between the health status of Māori and Pacific peoples, and other New Zealanders.



These are the messages that people have been sending to the Government. The New Zealand Health Strategy is our response. It emphasises a health system that is based on co-operation, a system that puts people at the heart of health care.

The New Zealand Health Strategy sits alongside the New Zealand Disability Strategy, currently being developed.

The New Zealand Health Strategy provides the framework within which District Health Boards and other organisations across the health sector will operate. It highlights the priorities the Government considers to be most important. Those priorities reflect diseases such as diabetes and cancer as well as factors that influence health such as smoking and nutrition.

This document has been developed with wide sector and public input. More than 1500 people attended public meetings to discuss the issues raised. More than 450 written submissions were received from members of the public, health professionals and organisations. The majority of submissions were positive in their support for the vision of the New Zealand Health Strategy.

I am confident that you will join with me in ensuring that we use the opportunities presented by this Strategy to move towards common goals of improved health, reduced inequalities and higher quality care.

A handwritten signature in blue ink that reads "Annette King". The signature is written in a cursive, flowing style.

Hon Annette King
Minister of Health

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Executive Summary

The New Zealand Health Strategy sets the platform for the Government's action on health. It identifies the Government's priority areas and aims to ensure that health services are directed at those areas that will ensure the highest benefits for our population, focusing in particular on tackling inequalities in health.

This Strategy identifies seven fundamental principles that should be reflected across the health sector. Any new strategies or developments that are carried out should relate to those seven principles.

The principles are:

- acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi
- good health and wellbeing for all New Zealanders throughout their lives
- an improvement in health status of those currently disadvantaged
- collaborative health promotion and disease and injury prevention by all sectors
- timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
- a high-performing system in which people have confidence
- active involvement of consumers and communities at all levels.

The Strategy goes on to highlight key goals and objectives. The goals and objectives were chosen according to a variety of criteria including, crucially, the degree to which they can improve the health status of the population and their potential for reducing health inequalities.

Out of a total of 10 goals and 61 objectives, the Government has highlighted 13 population health objectives for the Ministry of Health and District Health Boards to focus on for action in the short to medium term.

The 13 population health objectives are to:

- reduce smoking
- improve nutrition
- reduce obesity
- increase the level of physical activity
- reduce the rate of suicides and suicide attempts
- minimise harm caused by alcohol and illicit and other drug use to both individuals and the community
- reduce the incidence and impact of cancer
- reduce the incidence and impact of cardiovascular disease
- reduce the incidence and impact of diabetes
- improve oral health
- reduce violence in interpersonal relationships, families, schools and communities

- improve the health status of people with severe mental illness
- ensure access to appropriate child health care services including well child and family health care and immunisation.

To reduce inequalities in health status the Strategy will work to:

- ensure accessible and appropriate services for people from lower socioeconomic groups
- ensure accessible and appropriate services for Māori
- ensure accessible and appropriate services for Pacific peoples.

In addition to the above priority objectives, the New Zealand Health Strategy highlights five service delivery areas on which the Government wishes the health sector to concentrate in the short to medium term.

They are:

- public health
- primary health care
- reducing waiting times for public hospital elective services
- improving the responsiveness of mental health services
- accessible and appropriate services for people living in rural areas.

The Strategy also focuses on key issues concerning quality that are needed to ensure that the performance of health services, and the health system as a whole, results in better health outcomes and a reduction in health disparities.

These include issues concerning:

- sector-wide continuous quality improvement mechanisms and initiatives
- individual rights
- consultation
- co-ordination
- information management and technology
- workforce development
- evaluation of the New Zealand Health Strategy.

Finally, the New Zealand Health Strategy identifies how the Strategy will be implemented:

- by developing toolkits to identify the action that different types of organisations or providers can take to address priority objectives
- by developing more detailed action-oriented strategies for specific health issues, services or population groups
- through performance and/or funding agreements with the Ministry of Health, District Health Boards and providers.

There will be an ongoing process to add new components to the New Zealand Health Strategy. This will enable further guidance on key issues to be provided to District Health Boards. It will also allow them more flexibility to respond to their local populations' needs.

Chapter 1: Introduction

The New Zealand Health Strategy sets the platform for the Government's action on health. It identifies the Government's present priority areas and aims to ensure that health services are directed at those areas that will ensure the highest benefits for our population, focusing in particular on tackling inequalities in health.

The Government values the diverse expertise and experience that exist within the health sector and with health service users. Therefore the New Zealand Health Strategy has been developed with the input of a Sector Reference Group and an Expert Advisory Group,¹ made up of health service users and providers from different parts of the health sector. These groups have been advising the Ministry of Health on the development of the Strategy and the consultation around it (see Appendix 1).

The New Zealand Health Strategy sits alongside the New Zealand Disability Strategy, which is currently being developed to address issues for people with disabilities.

The development of the New Zealand Health Strategy

The New Zealand Health Strategy:

- develops the framework for action
- identifies the Government's key priority areas
- provides District Health Boards with the context within which they will operate
- identifies the way forward.

The New Zealand Health Strategy will continue to be developed and refined over time: it is a living Strategy. This document establishes the overall framework for action on health and focuses in particular on the issues the Ministry of Health, District Health Boards and health service providers must address. It outlines the working environment for District Health Boards and will be reflected in funding agreements between them and the Minister

of Health. Those agreements will also specify what services District Health Boards will be required to deliver to ensure that people have access to affordable and comprehensive health care.

Future development of the Strategy will reflect the more established nature of District Health Boards, which will have developed close community and intersectoral links. The Ministry of Health will carry out further work to identify how priorities can be addressed by District Health Boards while allowing for local flexibility to meet local needs. For example, 'toolkits' will be developed to help District Health Boards address priority health objectives, while health needs assessment exercises will address more local issues. These are discussed in more detail in Chapter 7.

New Zealand Health Strategy development in the future will:

- strengthen intersectoral links
- add specific strategies
- provide 'toolkits' to help District Health Boards best meet their populations' needs.

¹ Ownership of the New Zealand Health Strategy rests with the Minister of Health.

Making choices

The New Zealand Health Strategy tells us what matters most for the health of New Zealanders. It also highlights the fact that health services are just one of many factors that can keep us healthy, help us recover from ill health or make it easier for us to live with chronic illness. If we really want to make a positive difference to health, we will need to co-ordinate action across different areas of government and address a broad range of social, economic and lifestyle issues.

The health sector has a key role to play, however, and the New Zealand Health Strategy highlights the principles that the health sector will uphold – *within the money available*.

We all know that living within a budget means making choices. Money spent on one thing cannot be spent on anything else. Deciding how best to spend our money means making choices about what we need the most, what we value and which things will give us the greatest benefit.

The Government faces the same choices when it decides how best to spend the money it has available each year. First, it has to work out what should go to health and what should be spent on other important services such as education, social welfare benefits and superannuation. Then, when the size of the health budget has been fixed, more decisions have to be made about what types of health services to fund and how to share resources fairly among New Zealanders.

Choices have to be made in health. Even if the Government decides to spend more on health services, there will still be a need to choose between competing demands to ensure that money is used to best effect. It will never be possible for the Government to do everything for everyone.

The New Zealand Health Strategy is an important document because it explains what sorts of health services are most important to New Zealanders. In doing so, it reflects the views of experts and the public. It therefore provides a sound basis for the Ministry of Health and the new District Health Boards to understand where New Zealanders' priorities lie and to decide how best to spend money and develop services that reflect those priorities. The adoption of priority areas does not mean the Ministry of Health and District Health Boards can neglect other areas, but it does mean the priority areas will get special emphasis when funding decisions are being made.

District Health Boards will carry out health needs assessment with their local communities. This, together with other consultation, will help the District Health Boards identify appropriate time frames for implementing the national priorities identified in this Strategy. A detailed discussion on consultation is given in Appendix 3. District Health Boards will agree on the specific areas on which they will focus in funding agreements entered into with the Minister of Health. Those funding agreements will contain clear, measurable performance indicators that will allow progress to be measured.

Chapter 2:

Why Change?

In New Zealand we have a strong health system based on many years of investment by the community, funding (through taxes and other means) by all our citizens and the hard work, dedication and commitment of those working within the sector. The Government believes, however, that this hard work has been hampered by the commercial focus of health care in recent years. It is clear that, despite improvements in health status, New Zealand is slipping behind other developed countries. This is particularly evident in Māori and Pacific peoples' communities. Behind the statistical comparisons lies the unacceptable reality that some New Zealanders live in unhealthy housing, some have poor nutrition and, in rural areas, some have limited access to clean water and sewerage systems.

Despite the commitment of those working in the sector, some members of the public have lost their trust in the health system. They are no longer confident that they will be cared for when they are ill or will have adequate support if they have a disability. Yet the evidence shows that, when they come to use services, these concerns are often dispelled and the experience is a good one.

These are the issues that this Strategy sets out to address. This Government is committed to working together with the health sector, and other sectors, to tackle these problems, despite the difficulties involved. This Strategy calls for the health sector to work co-operatively towards common goals rather than competing for the largest share of the health dollar. The combined goals must be the improvement in the health of our community, reduced disparities in health outcomes for all New Zealanders, including Māori and Pacific peoples, and the highest quality care for people who are sick or disabled, within the money available.

The Government, therefore, is reconfiguring the health and disability sector to improve the overall health status of New Zealanders. District Health Boards will be responsible for the health of their local populations. The introduction of District Health Boards will help ensure services reflect the needs of individuals and communities at a local level. Local decision-making will also help to deliver the Government's commitment to reduce inequalities and improve health status.

The changes will:

- focus on population needs
- reduce disparities in health
- emphasise community and health services users' involvement at all levels
- improve co-ordination across the health sector so that the whole system works for people
- improve co-ordination on health issues across all central and local government portfolios and sectors
- achieve a non-commercial, collaborative and accountable environment that encourages co-operation on common goals
- create an environment where those working in the sector feel part of the total system.

Inequalities in health

Making a difference: reducing inequalities for all New Zealanders, including Māori and Pacific peoples

To improve the overall health of New Zealanders, particular attention must be paid to those with the poorest health. Many complex factors lead to poor health status. The impact of those factors is particularly evident amongst Māori and Pacific peoples and has resulted in disparities in Māori and Pacific peoples' health status.

Addressing health inequalities is a major priority requiring ongoing commitment across the sector. The most effective means to reduce disparities will focus on:

- intersectoral approaches
- use of prevention strategies, with a population health focus
- building on existing initiatives
- modifying behaviour and lifestyle risk factors through appropriately tailored policies and programmes
- improved delivery of treatment services through mainstream enhancement and provider development.

The Government has given priority to reducing the disparities in social and economic outcomes for all New Zealanders, including Māori and Pacific peoples, and an intersectoral work programme is in place to ensure identifiable progress is made over the next three years to reduce those inequalities. In order to design policies and programmes to reduce inequalities for all New Zealanders, including Māori and Pacific peoples, the Ministry of Health and District Health Boards will:

- identify community-driven initiatives that are achieving results or that have the potential to do so
- identify ways they can respond to communities' needs and interests
- advise communities and provide them with information to help them meet their needs and fulfil their interests
- help communities to access the optimum mix of resources to achieve their own goals
- adapt policies, programmes and funding to support successful community initiatives
- implement programmes to reduce health inequalities
- liaise with other government agencies on a national and local basis to build more co-ordinated policies and programmes
- support provision of by Māori for Māori services
- support 'by Pacific for Pacific' initiatives
- focus on results.

The health sector and determinants of health

Improving the population's health means focusing on those factors that most influence health. There is clear international evidence that key factors include:

- genetic inheritance
- age
- gender
- ethnicity
- income
- education
- employment
- housing
- a sense of control over life circumstances
- access to health care services.

Tackling broader determinants requires action across sectors. It requires action to:

- build healthy public policy
- create supportive environments for health
- strengthen community action for health
- develop personal skills
- reorient health services (WHO 1986).

Often other sectors are responsible for leading work at these levels (for example in housing and employment), so it is important for health policy makers, funders and service providers to develop appropriate intersectoral linkages.

This intersectoral approach is consistent with Māori approaches to maintaining and improving wellbeing. The Whare tapa whā (Durie 1994) Māori health model, which is also known as the four cornerstones of Māori health, describes four dimensions that contribute to wellbeing: te taha wairua (spiritual aspects), te taha hinengaro (mental and emotional aspects), te taha whānau (family and community aspects), and te taha tinana (physical aspects). It is considered that good health depends on the equilibrium of these dimensions.

The health sector can encourage and support action in other sectors, including identifying and advising on the health impact of policies and trends occurring there.

The health sector itself plays a key role, as recent work such as *Our Health, Our Future* (Ministry of Health 1999b) demonstrates. There is the potential to reduce health inequalities through an improved focus on prevention and management of chronic diseases and their disabling consequences, especially by using health promotion approaches and primary care programmes.

Effective action therefore relies heavily on strong and effective relationships at central and local levels. Although many good relationships already exist, these can be widened and strengthened. Key relationships are those within and between:

- the public
- the public health components of the health sector
- the personal health and disability support components of the sector
- other sectors of society such as government agencies, local government and local community groups.

Sound relationships are required at all levels of the health sector with the aim of improving health outcomes for Māori. The many good relationships that already exist need to be consolidated and developed with a view to ensuring the new structural changes continue to contribute to reducing health inequalities.

Chapter 3:

Fundamental Principles, Goals and Objectives

This section adopts a principles, goals and objectives framework. Each of the areas is discussed separately below. For definitions of terms used see the Glossary.

Principles

The New Zealand Health Strategy is based on seven underlying principles that the Government sees as fundamental. Those principles are to be applied across the sector and be reflected in any new strategies or developments.

Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi.

Good health and wellbeing for all New Zealanders throughout their lives.

An improvement in health status of those currently disadvantaged.

Collaborative health promotion and disease and injury prevention by all sectors.

Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay.

A high-performing system in which people have confidence.

Active involvement of consumers and communities at all levels.

Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi

This principle recognises that the Treaty of Waitangi is New Zealand's founding document and the Government is committed to fulfilling its obligations as a Treaty partner. This special relationship is ongoing and is based on the underlying premise that Māori should continue to live in Aotearoa as Māori. The nature of this relationship has been confirmed through interpretations of the Treaty of Waitangi, which stem from decisions of the Waitangi Tribunal, the Court of Appeal and the Privy Council.

Central to the Treaty relationship and implementation of Treaty principles is a common understanding that Māori will have an important role in implementing health strategies for Māori and that the Crown and Māori will relate to each other in good faith with mutual respect, co-operation and trust.

Māori should be able to define and provide for their own priorities for health and be encouraged to develop the capacity for delivery of services to their communities. This needs to be balanced by the Crown's duty to govern on behalf of the total population.

To date, the relationship between Māori and the Crown in the health and disability sector has been based on three key principles:

- participation at all levels
- partnership in service delivery
- protection and improvement of Māori health status.

Not only is it important to improve Māori health status, but other goals based on concepts of equity, partnership, and economic and cultural security must also be achieved.

Good health and wellbeing for all New Zealanders throughout their lives

This principle reflects the sector's clear focus on good health and wellbeing. This applies at both the individual level (for example, with treatment services) and the community level (for example, with health promotion services), and that continues throughout people's lives. The Government recognises that good health and wellbeing rely on a range of factors, many of which are outside the health sector. The sector must, therefore, seek to move towards more intersectoral ways of working to ensure these linkages can be made, both centrally and locally.

An improvement in health status of those currently disadvantaged

This principle identifies the opportunity for health improvement within the population. The benefits of health improvements are not shared equally by all sectors of society. An increase in effort is needed to address the low health status of groups with low socioeconomic status, including Māori and Pacific peoples, and people with serious mental illness.

Collaborative health promotion and disease and injury prevention by all sectors

This principle reflects the Government's desire to have a health system that promotes good health and 'wellness' as well as treating illness. Many of the illnesses affecting the New Zealand population are potentially preventable, and we need to do better at addressing all the determinants of health.

Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay

This principle reflects the fact that fairness is a fundamental value for most New Zealanders, and the health sector must ensure that New Zealanders with similar health conditions are able to achieve similar outcomes.

A high-performing system in which people have confidence

This principle reflects the fact that the health sector must continue to perform to the highest standards and reflect the needs of the people of New Zealand within available resources. The quality of health services needs to be continually monitored and improved. Services must be co-ordinated, and providers must collaborate to ensure institutional boundaries do not compromise quality of care. Inefficiency means there are fewer health services available for each dollar spent.

Active involvement of consumers and communities at all levels

This principle identifies the need to have consumers and communities involved in decisions that affect them. This process should also ensure services at all levels of the health sector fully reflect the needs of individuals and communities.

Population health goals and objectives

Beneath the level of principles is a set of broad strategic goals. The focus for achieving these goals is sharpened as we move through objectives to targets and, ultimately, to performance measures.

The goals and objectives translate the Government's broad intentions into the focused actions required to make a difference to improving health. Developing this nationwide set of goals and objectives, and focusing attention on priority objectives selected for immediate action, will assist the whole sector to direct its actions in a more co-ordinated and effective way.

Over time, this framework of goals and objectives will influence all health sector processes, including needs assessment, priority setting, resource allocation, outcomes monitoring, service evaluation and planning, workforce and provider development, information systems and intersectoral co-ordination.

Structuring goals and objectives

The goals and objectives have been structured to reflect the wide range of factors that affect health. The framework begins by addressing society-wide issues, such as employment and income status. The next step is to assess the immediate environment in which people live and the potential for effecting health improvement within this environment. Consideration can then be directed towards the effects of lifestyle issues, specific diseases, and the accessibility of health services.

Other government agencies are active in addressing these goals and objectives. In the area of injury prevention, for example, many central government and local government agencies are actively engaged in leading policy development and funding prevention programmes (for example, ACC, Land Transport Safety Authority, the Occupational Safety and Health Service of the Department of Labour, the Police, the Ministry of Emergency Management, local authority support for Safer Communities programmes). Health agencies should continue to support these agencies' work and ensure their activities are well co-ordinated at a national and local level. This may include developing intersectoral programmes and targets (for example, road safety programmes, Strengthening Families).

Goals and Objectives Framework

Goal	Objective
1. A healthy social environment	<ol style="list-style-type: none"> 1. Assess public policies for their impact on health and health inequalities. 2. Support policies promoting universal access to high-quality education and training. 3. Support policies promoting workforce participation. 4. Support policies that reduce income inequalities and ensure an adequate income for all. 5. Eliminate social exclusion or discrimination against people on the basis of their health status or disability.
2. Reducing inequalities in health status	<ol style="list-style-type: none"> 6. Ensure accessible and appropriate services for people from lower socioeconomic groups. 7. Ensure accessible and appropriate services for Māori. 8. Ensure accessible and appropriate services for Pacific peoples.
3. Māori development in health	<ol style="list-style-type: none"> 9. Build the capacity for Māori participation in the health sector at all levels. 10. Enable Māori communities to identify and provide for their own health needs. 11. Recognise the importance of relationships between Māori and the Crown in health services, both mainstream and those provided by Māori. 12. Collect high-quality health information to better inform Māori policy and research and focus on health outcomes. 13. Foster and support Māori health workforce development.
4. A healthy physical environment	<ol style="list-style-type: none"> 14. Support policies and develop strategies and services that ensure affordable, secure and safe housing. 15. Support policies that improve access to public transport. 16. Support policies that ensure access to an adequate supply of nutritious food. 17. Support policies and develop strategies and services that ensure all people have access to safe water supplies and effective sanitation services. 18. Reduce the adverse health effects of environmental hazards.

Goal	Objective
5. Healthy communities, families and individuals	19. Support and promote community development. 20. Develop and implement healthy workplace programmes. 21. Further develop health-promoting schools. 22. Ensure adequate support for parents and young families. 23. Ensure adequate support for caregivers in families with dependent members. 24. Support policies and programmes that enable people to be cared for in the community. 25. Support policies and programmes that support breastfeeding. 26. Support policies and programmes that promote positive ageing. 27. Reduce the incidence and impact of violence in interpersonal relationships, families, schools and communities.
6. Healthy lifestyles	28. Reduce smoking. 29. Improve nutrition. 30. Reduce obesity. 31. Increase the level of physical activity. 32. Improve sexual and reproductive health. 33. Minimise harm caused by alcohol and illicit and other drug use to individuals and the community.
7. Better mental health	34. Reduce the incidence and impact of stress. 35. Reduce the incidence and impact of depression. 36. Improve the health status of people with severe mental illness. 37. Reduce the rate of suicides and suicide attempts. 38. Reduce stigma and discrimination associated with mental illness. 39. Reduce the impact of dementia.

Goal	Objective
8. Better physical health	40. Reduce the incidence and impact of cancer. 41. Reduce the incidence and impact of cardiovascular diseases. 42. Reduce the incidence and impact of diabetes. 43. Reduce the incidence and impact of asthma and other lung diseases. 44. Reduce the incidence and impact of musculoskeletal disorders including arthritis. 45. Reduce the incidence and impact of neurological disorders. 46. Improve oral health. 47. Reduce the incidence and impact of infectious diseases.
9. Injury prevention	48. Reduce the incidence and impact of road traffic injuries. 49. Reduce the incidence and impact of falls in older people. 50. Reduce the incidence and impact of injuries (other than traffic) in children and youth. 51. Reduce the incidence and impact of workplace injuries.
10. Accessible and appropriate health care services	52. Ensure access to appropriate secondary care services. 53. Ensure access to appropriate palliative care services. 54. Ensure access to appropriate primary care, maternity and public health services. 55. Ensure access to appropriate child care services including well child and family health care and immunisation. 56. Ensure accessible and appropriate services for young people/ rangatahi. 57. Ensure accessible and appropriate services for older people. 58. Ensure access to appropriate mental health services. 59. Ensure access to appropriate services for people living in rural areas. 60. Ensure services are patient-centred. 61. Ensure information about services is accessible for consumers.

Chapter 4:

Priorities

These are priority areas that the Government wishes the health sector to pay particular attention to in the short to medium term. These priorities are in three groups:

- population health objectives – to highlight particular areas where the Government wishes to see outcomes improved
- objectives to reduce inequalities in health
- service priority areas – to highlight particular services that are important in addressing the two previous groups and also impact upon Government priorities.

Priority population health objectives

Of the 61 objectives, 13 population health objectives have been chosen for implementation in the short to medium term. The Government intends focusing Ministry of Health and District Health Board attention to this list of priority population health objectives.

The objectives are:

- reducing smoking
- improving nutrition
- reducing obesity
- increasing the level of physical activity
- reducing the rate of suicides and suicide attempts
- minimising harm caused by alcohol and illicit and other drug use to individuals and the community
- reducing the incidence and impact of cancer
- reducing the incidence and impact of cardiovascular disease
- reducing the incidence and impact of diabetes
- improving oral health
- reducing violence in interpersonal relationships, families, schools and communities
- improving the health status of people with severe mental illness
- ensuring access to appropriate child health care services including well child and family health care and immunisation.

These priorities have been selected according to the degree they can in the short to medium term:

- contribute to important overarching Government initiatives such as reducing inequalities
- improve the health status of the population

- engage the health sector and enhance the focus on outcomes, specifically preventive services
- engage other sectors, reflecting the scope for national and local intersectoral action
- encompass all groups within society (such as age groups)
- ensure continuity with significant existing policy and programme initiatives
- provide focus and direction for the District Health Boards
- reflect the intent of the Treaty of Waitangi.

These priorities will provide a direction for action on health. Selecting priorities for action does not mean other services will cease or be downgraded. However, it does mean increased emphasis will be placed on action on these priorities over time: an evolutionary rather than revolutionary process. The importance of these priorities will be recognised in the Minister's expectations of the Ministry of Health, the Minister of Health's funding agreements with District Health Boards, and District Health Boards' funding agreements with providers.

As circumstances change over time, so priorities for action will also change.

The rationale for selecting these particular objectives is given below.

Reducing smoking

Tobacco smoking is the major cause of preventable death in New Zealand. Each year about 4700 of all deaths are attributable to smoking (Ministry of Health 1999b). Parental tobacco smoke and environmental tobacco smoke are related to several conditions (for example, sudden infant death syndrome (SIDS) and the childhood risk of croup, pneumonia and asthma). There is good evidence that morbidity and mortality can be substantially reduced using preventative approaches.

The reduction of tobacco smoking will be achieved by the implementation of a comprehensive mix of initiatives under the National Drug Policy in each of the following areas: smoking cessation services; health promotion; tobacco taxation; and legislative development and implementation.

Improving nutrition

Cardiovascular disease, cancer and stroke have been identified as the three leading causes of death for New Zealanders, and nutrition plays a major role in all of these (Ministry of Health 1998). Recent data show that the majority of adult New Zealanders had nutrient intakes that met or exceeded their requirements and consumed the recommended quantities of vegetables. However, while the proportion of energy intake from fat has decreased, adults are still consuming more fat, in particular saturated fat, than recommended by the Ministry of Health. A significant number of New Zealanders, especially Māori and Pacific households, report running out of food or being unable to eat properly because of lack of money (Ministry of Health 1999a).

The Ministry of Health is committed to promoting good nutrition and undertakes surveys to monitor the food intakes and nutrition-related body measurements of New Zealanders. The Ministry also provides nutrition guidelines and policies to address the nutritional needs of New Zealanders throughout their lives.

Reducing obesity

Recent data show that 15 percent of males and 19 percent of females are obese, and 40 percent of males and 30 percent of females are overweight (but not obese) (Ministry of Health 1999a). These prevalences are likely to increase. Obesity is one of the most important avoidable risk factors for a number of life-threatening diseases and for serious morbidity. The prevalence of obesity for Māori is 27 percent for males and 28 percent for females; while 13 percent of male and 17 percent of female New Zealand Europeans and others are obese. For Pacific males and females, the prevalence of obesity is 26 and 47 percent respectively (Ministry of Health 1999b).

Current work in this area includes a stocktake of obesity prevention programmes in New Zealand as well as an evidence-based review of successful international programmes.

Increasing the level of physical activity

Lack of regular physical activity is a modifiable risk factor for major heart conditions such as heart disease, stroke, hypertension and premature death. At least one-third of New Zealand adults are insufficiently physically active, and lack of physical activity is estimated to account for over 2000 deaths per year (Ministry of Health 1999b). There is good evidence that 30 minutes of moderate exercise each day reduces risk.

The Ministry of Health will continue to support the Hillary Commission's work in the development of strategies such as Push Play and Green Prescription.

Reducing the rate of suicides and suicide attempts

New Zealand's youth suicide rate is one of the highest in the OECD countries. There are differences in the rates of completed and attempted suicides, with females having a higher rate of attempted suicide but a lower rate of completed suicides than males.

In order to reduce the rate of suicides and suicide attempts, a range of population-based and targeted approaches are required. These include initiatives that: reduce the development of risk factors common to suicide; strengthen resiliency/protective factors; provide early identification, support and treatment for those who have risk factors or are suicidal; provide support after a suicide; restrict access to lethal means of suicide; and encourage the 'safe' portrayal of suicide in the media.

Minimising harm caused by alcohol and illicit and other drug use to individuals and the community

Over 80 percent of adult New Zealanders consume alcohol. At some time in their life, nearly one in five New Zealanders will suffer an alcohol use disorder. Alcohol abuse is a risk factor for some types of cancer, stroke, and heart disease. Alcohol abuse also significantly contributes to death and injury on the roads, drowning, suicide, assaults and domestic violence. The abuse of illicit drugs also harms some New Zealanders. Of particular concern is the risk to public health from the transmission of blood-borne viruses through the sharing of needles and syringes, and cognitive impairment. People who experience both drug and mental health problems have particularly poor health outcomes.

Intersectoral action plans will be developed under the National Drug Policy to minimise the harm caused by alcohol and illicit and other drugs. A broad range of strategies is essential and will include initiatives in: information, research and evaluation; health promotion; assessment, advice and treatment services; law enforcement; and policy and legislative development.

Reducing the incidence and impact of cancer

Cancer is the second leading cause of death (27 percent) and a major cause of hospitalisation (7 percent) in New Zealand. There are about 17,000 new registrations of cancer each year, with the highest rates in the middle and older age groups.

To address this priority, a co-ordinated approach is being developed across prevention activities, early detection (particularly screening), treatment and rehabilitation.

Reducing the incidence and impact of cardiovascular disease

Cardiovascular disease is the leading cause of death (accounting for about 40 percent of deaths) and morbidity in New Zealand.

Early detection of those at risk and early intervention through primary care are two of the key approaches to controlling cardiovascular disease.

Reducing the incidence and impact of diabetes

Diabetes is estimated to cause about 1200 deaths per year (Ministry of Health 1999b), and diabetic complications (such as heart disease, blindness and kidney failure) are major contributors to the burden of disability experienced by people from middle age, especially in Māori and Pacific communities. Projections are for a significant increase in the prevalence of diabetes in the next 10 years.

To address this area, there will be roll out of the Diabetes 2000 strategy and the nationwide adoption of local diabetes groups to support improved quality of care. There will be a particular emphasis upon the high risk populations of Māori and Pacific peoples.

Improving oral health

Diseases of the teeth and gums are among the most common of all health problems and are experienced by all New Zealanders at some stage of their life. Dental problems cause much pain and discomfort and can often contribute to a loss of self-esteem. It is now apparent that there are significant inequalities in oral health status between different population groups. In particular, Māori and Pacific children and adolescents have worse oral health than non-Māori and non-Pacific children.

To improve oral health, initiatives will include support for the fluoridation of reticulated water supplies, increasing preschool and adolescent attendance, and increased health promotion and clinical prevention for lower socioeconomic groups, including Māori and Pacific peoples.

Reducing violence in interpersonal relationships, families, schools and communities

In many countries violence is recognised as a key public health issue. Child abuse, sexual violence, family violence, school bullying and elder abuse are all preventable forms of harm and social disruption.

To reduce violence in those areas, health professionals and providers require protocols and training to allow them to recognise and respond to the family violence and abuse. Public health campaigns are also important.

Improving the health status of people with severe mental illness

The Government's major priority for mental health is focusing on improving outcomes for people who have a severe mental disorder – about 3 percent of adults and 5 percent of children and young people. Addressing this issue goes beyond provision of treatment services in secondary and primary settings. It also requires intersectoral action to address issues concerning education, housing, stigma and discrimination to help ensure people's full range of needs is met.

Major initiatives to address this priority include: the continued implementation of the Blueprint for Mental Health Services in New Zealand; improving the responsiveness of services to Māori; a greater focus on recovery; and improved co-ordination between the health sector and other social service sectors.

Ensuring access to appropriate child health care services including well child and family health care and immunisation

Many indicators of child health show that New Zealand has a low international ranking of child health (for example, high rates of unintentional injury). Vaccine-preventable diseases are an important cause of morbidity and mortality for all communities. New Zealand has a relatively low immunisation rate and there is an ongoing cycle of epidemics of vaccine-preventable diseases such as whooping cough (pertussis) and measles.

In terms of immunisation, the adoption of the National Health Committee advice on immunising children most in need by outreach services is an essential component, along with ensuring that each newborn child has a well child provider.

In order to enhance co-ordinated action on these priorities, action-focused toolkits will be developed. These are described in Chapter 7.

Reduce inequalities in health status

As well as the 13 population health objectives identified above, the Government seeks to reduce inequalities in health status by ensuring accessible and appropriate services for all New Zealanders, including Māori and Pacific peoples.

All of the initiatives described above will help to reduce inequalities, especially for people of lower socioeconomic status. More details of how the Government seeks to reduce inequalities for Māori and Pacific peoples are given below.

Māori advancement in health

Improvements in Māori health status are critical, given that Māori, on average, have the poorest health status of any group in New Zealand. The Government has acknowledged the importance of prioritising Māori health gain and development by identifying a need to reduce and eventually eliminate health inequalities that negatively affect Māori.

Working towards reducing inequalities will involve government departments and agencies working co-operatively across sectors, community engagement, and community development.

The progress of achievements since the mid-1980s must continue. Some examples include:

- growth and upskilling of Māori providers
- expansion of the Māori workforce at all levels of the health sector
- enhancement of mainstream providers' ability to meet Māori needs and expectations
- increased Māori participation at all levels of the public health sector.

A Māori Health Strategy will be available by June 2001 (see Appendix 2 for more details) and will provide the details unable to be captured within the New Zealand Health Strategy.

Reducing inequalities for Māori in the short to medium term includes, but is not limited to:

- attention on addressing He Pūtahitanga Hōu objectives relating to rangatahi health, disability support services and alcohol and drug services
- improving the quality and effectiveness of health promotion and education programmes targeted at Māori
- forming effective partnerships at all levels under the Treaty of Waitangi
- enhancement of mainstream providers
- increased Māori participation at all levels of the public health sector
- improving an established matrix of relationships vertically and horizontally throughout the health sector
- increased participation and involvement of Māori health providers across the health sector
- improved mental health services to Māori, which take into account Māori healing
- an increased number of Māori in the health workforce, particularly in mental health
- promotion of smoking cessation programmes
- increased resources for Māori health providers delivering sexual and reproductive health services.

Existing Māori health gain priority areas will continue to receive attention. The eight priority areas are:

- immunisation
- hearing
- smoking cessation
- diabetes

- asthma
- mental health
- oral health
- injury prevention.

Improving Pacific peoples' health

As described in Chapter 2, Pacific peoples' health status is lower than that of many other New Zealanders. In addition, there are specific issues in relation to access to services and the provision of culturally appropriate services.

The specific aims to reduce inequalities in health for Pacific peoples include but are not limited to:

- strengthening primary health initiatives for Pacific peoples
- improving the health of Pacific children
- improving mental health services for Pacific peoples
- enhancing screening programmes to improve the health of Pacific peoples
- increasing the number of Pacific peoples in the health workforce.

A Pacific Health and Disability Action Plan is being developed within the Ministry of Health. For more details, see Appendix 2.

Service priorities

The previous sections concentrated on health outcomes. Clearly the services that deliver health care are also important, and the Government is committed to ensuring all health providers deliver high quality and culturally appropriate services.

As with the priority population health areas, the Government has identified a small number of service priority areas for the sector to concentrate on. This means that these are areas which should be considered first if extra funding becomes available. The five areas are:

- public health
- primary health care
- reducing waiting times for public hospital elective services
- improving the responsiveness of mental health services
- accessible and appropriate services for people living in rural areas.

These areas are discussed in more detail below.

Public health

Public health professionals and service providers take a leading role in improving population health outcomes and reducing inequalities in health status through disease prevention, health promotion and health protection programmes. For example, they have a role in ensuring the safety of the air we breathe, the water we drink, and the food we eat. Public health programmes focus on enabling people to make individual and collective choices which improve their health. These programmes address issues such as mental health promotion, reduction in harm from drug use (including alcohol and tobacco), and immunisation promotion. Public health experts also play a role in promoting healthy public policy through submissions to central and local government agencies on key issues relating to population health, and assessing public policies for their impact on health and health inequalities.

Improving the impact of public health services will require:

- further development of Māori public health providers and organisations
- development of Pacific peoples' public health services
- increased delivery of health promotion initiatives in community and primary care settings
- increased focus on health education
- increased co-ordination with Territorial Local Authorities and other agencies that play an important role in public health
- improved access to public health protection services in rural areas, with a focus on clean water, sewerage and housing.

Primary health care

Primary health care is critical to improving health and reducing inequalities in health status for all New Zealanders including Māori and Pacific peoples. Primary health care is delivered close to communities with their participation and is a key to improving and maintaining health through programmes to promote health, prevent disease and provide early diagnosis and treatment of illnesses to prevent complications developing.

A wide range of providers deliver primary health care, including general practitioners, nurses, health educators, counsellors, Māori health providers and Pacific health providers. To achieve the aims of the Strategy, it will be important to increase co-ordination between these providers and between primary health care providers and public health and secondary services providers.

An increase in the number and variety of Māori primary health care providers and the emergence of Māori development organisations are essential components of an effective primary care sector. Priority will be given to ensuring existing successful Māori providers are consolidated and developed. This will ensure that options and choices become a reality for Māori and that issues such as equitable access begin to be addressed.

Similarly, improved primary health care services are essential to meet the needs of Pacific peoples. Pacific providers will need support to grow and develop further. It is also important that mainstream providers of services deliver their services in a culturally appropriate way to Māori and Pacific peoples.

Therefore, a key priority for District Health Boards is to ensure comprehensive primary care coverage and quality primary care services in both urban and rural areas. The Government is

currently preparing a Primary Health Care Strategy that will incrementally change the way services are delivered. (For further details, see Appendix 2.)

Reducing waiting times for public hospital elective services

A key priority for the Government is reducing waiting times for elective (non-emergency) hospital surgery and treatment. Appropriate access to elective services is highly valued by the public and therefore important for ensuring confidence in the public health system generally. Providing elective surgery to patients who have the greatest ability to benefit from treatment also helps to improve health outcomes and reduce health disparities for all New Zealanders including Māori and Pacific peoples.

District Health Boards will need to place priority on reducing elective waiting times, giving patients certainty about timeframes, and ensuring appropriate care for patients seeking elective services. Specifically, the Government's strategy for reduced waiting times includes four key objectives for access to elective services:

- national equity of access to elective services so patients have similar access regardless of where they live
- a maximum waiting time of six months for the first specialist assessment
- a maximum waiting time for surgery of six months for patients who are offered publicly funded treatment
- delivery of a level of publicly funded service which is sufficient to ensure access to elective surgery before patients reach a state of unreasonable distress, ill health and/or incapacity.

The seven strategies for achieving these objectives are:

- nationally consistent clinical assessment
- increasing the supply of elective services
- giving patients certainty
- improving the capacity of public hospitals
- better liaison between primary and secondary sectors
- actively managing sector performance
- building public confidence.

A particularly important consideration for District Health Boards will be ensuring the maximum contribution to improved health and reduced inequalities from its investment in elective services. Three key initiatives are required to achieve this.

- Ensuring the patients with the greatest need and ability to benefit are offered treatment first. This needs-based approach helps to reduce health inequalities as people from populations with the poorest health status, such as Māori, stand to gain improved access to elective services. There is already some evidence of this trend occurring in some services, for example, cardiac surgery.
- Providing a smooth and timely pathway through to treatment. Where treatment is offered, it should be provided within the next six months, and patients should be given certainty about this maximum waiting time.
- Ensuring that the best care and support available is provided to patients seeking elective

surgery. In particular, patients who cannot be offered treatment within six months may require regular reviews of their condition if it is likely to deteriorate, and also access to pharmaceuticals, community support services and other available care. Such care and review mechanisms should be included and documented in the patient's care plan.

Improving the responsiveness of mental health services

The level and quality of specialist mental health services have improved over recent years. Significant gains are still required to ensure services meet the full range of needs of people who experience mental and psychological distress. The Government is committed to continually improving mental health services through implementing the Mental Health Commission's Blueprint, which draws on the objectives of *Looking Forward* (Ministry of Health 1994) and *Moving Forward* (Ministry of Health 1997).

This will result in comprehensive services that lead to:

- people with mental illness being treated fairly, with respect and with dignity
- people with mental illness having the opportunity to participate fully in their communities free from negative discrimination
- more services that are easier to access and that are able to respond to a diverse range of needs more quickly
- a better quality of services that are able to identify and respond to needs in a way that promotes recovery.

Improvements are needed in all mental health services, but there must be emphasis on improving mental health services for children and young people, older people, Māori and Pacific peoples. At a local level, there will be other service priorities (for example, services for people with alcohol and drug problems, including methadone services; services for people with multiple, complex and high support needs).

Collaboration between providers of mental health services is imperative. Hospital-based and community-based services must collaborate with each other as well as with non-governmental providers and primary health care services. All are integral to improved co-ordination of mental health services. Equally importantly, there needs to be appropriate referrals, assessments and comprehensive strategies with other sectors (such as housing) to ensure that people's full range of needs is met.

Accessible and appropriate health services for people living in rural areas

One in four New Zealanders live in rural areas or small towns. Rural areas have a higher percentage of children and older people living there. Thirty-two percent of Māori live in rural areas (consisting of a higher proportion of children and young people) compared with 23 percent of non-Māori. Of particular concern is the significantly poorer health status of rural Māori compared with rural non-Māori and urban Māori. Ensuring comprehensive, quality service coverage is therefore a key priority for District Health Boards that include rural areas.

There are still considerable variations in the levels of services available in different parts of rural New Zealand. Reasons for this include:

- the accessibility of general practitioners, nurses and other primary care providers, community health providers and public health providers in rural areas (including transport costs)
- viability of services
- ongoing difficulties in recruiting and retaining health care providers in rural areas
- distances from secondary care units and specialist services.

There needs to be improvements in the range and consistency of services for rural New Zealanders to ensure that they have certainty about access. Improvements will be achieved by policies and programmes for:

- ongoing clinical education, and training for rural health care practitioners
- a bonus for providers in rural areas
- funding for locum support
- the ongoing promotion of community-based initiatives in rural areas through innovative methods of co-ordinated service delivery involving primary and secondary health care providers
- expanding the skills and roles of service providers such as nurse practitioners and Māori health care providers to undertake a wider range of tasks in association with general practitioners
- the promotion of collaborative acute-care networks to ensure that people 'get the right care, at the right time, in the right place from the right person'. This will involve strategies to guarantee methods of transfer to the nearest hospital capable of providing definitive care, to maximise the skills and integration of service providers and to maximise the current expertise and skills of rural practitioners
- the further promotion of the role that new technology (for example, Healthline) has in increasing rapid access to services and providing certainty
- directors of rural health in North and South Islands.

Specific issues concerning primary care in rural areas will be covered in the Primary Health Care Strategy.

There is clearly a strong relationship between these areas and the population health priorities. All of these areas are to a greater or lesser extent inter-related. Some of these linkages are shown in the table below.

	Public health	Primary health	Waiting times	Mental health	Rural health
Māori health	✓	✓	✓	✓	✓
Pacific health	✓	✓	✓	✓	✓
Smoking	✓	✓			✓
Nutrition	✓	✓			
Obesity	✓	✓			
Physical activity	✓	✓			
Suicide	✓	✓		✓	✓
Alcohol and drugs	✓	✓		✓	✓
Cancer	✓	✓	✓		
Cardiovascular	✓	✓	✓		
Diabetes	✓	✓			
Oral health	✓	✓			
Violence	✓	✓		✓	
Mental illness	✓	✓		✓	✓
Child health	✓	✓	✓	✓	✓

Chapter 5:

Ensuring Quality Services

This chapter focuses on the need to ensure that the performance of health services and the health system as a whole are of the highest quality within available resources. In particular, health services should meet people's needs and be clinically sound, culturally competent and well co-ordinated. They should also be efficiently delivered. Budgets are capped and distributed through the population-based funding formula. The health sector will need to ensure limited resources are used in the best way possible to achieve these aims.

Quality health services

Quality is the cornerstone of a high-performing public health and disability support service. High quality care is about performance and patient and consumer satisfaction: the right thing is done for the patient in the right way, the right result is obtained, care is delivered efficiently, and adverse events are minimised.

Health care and disability support services in New Zealand are generally safe and of good quality. However, things do occasionally go wrong. It is acknowledged that not all risks can be eliminated; services are deemed safe when components and systems are in place that reduce risk to levels which are considered acceptable according to recognised and, where appropriate, international standards.

A quality system

The New Zealand Health Strategy commits to the development of a health and disability support sector that embraces a culture of continual quality improvement in the delivery of health and disability services, which:

- is system-wide
- uses a risk-management approach to reduce preventable harm
- fosters consistency of practice through shared learning, benchmarking and clinical governance within a standards framework
- takes account of community and health service users' views on quality of care.

Already there are mechanisms at all levels in the health and disability support sector that are designed to assure the safety and quality of care. These include: regulation to ensure safety of services, by setting and enforcing minimum standards of facilities and participation and competency of the health workforce; and hospital ownership by the Crown to promote the provision of hospital services at certain standards, including clinical review, as part of regular business planning. In addition, individuals have certain rights within the health system (see the following section).

These mechanisms will be strengthened by initiatives designed to support clinicians and managers of health and disability support services in quality assurance and improvement activities. Initiatives under way include:

- the Health and Disability Services (Safety) Bill – the Bill, now in its final parliamentary stages, will modernise the way standards are set, audited and enforced. Providers will develop, and sign up to, standards for their services, which will then be subject to independent audit
- reportable events – a proposal currently out for consultation is that health and disability service providers must report defined serious or significant incidents and show that there has been a systematic investigation of what went wrong and why
- credentialling – the proposal, currently out for consultation, is that doctors (and in future other health professionals) will be assessed to determine what, where and with whom they can practise
- modernisation of the health professional regulations, to provide for ongoing competency assurance and increase consumer representation
- introduction of a ‘balanced scorecard’ for public hospitals to look more widely than just financial performance and encompass performance on customer satisfaction, internal processes, and organisational learning. This can be extended to the whole of District Health Boards and other public health agencies.

Most of the progress will come from the teams of health professionals working and learning together to establish agreed clinical protocols and processes and share best practice initiatives. The health professionals must be enabled and supported to do so by their colleagues, the District Health Boards, the Ministry of Health and other central agencies.

The Ministry of Health will complete a fundamental review of the quality framework for the sector, to assess how high performance is rewarded and where further support and development is required in terms of: clarifying roles and accountabilities; monitoring and information provision; people systems and resources. Key improvements include:

- District Health Boards’ accountability arrangements, which will have explicit performance targets based on the New Zealand Health Strategy’s goals and objectives. Performance will be benchmarked and publicised, and achievements rewarded
- funding agreements between the Minister of Health and District Health Boards, and service level agreements between District Health Boards and providers, to set quality standards and delivery expectations
- monitoring by the Ministry of District Health Boards’ performance against quality expectations, and District Health Boards’ monitoring of the performance of the providers it has service level agreements with
- in recognition of the Code of the Health and Disability Services Consumers’ Rights, each District Health Board will have in place accessible and robust complaints procedures
- the New Zealand Health Knowledge Strategy will encourage the use of comparative information by health providers and others for quality improvement and learning purposes, and enhance the role of patients and health service users through better information and other ways of increasing the consumer’s voice. (For more information, see Appendix 2.)

Individual rights

Individuals have fundamental rights within a quality health care system. They include rights under the Privacy Act 1993 and those recognised in legislation through the Health and Disability Commissioner Act 1994.

The latter Act covers:

- the right to be treated with respect
- the right to freedom from discrimination, coercion, harassment and sexual exploitation
- the right to dignity and independence
- the right to services of an appropriate standard
- the right to effective communication
- the right to be fully informed
- the right to make an informed choice and give informed consent
- the right to support
- rights in respect of teaching or research
- the right to complain.

Improved co-ordination

For health services to address the needs of local communities and individuals, more co-ordinated and complementary ways of working across the sector need to be established. Competition between providers or professional groups has inhibited the development of services oriented to the needs of individuals and communities.

In many parts of the country initiatives have been developed to overcome these barriers. These include initiatives designed to meet the needs of specific population groups (such as Māori, Pacific peoples, youth, children and their families, or older people), or specific groups of patients or health service users (such as people with diabetes or those requiring elective services). Most of these initiatives have been developed by local communities, health organisations or providers. Much can be learned by studying such initiatives.

It is important for District Health Boards to look at how they can foster well co-ordinated initiatives that are oriented towards improving health outcomes for individuals and communities and eliminating health inequalities. District Health Boards will need to consider:

- ongoing relationship development within the health sector and between health and other sectors
- specific funding earmarked for the support of local initiatives to reduce health inequalities and improve health outcomes
- learning from successful initiatives in other District Health Board areas (for example, through dissemination of information, site visits and secondments)
- working with other government agencies locally, particularly with respect to intersectoral initiatives such as Strengthening Families, the prevention of drug-related harm, the prevention of youth suicide, road safety, injury prevention and health promotion in schools

- working with local government to support regional and local policies and programmes that will have a positive impact on the health of local communities and will reduce health inequalities.

The Government expects District Health Boards to ensure service providers in their districts work with each other to maintain and develop well co-ordinated programmes to improve the health of communities and individuals (across public health, primary care, community-based care and secondary/tertiary service sectors).

District Health Boards will need to work with each other to ensure access for their populations to regional and national services. This is particularly important for public health and mental health services, where regional planning and networking is imperative.

Chapter 6:

Investing for the Future

To achieve the aims of this Strategy, the Government recognises that certain areas need continued development and work. Two specific areas are looked at in this section. They are continued development of information management and technology, and workforce issues.

Information management and technology

The ability to exchange high-quality information between partners in health care processes will be vital for a health system focused on achieving better health outcomes. Better access to timely and relevant clinical information can improve clinical decision-making and, therefore, health outcomes for individual patients. Privacy and confidentiality of personal information must be maintained at all times in compliance with the Privacy Act 1993 and the Health Information Privacy Code 1994.

Communities with access to better (non-personal) information about their health or health care services can play a greater role in maintaining their own health and accessing appropriate health services, and in contributing to decision-making regarding local health services. For example, ethnicity-related information will ensure Māori communities and the Government are better informed.

This means a nationally coherent and consistent approach to a health information infrastructure, based on improving access to information and the consolidation of appropriate standards. At this point it is particularly important to ensure District Health Boards develop consistent and compatible information systems.

A New Zealand Health Knowledge Strategy is being developed to support implementation of the New Zealand Health Strategy. (See Appendix 2 for further details.)

Workforce issues

Health services in the future may require a different mix of workforce skills to those of the present. Issues include:

- mental health services have already undergone a change from institutional care to community-based care for many people, but more skilled personnel are required in community-based and primary health care settings
- Māori development and action on reducing health inequalities will require the continuation of initiatives to develop a Māori health workforce
- changing health needs as the population ages may create a need for more community nursing support, and training and support for carers and volunteers
- advances in technology may require different specialist skills, such as tele-medicine, and the provision of more community-based clinics run by a range of appropriately qualified health providers

- increased action to reduce inequalities in health for Māori and Pacific peoples will require increased numbers of trained Māori and Pacific health workers and Māori and Pacific workforce development.

There will be an increased need for support and supervision of professionals in training, pre-registration and post-registration, as well as ongoing continuing education, especially in rural areas.

To meet these changing needs, it is necessary to develop central leadership. The Government is establishing a Health Workforce Advisory Committee (HWAC) on workforce needs in the sector and to advise how to meet these needs. It is proposed that the HWAC liaise with providers, professional bodies, non-governmental organisations, community groups, the education sector and other organisations (such as the Mental Health Workforce Society and the Community Support Services Industry Training Organisation) in order to monitor changing needs and match workforce needs with the provision of appropriate training and education.

Chapter 7:

Implementing the New Zealand Health Strategy

For people to be confident in the health system, there needs to be open accountability and monitoring of services to ensure the aspirations of the New Zealand Health Strategy are being met. This will help to build public confidence in the health system.

The Ministry of Health and District Health Boards will be held accountable for delivering the New Zealand Health Strategy through their annual funding agreements with the Minister of Health. District Health Boards will also hold providers accountable through their annual funding agreements.

The New Zealand Health Strategy provides the overarching framework for action on health. It does not identify how specific priority objectives or services will be addressed. These details are contained in more specific and detailed strategies (toolkits) or action plans. Appendix 2 contains details on existing strategies (such as the Blueprint for Mental Health Services), or planned new strategies, under the umbrella of the New Zealand Health Strategy.

There are important intersectoral strategies and programmes that will continue to influence action to implement the New Zealand Health Strategy. These include Strengthening Families and Family Start, the National Drug Policy, the youth suicide initiative, and the National Road Safety Plan. These intersectoral initiatives will continue to influence action at all levels. It is important to ensure that the Ministry of Health, District Health Boards and providers co-ordinate their activities with other agencies delivering services as part of such intersectoral initiatives.

The relationship between the various areas and District Health Board activities is shown in Figure 1.

Toolkits

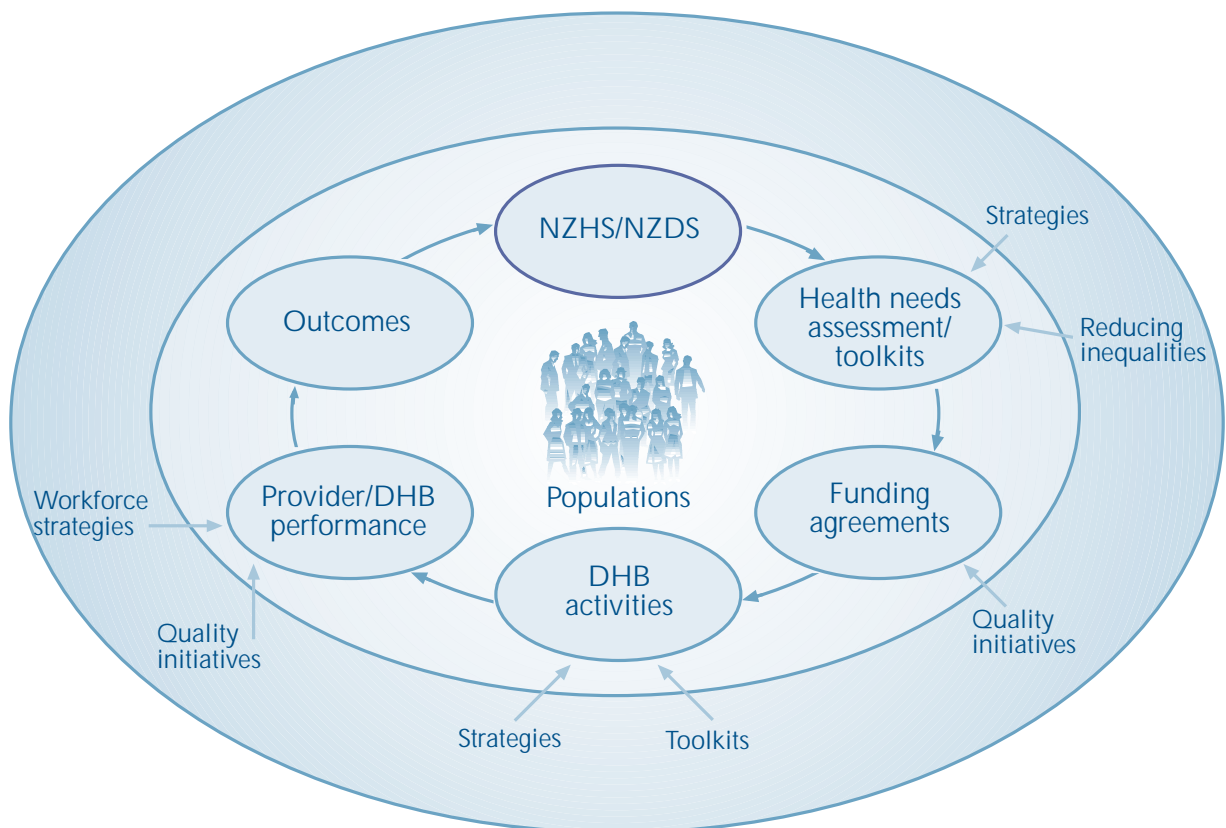
Toolkits will be developed to identify the types of actions different organisations need to take to address the priority population health objectives identified in Chapter 4. A separate toolkit will be developed for each of the 13 population priority objectives. Those toolkits will contain:

- evidence and 'best practice' for achieving health gains for different population groups
- evidence on action that can be taken by different health providers and also agencies outside the health sector
- indicators by which performance may be measured. The indicators developed within the toolkits will be the principal means of measuring progress on the priority objectives.

Other strategies

Additional strategies sit under the umbrella of the New Zealand Health Strategy and the New Zealand Disability Strategy. In some cases, those strategies will link directly into toolkits to provide additional evidence. The Ministry is in the process of producing additional and more detailed strategies for specific population groups or health issues. They are described in Appendix 2.

Figure 1: Relationship of District Health Board activities to the New Zealand Health Strategy



Appendix 1: Development of the New Zealand Health Strategy

The Government values the diverse expertise and experience that exists within the health sector. Therefore the New Zealand Health Strategy has been developed with the input of a Sector Reference Group² made up of health service users and providers from different parts of the health sector. This group has been advising the Ministry of Health on the development of the Strategy and the consultation around it.

In addition, an Expert Advisory Group has provided specific advice to the Ministry of Health on the Government's health goals, objectives and targets for inclusion in the New Zealand Health Strategy.

In addition to the expert groups, the discussion document was issued for consultation over a two-month period. In that time, 466 written submissions were received and almost 60 meetings were held, which approximately 1500 people attended. The feedback of all these people and groups has been incorporated into this document. A full analysis of the submissions can be obtained on the Ministry of Health Web site at <http://www.moh.govt.nz>.

Sector Reference Group

Dr Karen Poutasi	Ministry of Health (Chair)
Ms Claire Austin	Age Concern
Dr David Bawden	Tikipunga Medical Centre, Whangarei
Dr John Broughton	Department of Preventive and Social Medicine, Otago University
Dr Jeff Brown	Paediatrics Department, Palmerston North Hospital (ASMS)
Mr Stuart Bruce	Health Advisor, Office of the Minister of Health
Ms Sandra Coney	Women's Health Action
Dr Barbara Disley	Mental Health Commission
Prof Mason Durie	School of Māori Studies, Massey University
Ms Karen Guilliland	College of Midwives
Ms Cheryl Hamilton	Health Promotion Forum
Ms Pauline Hinds	Mental Health Services, Lakeland Health
Ms Jane Holden	The Royal Foundation for the Blind
Dr Pippa MacKay	New Zealand Medical Association
Dr Upali Manukulasuriya	General Practitioner, Taumarunui
Dr Don Matheson	Health Funding Authority/Ministry of Health

² Ownership of the New Zealand Health Strategy rests with the Minister of Health.

Ms Alison Paterson	Crown Health Association
Dr Debbie Ryan	South Seas Health Care, Otara
Ms Judith Stanway	Crown Health Association
Ms Lynette Stewart	Te Tai Tokerau MAPO
Dr Colin Tukuitonga	Māori and Pacific Health Unit, Auckland University
Mrs Brenda Wilson	New Zealand Nurses' Organisation

Expert Advisory Group

Dr Don Matheson	Health Funding Authority/Ministry of Health (Chair)
Dr Toni Ashton	Department of Community Health, Auckland University
Dr Chris Cunningham	School of Māori Studies, Massey University
Dr Barry Gribben	Department of General Practice and Primary Health Care, Auckland University
Assoc Prof Charlotte Paul	Department of Preventive and Social Medicine, Otago University
Prof Norman Sharpe	School of Medicine, Auckland University
Ms Ratana Walker	Health Funding Authority

Appendix 2:

Other Strategies

Two key strategies set the overarching guide for the development of health and disability services in New Zealand. These are the New Zealand Health Strategy, covering health related issues, and the New Zealand Disability Strategy, which covers disability issues. These strategies will guide the way other, more detailed service, health issue or population group specific strategies and/or action plans are developed and carried out.

The process of strategy development and achievement is ongoing rather than static. At any given time, there are usually strategies that are actively being followed, some that are near completion, and others that are just being developed. The Ministry of Health has several strategies in these various stages at present. Most strategies remain in place until they have been achieved. Others are time limited that may be revisited so a more updated version may be produced.

This section briefly describes strategies that will be developed to help implement the New Zealand Health Strategy.

It also lists existing strategies that form part of the New Zealand Health Strategy.

Planned strategies

The New Zealand Disability Strategy

One in five New Zealanders has a long-term disability. This prevents many from reaching their full potential or participating fully in the community. The aim of the Disability Strategy is to eliminate these barriers wherever they exist.

The Disability Strategy discussion document proposes a vision of a non-disabling society that will enable people who have experienced disability to feel that their capacity to contribute and participate in every aspect of life is continually being extended and enhanced. To advance this, critical action will be needed in several areas.

Those areas include:

- ensuring rights
- providing the best education and opportunities for employment and economic development
- fostering an aware and responsive public service
- improving services and access to information for people with disabilities
- promoting the participation of Māori and Pacific peoples experiencing disability
- valuing families, whānau and carers.

The Strategy will set out ways these objectives can be achieved. Cabinet has agreed the decision to move the Disability Support Services role to District Health Boards will not be made until the Disability Strategy has been decided. Consultation on the discussion document on the Strategy is occurring in late 2000. A final Strategy will be completed in early 2001.

The New Zealand Primary Health Care Strategy

The Minister of Health released *The Future Shape of Primary Health Care*, a discussion document on the proposed new Primary Health Care Strategy in March 2000. Over 300 written submissions, many from primary health care providers, were received and 54 meetings were held.

Final advice to the Government on the Primary Health Care Strategy is now being prepared. A Sector Reference Group has been set up to help prepare the final advice. At this point, its proposals are:

- primary health care should be recognised as an integral part of the country's health system
- District Health Boards will have agreements with Primary Health Organisations for a set of services to an affiliated population within a budget
- Primary Health Organisations will be not-for-profit, involve the community and a range of providers, and develop Māori health plans
- Primary Health Organisations must at a minimum supply health improvement, disease prevention and general first contact services but may become more comprehensive in time
- primary health care services by and for Māori people are important and need separate support and specific capacity-building
- primary health care services by and for Pacific peoples are important and need separate support and specific capacity building
- quality and workforce developments will be essential
- transition to the proposed system will be evolutionary and voluntary, starting with willing organisations in high need areas, and building on existing agreements, relationships and initiatives
- Primary Health Organisations will need to demonstrate good working linkages with public health service providers, hospital services, and non-health sector agencies particularly with respect to their contribution to action on the key New Zealand Health Strategy priorities. It is vital for Primary Health Organisations to contribute to better co-ordinated programmes to improve the health of the communities they serve and contribute to reducing health inequalities for all New Zealanders, including Māori and Pacific peoples.

Palliative Care Strategy

Until recently, New Zealand has taken an ad hoc approach to the funding and provision of palliative care. However, from 1997 onwards, the National Health Committee and the Health Funding Authority commenced projects on palliative care and hospice funding. That work culminated in an interagency project involving the Ministry, Health Funding Authority and National Health Committee and the production of a discussion document, *The New Zealand Palliative Care Strategy*, which was released in July 2000. This Strategy is currently being redeveloped in the light of the analysis of submissions.

The Strategy will seek to build on current service arrangements but will also create an environment that:

- is needs based
- is responsive to people's decisions to die at home
- ensures people receive a co-ordinated approach to care.

Māori Health Strategy

The Māori Health Strategy will provide strategic direction and guidance to the sector in implementing the commitments in the New Zealand Public Health and Disability Act.

In acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi, the health sector will face expectations that extend beyond just improving Māori health and those which have been included in the New Zealand Public Health and Disability Act. Those expectations will centre around ensuring participation of Māori in decision making on health issues and the delivery of health services and providing opportunities for Māori to meet their aspirations for wellbeing.

As part of the New Zealand Health Strategy, District Health Boards will have to take the Māori Health Strategy into account when developing their strategic district plans and meeting their Māori health objectives and functions. The Māori Health Strategy will:

- build on and further develop the high level health principles, goals, objectives and priorities relating to Māori health in the New Zealand Health Strategy
- provide a means to co-ordinate other work such as the intersectoral work on reducing inequalities and Māori capacity building initiatives, and the primary care, mental health, public health, disability support and other health and disability sector initiatives.

Māori and the wider public will be consulted before the Strategy is finalised. A public discussion document will be published early in 2001 to facilitate consultation, with the final Strategy due for completion in June 2001.

Pacific Health and Disability Action Plan

The Ministry of Health, together with the Ministry of Pacific Affairs and the Pacific health sector, is developing a Pacific Health and Disability Action Plan to help ensure these aims are achieved. The Plan will focus on the principles of the delivery of Pacific peoples' health by Pacific providers wherever possible.

This will include the following components:

- public health programmes, utilising health promotion and health protection strategies, to address key issues such as childhood infectious disease, diabetes, heart disease, obesity, women's health, family planning, and injury prevention
- primary care programmes to improve access to quality services for Pacific peoples, especially in areas where they work and live. These will include Pacific provider development support and will focus on improving prevention programmes (for example, well child services) and ensuring they are well co-ordinated with culturally competent, community-based services with leadership by Pacific peoples
- improved specialist services based in the community for key Pacific health issues such as diabetes, ophthalmology, asthma, paediatrics, mental health, and maternity services. These will be well co-ordinated with other types of services for Pacific peoples
- training and support to increase the Pacific health workforce, in liaison with the education sector
- research

- collection of quality Pacific health information
- more culturally competent services delivered by mainstream providers
- more focus on services for Pacific by Pacific.

A first draft of the Plan is being consulted on and there will be a report back to the Minister by the end of December with a draft implementation Plan. The Strategy will be completed by February 2001 for sign off by the Minister of Health.

Health of Older People Strategy

New Zealand's population continues to grow larger and older. The proportion of the population aged 65 years or over is projected to double over the next 50 years. Those population changes will have a significant impact on health spending and economic growth. In particular, the aging population will require more health care and disability support services.

Most older people prefer to remain in their own homes for as long as they can, but there has been increasing concern over recent years about the fragmentation of health and disability support services for older people and rising rates of admission to long-stay residential care. The Government is developing a Health of Older People Strategy to address these concerns.

The Strategy's primary aim is to set in place a comprehensive framework for planning, funding and providing preventive, acute and long-term care for older people. It will have a strong focus on integrating services to provide a continuum of care for older people as their needs change over time.

The Strategy will address the health sector implementation of the Positive Ageing Strategy. It will cover a range of health and disability support services for older people and family carers, including health promotion, disease prevention and personal and mental health services at the primary, secondary and tertiary level. The Strategy will provide practical guidance for District Health Boards.

Cabinet is due to consider the Positive Ageing Strategy and its action plans, including a health action plan in February 2001. A draft of the Health of Older People Strategy (which expands on the health component of the Positive Ageing Strategy) will be provided to the Minister for consultation purposes in the winter of 2001.

Youth Health Strategy

The Ministry of Health and Ministry of Youth Affairs will be developing a comprehensive Youth Health Strategy for the Government.

While the health of young people is better than that of most age groups, there are significant areas of concern. These include the rates of suicide and attempted suicides, sexually transmitted diseases (STDs) and unintended pregnancies. Young Māori and Pacific peoples have higher rates of unintended pregnancies, suicide and STDs than other New Zealanders. An increase in their health status is vital to assist in reducing inequalities.

Areas the Strategy will focus on include:

- further development of intersectoral work to reduce the rate of youth suicides and suicide attempts

- developing mental health programmes that focus on wellness
- improving the range of accessible and appropriate services for youth, for example, one stop shops and Youth Health Centres
- increasing the range and number of Māori services for youth
- increasing the range and number of Pacific peoples' services for youth
- encouraging greater co-ordination between different health care providers working with youth and between health sector providers and other agencies whose services affect the health of youth.

New Zealand Health Knowledge Strategy

In an international context, New Zealand is seen as one of the leaders in developing and using health information. The National Health Index (the unique personal identifier for health), the Health Intranet, the extent of electronic health messaging such as electronic results from laboratories to general practitioners, and the general level of information technology penetration in health services are some of the features which put New Zealand in advance of many health systems.

Health systems around the world are shifting their view of the value of health information management and technology from one of administrative cost to one of strategic investment. Information and the technology used to gather, store and disseminate knowledge are fundamental in the provision of effective health and disability support services.

It is increasingly understood that the ability to exchange quality information between partners in health care is vital for the achievement of improved health and disability outcomes important to New Zealand. This can be achieved through, for example:

- empowering individuals and their families to manage their own health better, for example through the provision of consumer health information
- improving the co-ordination and integration of care delivery to and support of the individual, for example by accessing critical information during emergency care
- allowing population health initiatives to occur in timely fashion.

The existing Health Information Strategy was launched in 1996. Many of the directions it signalled and the principles it espoused remain relevant. However, the development of the New Zealand Health Strategy and New Zealand Disability Strategy, rapid uptake of new technology (such as TCP/IP), and the redesign of the health and disability sector, necessitate the need for an update.

The vision for the proposed Health Knowledge Strategy is 'all the accurate information you could possibly want (and which you are allowed to have), when you want it, and how you want it, to ensure quality care'. The Strategy will provide a list of principles and philosophies to form a set of 'ground rules' to help give this vision meaning.

The Ministry of Health, predominantly through its information group, the New Zealand Health Information Service, will be responsible for overseeing the implementation of the New Zealand Health Knowledge Strategy. A discussion document will be completed by January 2001. This will be followed by a consultation round, and the final Strategy will be completed in mid-year.

Oral Health Implementation Plan

Diseases of the teeth and gums are among the most common of all health problems and are experienced by all New Zealanders at some stage of their life. However, public dental services in New Zealand have been under pressure over the last 10 years. Reorganisation has led to fragmentation, and work pressures have meant some child and adolescent dental services have not maintained the levels of access and the provision of preventive services that were available in the past. The Government has therefore developed an Oral Health Implementation Plan.

The key deliverables of the Government's oral health implementation plan are to:

- re-establish a nationwide dental health system for children and adolescents
- allow dental therapists to perform a greater range of services
- upgrade the training of, and introduce registration for, dental therapists
- investigate greater access to assisted dental care for low income adults
- review the Dental Benefit Scheme
- review the Dental Act 1998.

The Government is placing particular emphasis on the school dental service as the cornerstone of oral health services to children and adolescents and in raising oral status and reducing inequalities within this group. The Government is also interested in extending access to fluoridated water supplies, as it is the most effective method of avoiding tooth decay on a community basis.

Initiatives currently under way by the Ministry of Health include:

- the establishment of a Technical Advisory Group to define appropriate clinical standards and the mix and level of services to be provided by District Health Boards
- the establishment of a Technical Advisory Group to provide advice on the registration, discipline, employment arrangements and range of services provided by dental therapists
- contracting an independent review of the Dental Benefits Scheme. This review will advise on the difficulties associated with the present scheme and on ways of improving it.

Sexual and Reproductive Health Strategy

The Ministry of Health is commencing work to develop and implement a comprehensive Sexual and Reproductive Health Strategy. The Strategy will include:

- sexual and reproductive health services as a public health service
- a comprehensive free specialist sexual health service close to the community
- sexually transmitted disease control to ensure that at-risk groups have access to effective education programmes
- disease control of HIV/AIDS as a sexually transmitted disease
- an emphasis on effective and available services for Māori, Pacific peoples and young people.

Initial work will include: a stocktake of sexual and reproductive health services; a literature review of programme effectiveness for sexual health services (with particular reference to access to services, and including culturally appropriate services for Māori and for Pacific peoples);

and a summary of service evaluations undertaken in the previous five years. This information will be provided by the end of December 2000. Strategy development will begin early 2001.

Project teams have been established to manage the process and strategy development.

Existing strategies

Intersectoral strategies (involving health agencies)

- Strengthening Families Strategy (*joint Health/Education/Welfare led*)
- New Zealand Youth Suicide Prevention Strategy (*Health led*)
- National Drug Policy (*Health led*)
- National Road Safety Plan (*LTSA led*)
- Pacific Vision Strategy (*Ministry of Pacific Island Affairs led*)
- Crime Prevention Strategy (*Ministry of Justice led*)
- National Civil Defence Strategy (*Ministry of Emergency Management led*).

Health issues and services strategies

- The Health and Wellbeing of Older People
- Child Health Strategy
- National Strategic Plan for Māori Health 1998–2001
- Whāia Te Ora Mō Te Iwi
- Tobacco Strategy
- Hepatitis B Strategy
- National Prevention and Control Strategy for Meningococcal Disease
- Physical Activity Joint Policy Statement
- Strategy for Prevention and Control of Diabetes
- National Strategy for Mental Health Services – *Looking Forward/Moving Forward*
- Blueprint for Mental Health Services
- BreastScreen Aotearoa
- National Cervical Screening Programme Policy
- Strengthening Public Health Action
- Roadside to Bedside: A 24-hour Clinical Integrated Acute Management System for New Zealand
- Health Information Strategy for the Year 2000.

Other work arising from the New Zealand Health Strategy

A range of other strategies and other developments are currently in the early stages. These include:

- the establishment of a Ministerial committee to consider complementary health care
- the establishment of a Ministerial Health Workforce Advisory Committee
- a health needs assessment of refugees, asylum seekers and Asian immigrants
- a work programme for a Cancer Control Strategy.

Appendix 3:

Communities and Consultation

The elected membership of District Health Boards will help ensure democratic participation in the decision-making process. However, this is not a substitute for community, consumer and provider involvement and participation in decision-making through other mechanisms. District Health Boards will establish consultation processes whereby providers and users of services, and the community, will be able to have input into major decisions taken by the Boards.

Consultation should include those who provide or use the services that could be changed as the result of a decision. It is a process by which an organisation, such as the District Health Boards or the Ministry of Health, encourages feedback from a range of people such as providers, health care users and the general public on a proposal it is considering. It then considers that information, along with other information, in the process of making a final decision.

Although formal consultation is usually only carried out for a small range of issues, there is also a need for the District Health Boards to be open to responses from individuals and groups who are concerned about issues that may affect them. District Health Boards will develop methods of ensuring that this more informal consultation takes place freely, including:

- establishing a system to ensure the availability of useful and timely information on the Board's processes and decisions
- ensuring Board members and 'liaison' staff are available to respond to issues
- encouraging community health groups that will in turn have an established feedback loop with the Board.

Legal understandings of consultation

In the landmark case of *Wellington International Airport Limited v Air New Zealand* in 1993, the concept of consultation was discussed by the Court of Appeal. The principles or elements of consultation identified by the Court have been widely accepted as defining consultation. Those principles are:

- consultation is a process of seeking the views of others
- consultation is not equivalent to merely providing information, nor is it equivalent to negotiation (consultation may occur without those consulted agreeing with the outcome as implied in negotiation)
- consultation includes listening to what others have to say and considering the responses
- the consultation process must be genuine and not a sham (a decision should properly be seen as having been made after consultation)
- sufficient time for consultation must be allowed
- the party obliged to consult must keep an open mind and be ready to change and even start afresh, although it is entitled to have a work plan already in its mind
- consultation is the statement of a proposal not yet fully decided on.

District Health Boards' obligations to consult

The New Zealand Public Health and Disability Act requires District Health Boards to consult their resident populations on the significant aspects of district strategic plans before determining or amending those plans. Strategic plans have a five to 10 year focus and should be reviewed at least once every three years. District Health Boards may amend or replace their district strategic plan at any time.

The Ministry of Health will be responsible for consulting on issues of national significance when it is important to identify the national direction and priorities (for example, the New Zealand Health Strategy). District Health Boards' strategic plans will have to be consistent with the New Zealand Health Strategy and the New Zealand Disability Strategy.

District Health Boards will be expected to consult on their strategic plans, when:

- initiating significant new policies, services or plans
- making significant changes to existing policies, services or plans
- establishing local priorities, within the context of national priorities set by the Ministry of Health
- significantly changing the range or type of services, or access to them
- proposing significant changes in methods of funding.

District Health Boards may create legitimate expectations that go beyond the requirement to consult on the strategic plan. An established practice about consultation, or specific promises about who will be consulted or what will be the subject of consultation, may create legitimate expectations that are enforceable.

The New Zealand Health Strategy signals the Government's intention that guidelines be developed for consultation in the health sector. District Health Boards will be expected to participate in developing those guidelines. The guidelines will have a more detailed operational focus and will be consistent with the overarching obligations included in the operational policy framework.

District Health Boards' obligations to consult with Māori

District Health Boards have particular responsibilities to ensure the participation of Māori in decision making on health issues and the delivery of health services. They will therefore have the obligation to ensure Māori have an opportunity to participate in the discussion about the strategic plan.

It is inherent in the Boards' duty to act in good faith that the Crown is obliged to make informed decisions in its dealings with Māori. While this does not extend to an absolute duty to consult, it has been accepted that the requirement to act in good faith frequently requires the Government to consult with Māori on issues of major importance.

District Health Boards' functions, as set out in the New Zealand Public Health and Disability Act include:

- establishing and maintaining processes to enable Māori to participate in, and contribute to, strategies for Māori health improvement

- continuing to foster the development of Māori capacity to participate in the health and disability sector and for providing for Māori needs
- providing relevant information to Māori for the purposes of the two points above.

The implication of these functions is that District Health Boards have quite specific obligations to consult with Māori when planning strategies that contribute to health improvement for Māori.

Why consult?

The involvement of consumers, communities and providers in strategy or programme development contributes to the development of good public policy. Consultation helps organisations to:

- gain the full picture: understand and identify different communities' needs and priorities
- be accountable: from those who design and provide services to those who use them
- be acceptable: fostering development of solutions that are acceptable
- ensure that consumers' rights are upheld
- ensure provider, community and consumer input is valued and takes advantage of a range of expertise
- provide opportunities for communities (geographical and professional, and communities with common interests) to participate in the development of policy and strategic directions and to test new ideas
- enhance decision-making by receiving information, opinions and ideas as well as feedback from communities which helps identify and avoid pitfalls
- build positive relationships with consumers, providers and the wider community, encouraging co-operation, understanding, respect and support
- build consensus by encouraging understanding of issues and problems and encouraging other organisations or people (for example, health providers) to take appropriate co-ordinated action to solve those problems
- build better, sustainable decisions and therefore save time and money.

Consultation is also important for those who are affected by the decisions taken. It:

- develops a sense of partnership in the decisions that are made
- leads to collaboration by fostering shared ownership of solutions to problems
- gives a shared understanding of the decision-making process and of the decisions that are reached, even where some members of the community do not agree with these.

What to consult on

The topics to be consulted on will be determined by legislation or Ministers, by the Ministry of Health or District Health Boards, or may arise from widespread concern about an issue. The choice of some issues will be clear-cut: for example, decisions that may substantially change the delivery of services or the development of new guidelines. There will also be a need to develop mechanisms whereby consumers and the general public can raise topics for consultation with the District Health Boards and the Ministry of Health.

Who should be consulted

In many ways the mechanics of consultation – who to involve, the specific issues to be discussed, when people should be consulted and the resources to be allocated to consultation – are determined by the subject to be discussed. For instance, a consultation on delivering services to people with multiple sclerosis will probably focus on people with the condition and their providers and carers and will be relatively focused and small scale. A consultation on an issue that has implications for large numbers of the community, such as prioritising services, will require a much wider consultation and therefore different methods. People it may be appropriate to consult in the health sector include:

- members of Māori communities
- Pacific peoples
- patients/users of health services (for example, youth, mental health services users)
- caregivers and family/whānau members
- health care providers
- other sectors (for example, local or central government agencies)
- representatives from community and consumer groups
- other members of the general public
- non-governmental organisations providing health services
- experts in specific areas.

It is important that any consultation should include consultation methods that can reach those members of the community who may not be able to attend public meetings, make written submissions or may not feel comfortable doing so. These may include rural people, Māori and Pacific peoples, people with disabilities and older people or young families.

It is important that the consultation methods used with these groups should be acceptable and practicable. For example, those organising rural consultations need to consider the effect of distance on people's ability to attend meetings. Language may be an issue.

Assistance with consulting other groups is available from several sources. Te Puni Kōkiri provides advice on consulting with Māori and has a set of guidelines, 'A Guide for Departments on Consultation With Iwi', available. The Ministry of Pacific Affairs provides advice on consulting Pacific peoples and has a set of guidelines, 'Pacific Consultation Guidelines', available. The Ministry of Women's Affairs can advise on consultation with women. Contact with other groups such as refugees or Asians can usually be organised through initial contact with provider and consumer groups. The Ministry of Health can usually advise if needed.

Problems and solutions

There have been concerns expressed about consultation recently, including:

- a concern that despite consultation, the consulting agency is unwilling to change its intentions as a result of submissions
- a feeling that there is a lack of logic to the increasing range of subjects that are consulted on that results in some people feeling they are being over-consulted
- a concern that not enough time is given for compiling and presenting submissions
- lack of feedback about the final decisions taken and the reasons for these decisions.

Ways of responding to these concerns have been offered, including:

- the agency has the right attitude – accepting consultation as good management practice rather than a compliance requirement
- clearly describing the context for the consultation
- giving a clear indication of what the effects of the consultation will be
- actively promoting public awareness and interest in the consultation, including giving adequate notice of meetings and deadlines for submissions (normally one to three months)
- where there is a tight time frame for responding, it is important that a very proactive media strategy is adopted
- providing accessible materials (leaflets, documents) that are presented attractively, are in plain English (or other languages where appropriate) and are easy to follow
- distributing the information widely through a variety of venues and channels, including relevant networks
- identifying clear method(s) for making a submission
- providing good feedback on the decisions made and the reasons for them.

Glossary

Access	Ability of people to reach or use health care services. Barriers to access can be: (1) a person's locality, income or knowledge of services available; or (2) by the acceptability or availability of existing services.
Annual Plans	Operational plans covering a 12-month period.
Aotearoa	'Land of the Long White Cloud' more commonly used by North Island Māori as the indigenous word for New Zealand.
Audit	The verification of performance against predetermined standards or contracts by a process of inspections, interviews and appraisal of documentation.
Avoidable or preventable hospitalisation or mortality	Hospitalisation or death due to causes which could have been avoided by preventive or therapeutic programmes.
Caregiver (voluntary caregiver)	A voluntary caregiver or carer is a person, usually a family member, who looks after a person with a disability or health problem, and who is unpaid.
Communicable diseases	Diseases capable of being passed from one person to another.
Community	A collective of people identified by their common values and mutual concern for the development and wellbeing of their group or geographical area.
Complementary care	Health care provided by non-registered practitioners.
Consultation	The process of seeking the views of individuals or groups. These include both providers and health service users.
Culturally appropriate services	Services responsive to, and respectful of, the history, traditions and cultural values of the different ethnic groups in our society.
Culturally effective services	Services that are both culturally appropriate and clinically effective.
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.
Disability	Incapacity caused by congenital state, injury or age-related condition expected to last six months or more. A disability may or may not be associated with the need for assistance.

Disease	Disorder or pathology that affects health.
Disparity (or deprivation)	Socioeconomic or health inequality or difference relative to the local community or wider society to which an individual, family or group belongs.
District Health Boards	District Health Boards are organisations being established to protect, promote and improve the health and independence of a geographically defined population. Each District Health Board will fund, provide or ensure the provision of services for its population.
Environment	Physical surroundings and conditions.
Epidemiology	The scientific study of the distribution of disease.
Equity (in health)	Equity means fairness.
Evaluation	Assessment against a standard. Evaluations can assess both the process (of establishing a programme to deliver an outcome) and outcomes (ultimate objectives).
Evidence-based practice	Clinical decision making based on a systematic review of the scientific evidence of the risks, benefits and costs of alternative forms of diagnosis or treatment.
Funding agreement	This is the agreement the Crown enters into with any person or entity under which the person or entity agrees to provide or arrange the provision of services in return for payment. For District Health Boards, this will include the District Health Board Annual Plan, funding schedules and the District Health Board Statement of Intent.
Goal	A high level strategic statement.
Hapū	Sub-tribe.
Health education	Providing information and teaching people how to behave safely and in a manner that promotes and maintains their health.
Health gain (loss)	Health gain (loss) is a way to express improved (deterioration in) health outcomes. It can be used to measure: (1) the improvement (or deterioration) in population health status; or (2) the degree to which the level of health of a population has changed in response to a policy or other intervention.

Health information	Health information, in relation to an identifiable individual, means information: <ul style="list-style-type: none"> • about the health of that individual, including that individual’s medical history • about any disabilities that individual has, or has had • about any health services or disability services that are being provided, or have been provided, to that individual • provided by that individual in connection with the donation, by that individual, of any body part, or any bodily substance, of that individual.
Health needs	This can be either: (1) what an individual requires to achieve or maintain health; or (2) an estimation of the programmes required to improve the health of populations.
Health needs assessment	A process designed to establish the health requirements of a particular population.
Health outcomes	A change in the health status of an individual, group or population which is attributable to a planned programme or series of programmes, regardless of whether such a programme was intended to change health status.
Health policy	A formal statement or procedure within institutions (notably government) that defines priorities and the parameters for action.
Health promotion	Health promotion is the process of enabling people to increase control over, and to improve, their health. It is a comprehensive social and political process.
Health status	A description and/or measurement of the health of an individual or population.
Health target	A change in the health status of a population that can be reasonably expected within a defined time period.
Health workforce	Providers of health care services such as doctors, nurses, physiotherapists or health promoters.
Incidence	The number of new cases or deaths that occur in a given period in a specified population.
Informed consent	A medico-legal doctrine that holds providers responsible for ensuring health service users or patients understand the risks and benefits of a procedure or medicine before it is administered.
Injury	Either: (1) unintentional injuries (damage to the body resulting from unplanned events such as road accidents, workplace accidents or accidents in the home); or (2) intentional injuries (resulting from assault, suicide etc).

Intersectoral collaboration	Projects involving various sectors of society including central and local government agencies (health, education, welfare and so on), community organisations (IHC, CCS, Māori Women’s Welfare League, etc) and the private sector.
Intervention	A programme or series of programmes.
Iwi	Tribe.
Lifestyle	Lifestyle is a way of living based on identifiable patterns of behaviour based on an individual’s choice, influenced by the individual’s personal characteristics, their social interactions, and socioeconomic and environmental factors.
Mana	Integrity, prestige, jurisdiction, authority.
Monitoring	The performance and analysis of routine measurements, aimed at detecting changes.
Morbidity	Illness.
Mortality	Death.
Objective	Objectives state what is to be achieved and cover the range of desired outcomes to achieve a goal.
Pacific peoples	The population of Pacific Island ethnic origin (for example, Tongan, Niuean, Fijian, Samoan, Cook Island Maori, and Tokelauan) incorporating people of Pacific Island ethnic origin born in New Zealand as well as overseas.
Partnership	The relationship of good faith, mutual respect and understanding and shared decision making between the Crown and Māori.
Performance indicator	A measure that shows the degree to which a strategy has been achieved.
Population-based funding	Population-based funding involves using a formula to allocate each District Health Board a fair share of the available resources so that each Board has an equal opportunity to meet the health and disability needs of its population.
Population health	The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as socioeconomic status, or cultural criteria such as whānau.
Population health outcomes	Used to describe a change in the health status of a population due to a planned programme or series of programmes, regardless of whether such programmes were intended to change health status.

Population health status	The level of health experienced by a population at a given time. This may be measured by separately identifying patterns of death and illness in a population or by means of one or more measures.
Prevalence	The number of instances of a disease or other condition in a population at a given period in time.
Primary health care	Primary health care means essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country's health system, and is the first level of contact with the health system.
Principle	A fundamental basis for action.
Programme	A programme is a group of activities directed towards achieving defined objectives and targets.
Programme evaluation	The assessment of policies, materials, personnel, performance, quality of practice or services and other inputs and implementation experiences.
Provider	An organisation or individual providing health and disability services.
Public health	The science and art of promoting health, preventing disease and prolonging life through organised efforts of society.
Public health approaches	The goals of public health are to focus on the determinants of health, build strategic alliances and implement comprehensive programmes to promote public health.
Public health services	Goods, services or facilities provided for the purpose of improving or promoting public health.
Quality assurance	Formal process of implementing quality assessment and quality improvement in programmes to assure people that professional activities have been performed adequately.
Rangatahi	Used in health to define Māori youth in the 15–24 age range.
Rate	In epidemiology, a rate is the frequency with which a health event occurs in a defined population. The components of the rate are the number of deaths (numerator), the population at risk (denominator) and the specified time in which the events occurred. All rates are ratios, calculated by dividing the numerator by the denominator.
Regulation	The act of enforcing policies, rules or laws.

Risk behaviour	Specific forms of behaviour which are proven to be associated with increased susceptibility to a specific injury, disease or ill health.
Risk factor	An aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic that is associated with an increased risk of a person developing a disease.
Secondary care	Specialist care that is typically provided in a hospital setting.
Socioeconomic disadvantage	A relative lack of financial and material means experienced by a group in society which may limit their access to opportunities and resources that are available to the wider society.
Strategic plans	Plans produced by District Health Boards and the Ministry of Health that will outline the strategic direction over a five to 10-year period.
Strategy	A course of action to achieve targets.
Tamariki	Children; can be used to include young people who have not yet reached adulthood. In this document, tamariki refers to children up to and including 14 years of age.
Target	A specific and measurable aim relating to an objective.
Tertiary care	Very specialised care often only provided in a small number of locations.
Tikanga	Customary practice, rule.
Treaty of Waitangi	New Zealand's founding document. It establishes the relationship between the Crown and Māori as tangata whenua (first peoples) and requires both the Crown and Māori to act reasonably towards each other and with utmost good faith.
Whānau	Family.
Whare tapa whā	The four cornerstones of a house.
Well-child/ Tamariki ora services	Term used to describe all activities that promote health and prevent disease that are undertaken in the primary care setting for children and their families and whānau.
Wellness	A dimension of health beyond the absence of disease or infirmity, including social, emotional and spiritual aspects of health.

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