

Vote Health

Report in relation to selected
non-departmental appropriations for the
year ended 30 June 2019

Presented to the House of Representatives pursuant to
section 19B of the Public Finance Act 1989

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Minister's foreword

As Minister of Health, I purchase advisory and support services from a number of organisations in the health and disability sector including a significant number which do not report directly to Parliament.

In accordance with section 19B of the Public Finance Act 1989, the purpose of this report is to articulate the performance assessment of those outputs delivered by third-party service providers funded directly by the Ministry of Health that are not covered by other reporting to Parliament.



Hon Dr David Clark
Minister of Health

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Statement of performance

Introduction

This performance report is prepared under section 19B of the Public Finance Act 1989 and covers the Vote Health appropriations used for purchasing outputs from third-party service providers that do not report directly to Parliament.

Non-departmental expenses

Health sector projects operating expenses

Scope of appropriation

The appropriation is limited to operating expenses associated with the governance, planning and development of health sector capital projects.

Intention of the appropriation

This appropriation is intended to enable the planning for major DHB capital projects.

Comments

The Ministry has continued to support the delivery of major capital projects in the health sector. The new Dunedin Hospital project and the Christchurch Campus Planning are progressing towards Final Detailed Business Case stage.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Achieved	The key project milestones for major DHB capital projects are delivered as per agreed timeframes	Achieved	Achieved

Financial performance

Actual 2017/18 \$000	Health sector projects operating expenses	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
5,270	Total appropriation	6,923	3,500	8,558

Health workforce training and development

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of workforce development for people working in the health and disability sector and of services that support those workforces to be sustainable, flexible, and fit-for-purpose.

Intention of the appropriation

This appropriation is intended to achieve the following: The New Zealand health sector is supported to develop a sustainable, flexible, and fit-for-purpose workforce through the funding of clinical training and other initiatives.

Comments

The Ministry is responsible for creating and supporting a clear strategy and future pathway for the health workforce in New Zealand. The Ministry also has oversight of employment and industrial relations matters across the sector and maintains a close working relationship with the Health Workforce New Zealand (HWNZ) Committee. The Ministry, through HWNZ, invests in training and development of the health and disability workforce.

Following the announced changes to HWNZ in December 2018, the Ministry has identified a small interim external advisory group to support the transition to new arrangements and to advise on the new HWNZ Committees Terms of Reference. The Ministry has also been working in collaboration with the health sector to develop a small number of strategic health workforce priorities for the next five years (2019-2025).

Medicine workforce

New tools and measures were introduced in 2017/18 to map health needs and to provide insights into the retention of our trainees in the workforce. Vocationally registered specialist doctors and post-graduate year-one trainees remain practising in New Zealand and both retention measures have exceeded the budget standard.

Voluntary Bonding Scheme

The Voluntary Bonding Scheme is a practical initiative run by the Ministry to encourage newly qualified health professionals to work in the communities and specialties that need them most, and to retain essential health professionals in New Zealand. Those on the scheme receive annual payments to help repay their student loan or as top-up income.

The Scheme continues to have stable retention rates, consistent with previous years. Results below have been based on the 2014 intake individuals who received a first payment in 2017 who

have then received a second payment in 2018, and 2013 intake individuals who received a second payment in 2017 who have then received a third payment in 2018.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Medicine workforce			
190	The number of first year general practitioner trainees supported by the Ministry of Health funding is equal to or greater than	193	180
	Percentage of vocationally registered general practitioners trained in New Zealand with support from Ministry of Health funding who are still practising in New Zealand after:		
89%	• two years is equal to or greater than	82%	80%
80%	• five years is equal to or greater than	85%	80%
1,206	The number of training units for vocational registrars (excluding general practitioners) supported by Ministry of Health funding is equal to or greater than (see note 1)	1,206	1,206
	Percentage of vocationally registered specialist doctors (excluding general practitioners) trained in New Zealand with support from Ministry of Health funding who are still practising in New Zealand after:		
77%	• two years is equal to or greater than	78%	70%
83%	• five years is equal to or greater than	84%	80%
490	The number of post-graduate year-one trainees supported by Ministry of Health funding is equal to or greater than (see note 1)	490	490
	Percentage of post-graduate year-one trainees trained in New Zealand with support from Ministry of Health funding who were still practising in New Zealand after:		
90%	• two years is equal to or greater than	88%	90%
89%	• five years is equal to or greater than	91%	85%
Nursing workforce			
1,131	The number of Nursing Entry to Practice (NETP) trainees supported by Ministry of Health funding is equal to or greater than (see note 1)	1,135	1,135
158	The number of New Entry to Specialty Practice (NESP) nurse trainees supported by Ministry of Health funding is equal to or greater than	160	155
Midwifery workforce			
161	The number of midwifery first year of practice trainees supported by Ministry of Health funding is equal to or greater than (see note 1)	153	161
See note 2	Percentage of graduates to complete the Midwifery First Year of Practice Training Programme (see note 1)	95%	90%

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
See note 2	Number of workers who achieve a mental health and addiction related qualification through Ministry of Health funded workforce development programmes (see note 1)	780	770
Disability support workers			
See note 2	Number of disability workers working towards a disability related qualification with support from Ministry of Health grants through disability workforce development programmes (see note 1)	3,297	3,250
Voluntary Bonding Scheme (VBS)			
76%	People are being retained in the scheme: The percentage of registrants who applied for payment in the previous year who applied for payment in the current academic year, where this is allowable under the terms of the scheme	76%	75%
Hauora Māori support			
See note 2	Percentage of trainees that passed the course they enrolled in (see note 1)	80%	80%

Note 1: These figures relate to the 2018 academic year.

Note 2: New performance measure for 2018/19.

Financial performance

Actual 2017/18 \$000	Health workforce training and development	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
186,609	Total appropriation	184,748	186,745	187,120

Monitoring and protecting health and disability consumer interests

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of services that monitor and protect health and disability consumer interests.

Intention of the appropriation

This appropriation is intended to protect the rights of people using health and disability services. This includes addressing the concerns of whānau and appropriately investigating alleged breaches of patients' rights.

Comments

District Mental Health Inspectors

District Mental Health Inspectors (District Inspectors) are lawyers appointed by the Minister of Health to uphold the rights of patients under the Mental Health (Compulsory Assessment and Treatment) Act 1992. District Inspectors investigate complaints of breaches of patient rights and carry out inquiries into matters relating to services where required by the Director of Mental Health to ensure patient rights are protected.

Timeliness of reporting has improved this year and the Ministry continues to work collaboratively with District Inspectors where required. A new reporting template has been developed to improve the information sharing process and to assist with the timeliness of reporting. District Inspectors will begin using the new template for their July 2019 reports and it is expected that this will further improve the timeliness of reporting.

Mental Health Review Tribunal

The Mental Health Review Tribunal (MHRT) is an independent body appointed by the Minister of Health under the Mental Health (Compulsory Assessment and Treatment) Act 1992. The primary function of the MHRT is to consider whether patients subject to compulsory treatment orders are mentally disordered as defined by the Mental Health Act.

The Director of Mental Health, an official within the Ministry of Health, is responsible for the MHRT's general administration. The MHRT has a Wellington-based secretariat responsible for receiving applications, handling correspondence and enquiries, and making all necessary arrangements for hearings to take place. A detailed report of the activities of the MHRT is published each year as part of the Annual Report of the Office of the Director of Mental Health, and this is available on the Ministry's website¹.

¹ Available at: <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/mental-health-review-tribunal/mental-health-review-tribunal-resources>

There has been a strong focus on addressing the delay in the MHRT hearing applications that challenge their legal status under the Mental Health Act. The Ministry has supported this effort which has involved many people including patients, their counsel, health professionals, all MHRT members and the Secretariat.

Health and Disability Commissioner and Health Quality and Safety Commission

Performance information for the Health and Disability Commissioner and Health Quality and Safety Commission is reported in these Crown entities' annual reports.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Mental health reviews and inquiries			
72%	The percentage of District Mental Health Inspectors' monthly reports, on their duties undertaken, sent to the Director of Mental Health within one month after completion	81%	90%
Achieved	The annual report by the Mental Health Review Tribunal, on their duties undertaken, to the Director of Mental Health by the due date (31 October) (see note 1)	Not achieved	Achieved
See note 2	Number of Mental Health Tribunal review quarterly reports provided to the Director of Mental Health within agreed contract timeframes	4	4
92%	The start of the Mental Health Tribunal review held within 28 days of receipt of the application	83%	80%

Note 1: The annual report was received within a week of the due date on 7 November 2018.

Note 2: New performance measure for 2018/19.

Financial performance

Actual 2017/18 \$000	Monitoring and protecting health and disability consumer interests	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
29,844	Total appropriation	29,468	29,546	29,546

National child health services

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of child health services.

Intention of the appropriation

This appropriation is intended to provide services that support the development of New Zealand children and establish a foundation for those children to live longer, healthier, and more independent lives.

Comments

Well Child/Tamariki Ora

The Well Child/Tamariki Ora (WCTO) programme is a series of health assessments and support services for children and their families from birth to five years. In November 2018, it was announced that the WCTO will be reviewed. The Review was co-lead with DHB partners and Māori to strengthen Tamariki Ora services. The Review included input from WCTO providers and other agencies, including the Ministry of Education and Oranga Tamariki. The Ministry started the discussion at a symposium on how to best engage with New Zealanders about the Review, and in June 2019 the Ministry invited all New Zealanders to have their say and give feedback about the WCTO.

The Ministry will analyse the feedback received, share its analysis, and seek insights for options to improve the WCTO programme. Some of the main issues highlighted to the Ministry so far include inequality and inequity in outcomes, lack of information wanted by parents/whānau, need for alignment with new evidence and direction, and the need for greater alignment of WCTO outcomes, services and delivery between health services and other social services.

PlunketLine

PlunketLine is a free parent helpline and advice service available to all families, whānau, and caregivers 24 hours a day, seven days a week. PlunketLine is provided by the Royal New Zealand Plunket Society Incorporated and is staffed by registered nurses who have additional qualifications in well child health. The programme continues to perform well, maintaining 100 percent availability in support of the WCTO framework.

Before School Check

The Before School Check (B4SC) is a free health and development check for all four year old children. It is the last WCTO check and helps give children the best start at school by identifying and addressing health or development problems in time to connect them with

support services before they start school. Checks include hearing, eyesight, height, weight, and oral assessments, and comprehensive health and development questionnaires.

District Health Boards are responsible for ensuring the B4SC programme is delivered. They are currently funded to reach 90 percent of both the total population and high-deprivation population. Coverage in both these populations in 2018/19 was 91 percent of the total population, and 91 percent of the high-deprivation population.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2017/18
Infants receive their full Well Child/Tamariki Ora (WCTO) entitlement			
73%	Percent of enrolled infants (0–12 months) who receive all core WCTO contacts (see note 1)	76%	85%
	Telephone information and advisory services to support the Well Child/Tamaki Ora Framework are delivered (PlunketLine)		
100%	The percentage of time the phone line service is available 24/7 is greater than or equal to	100%	99%
B4 School Checks (B4SC)			
93%	Percentage of population delivered B4SCs (see note 2)	91%	90%
92%	Percentage of the higher deprivation population delivered B4SCs (see note 2)	91%	90%

Note 1: Enrolling with a WCTO provider at birth or as soon as possible thereafter allows sufficient time for WCTO providers to deliver the first core contact on time at around 6 weeks and therefore meet the quality indicator of delivering the fully entitlement to children in the first year of life (if core 1 is missed, they are unable to meet the full entitlement measure).

Note 2: The eligible population is identified by the number of children having a 4th birthday during the financial year and is calculated using the PHO enrolment register.

Financial performance

Actual 2017/18 \$000	National child health services	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
82,170	Total appropriation	92,432	89,254	93,254

National contracted services – other

Performance assessment

Crown Entity performance information is reported in each entity's respective Annual Report.

Scope of appropriation

This appropriation is limited to the purchase of other services directly by the Crown to support the health and disability services sector, including the national management of pharmaceuticals, and health research.

Intention of the appropriation

This appropriation is intended to provide health-related services that align with Government priorities or the strategic direction for health services (see the Ministry of Health's Statement of Strategic Intentions) but are out of scope for other national services appropriations in Vote Health. Examples include: funding for the basic operating costs of PHARMAC and the Health Research Council.

Financial performance

Actual	National contracted services – other	Actual	Main estimates	Voted
2017/18		2018/19	2018/19	2018/19
\$000		\$000	\$000	\$000
24,892	Total appropriation	23,488	28,720	23,488

National disability support services

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of disability support services.

Intention of the appropriation

This appropriation is intended to provide support for disabled people and their families/whānau to enable them to live good lives.

Comments

Community support services

Disability Support Services (DSS) plans and funds disability support services, including support services specifically for Māori and Pacific who have a disability. DSS continues to deliver timely crisis response actions and effective delivery of early intervention behaviour support services.

Residential to community support

Community based services provide support to enable people with disabilities to live in their own homes. The percentage of DSS clients that have transitioned from mainstream residential care to longer-term community support services has continued to increase.

Environmental support

Environmental support services provide equipment and modifications for people of all ages who have a long-term disability. The Ministry has developed a list of standardised equipment that is aimed at delivering effective solutions to the greatest number of people, and to gain the greatest value for money.

This service continues to meet the needs of more people. As the population ages, more people are requiring equipment support to live independently in their own home. In addition to standard equipment, other support provided includes equipment and modification services, and hearing aid subsidies.

Stakeholder engagement

The Ministry has actively sought feedback from stakeholders about the engagement and content of the DSS external forums. The Ministry hosted a livestream session to engage with providers of DSS. The Ministry had a conversation about the DSS's current financial position and encouraged providers to work with the Ministry on solutions to deliver support and services within the funding available. The feedback received has been insightful and valuable to the improvement of disability services.

Hosting a livestream session is a relatively new way for the Ministry to engage with key stakeholders, and it has been a cost-effective way to engage with people in a way that works for them.

Performance assessment

Actual	Performance measure	Actual	Budget standard
2017/18		2018/19	2018/19
	Needs assessment and service co-ordination		

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
83%	All new eligible Disability Support Services (DSS) clients are assessed within 20 days of referral is equal to or greater than	81%	80%
87%	All new clients assessed as being eligible for Ministry-funded support are provided with their support options within 20 days of assessment is equal to or greater than	87%	85%
Community support services			
16%	The percentage of self-directed funding arrangements to improve the person's choice, control and flexibility, (e.g. Choices in Community Living, Individualised Funding, Enhanced Individualised Funding, Flexible Disability Supports, Personal Budgets and Enabling Good Lives) within the total client population is greater than or equal to	19%	10%
76%	The percentage of people engaged in early intervention by completing Behaviour Support Treatment Programme to prevent inappropriate behaviour from becoming permanent is greater than or equal to	84%	75%
Residential to community support			
79%	Percentage of Disability Support Service clients moving from mainstream residential service to community support services increases over time so that the percentage receiving community support services is greater than or equal to	81%	77%
Environmental support			
78%	The percentage of equipment available and supplied from the Ministry of Health's standardised equipment list to ensure value for money is greater than or equal to	78%	75%
Quality			
72%	The percentage of services that have implemented audit/evaluation requirements within the time required by the auditor	80%	90%
Stakeholder engagement			
84%	Percentage of stakeholders surveyed assess the engagement and content of the DSS external forums (eg Consumer Consortium, Provider Forums etc) as meeting expectations or above	84%	80%

Financial performance

Actual 2017/18 \$000	National disability support services	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
1,255,530	Total appropriation	1,358,397	1,268,594	1,351,707

National elective services

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of elective surgery services.

Intention of the appropriation

This appropriation is intended to improve access to elective procedures by funding more procedures and improvements to how elective procedures are provided or supported.

Comments

Electives initiative discharges

DHBs are responsible for improving access to elective care, and managing patient waiting times within a maximum of four months. The Ministry monitors DHB performance with a focus on electives activity. Where service pressures are identified, the Ministry works closely with DHBs on actions to ensure that patients receive care within expected timeframes, and service improvements are implemented.

Various operational reasons (eg staff shortages, industrial actions, capacity constraints) have been identified as potential challenges when meeting the target Elective Initiative discharges. However, additional activity has been delivered through outpatient activity.

Planned Care

The Ministry manages funding to support delivery of Planned Care (which incorporates Elective services) and ensures access continues to improve. Patient-centred principles are applied to the management of these services:

- clarity – patients know whether or not they will receive publicly funded services
- timeliness – where services can be delivered within the available capacity, patients receive them in a timely manner (four months or less)
- fairness – ensuring that the resources available are directed to those with the greatest need and ability to benefit.

The Planned Care refresh (incorporating Elective services), has been launched for 2019/20, which encompasses a new strategic approach, more flexible funding arrangements, and a more comprehensive monitoring framework. The goal of the Planned Care programme is to take a more comprehensive approach to service delivery and design services around expanded principles of equity, quality, access, timeliness and experience. The refresh aims to improve equity and population health outcomes.

The Ministry is working with DHBs and other key stakeholders to implement new models of care that will be effective regardless of the setting.

National patient flow programme

The Ministry continues to work to better support patients through the multi-phase National Patient Flow programme. This programme aims to capture information about the patient journey through secondary care services. This information will benefit patients through a better understanding of demand for services, our ability to meet that demand, and how access varies. It will improve knowledge of complexities of the patient journey, so that we can better link the services they need and improve resources if there are constraints. Work during 2018/19 has continued to build the completeness and quality of the data.

Service improvement initiatives

The Ministry promotes, leads and works with DHBs and broader health sector providers to deliver national improvement initiatives that build local capability and capacity to ensure the DHB and Ministry's strategic goals are achieved.

Specific initiatives undertaken include:

- Implementation of changes to the model of care for vascular services - a nationally coordinated programme to improve quality of care and outcomes for patients through: optimising prevention and detection of vascular disease, reducing clinical variation, enhancing the intervention pathway and integrating services effectively.
- A national ophthalmology initiative – a 12-month project to support DHBs to implement the recently released Royal Australian and New Zealand College of Ophthalmologists (RANZCO) guidelines for age-related macular degeneration and glaucoma referral.
- The Mobility Action Programme (MAP) - the development and evaluation of 17 community based early intervention pilots for people with musculoskeletal conditions. These pilots finished providing care to clients during 2018/19. During 2019/20 they will continue collecting longer term outcome data. An interim evaluation report published in December 2018 showed the pilots had: succeeded in reaching Māori, Pacific, and clients from high deprivation areas; achieved statistically significant improvements in clients' pain, mobility, function and ability to self-manage their conditions; and provided a positive consumer experience.
- A programme to enable DHBs to provide access to elective services based on need and potential to benefit. During 2018/19 work included: reviewing and implementing updated national prioritisation systems for gynaecology and otolaryngology surgery, trial of a prioritisation system for urology surgery, implementation of a prioritisation system for paediatric orthopaedic surgery, and implementation of a nationally consistent prioritisation framework for referrals for first specialist assessment.

Managing national services

Key focus areas in the management of national services during 2018/19 included:

- progressing establishment of the Australia and New Zealand Paired Kidney Exchange Program
- supporting the development of a national service improvement programme action plan for Stroke Clot Retrieval

- supporting the design of service models for national service improvement programmes (eg Maternal Fetal Medicine, epilepsy)
- continued support for national services (eg National Intestinal Failure, National Clinical Genetics Services, National Perinatal Pathology Service)
- supporting work to enable the future establishment of a national agency for organ donation
- continued support for the operation of the Compensation for Live Organ Donors Act
- contract and relationship management for a range of established services (eg the National Renal Transplant Service).

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Mobility Action Programme			
100%	Programmes achieve targeted outcomes	100%	100%
Electives initiative discharges			
4,990	Auckland DHB	4,776	5,771
2,430	Bay of Plenty DHB	2,578	2,578
5,887	Canterbury DHB	5,655	6,246
2,564	Capital and Coast DHB	2,559	2,559
4,383	Counties Manukau DHB	4,169	4,827
1,228	Hawkes Bay DHB	988	1,816
1,500	Hutt Valley DHB	1,493	1,493
822	Lakes DHB	815	1,192
1,967	MidCentral DHB (see note 1)	1,332	2,075
1,423	Nelson Marlborough DHB	809	1,465
1,999	Northland DHB	1,804	2,121
469	South Canterbury DHB	370	496
2,934	Southern DHB	3,058	3,111
372	Tairāwhiti DHB	359	388
1,121	Taranaki DHB	1,154	1,154
4,410	Waikato DHB	4,075	4,648
396	Wairarapa DHB	369	409
6,193	Waitemata DHB	6,327	6,327
271	West Coast DHB	282	282
593	Whanganui DHB	612	612
45,952	Total electives initiative discharges	43,584	49,570
Quality Initiative			
100%	All 20 DHBs deliver quality initiatives that support improved access and timeliness of elective services	100%	100%

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Mobile surgical services			
See note 2	Mobile Surgical Services meet contractual service delivery agreements across mobile surgical services, rural health professional development, clinical networking services and Telehealth resource centre	Achieved	Achieved

Note 1: The Electives Initiative discharges shown above reflect those directly funded by the Ministry in addition to those funded from DHB's budgets. These represent only a proportion of the total activity planned and delivered. Nationally including those funded from DHB budgets, a total of 198,852 elective surgical discharges were delivered against a plan of 200,895.

A number of DHBs did not achieve their Elective Initiative discharges due to various operational reasons (e.g. staffing shortages). However, additional activities such as outpatient appointments, non-admitted procedures and testing have been completed through the Ambulatory Initiative to support elective delivery. To improve our services, the Ministry is working with DHBs on the Planned Care refresh (incorporating Elective services) which has been launched for 2019/20. This includes a new strategic approach, more flexible funding arrangements, and a more comprehensive monitoring framework.

Note 2: New performance measure for 2018/19.

Financial performance

Actual 2017/18 \$000	National elective services	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
354,104	Total appropriation	356,968	363,517	362,357

National emergency services

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of emergency services.

Intention of the appropriation

This appropriation is intended to provide emergency services to assist people who require urgent acute health care (for example, air and road ambulances) are provided in a timely fashion.

Comments

Emergency Ambulance Services (EAS) are part of the first line in the continuum of health care. The primary role for EAS providers is to meet emergency pre-hospital care needs by responding to medical emergencies and accidents, treating patients at the scene, and if necessary, transporting patients to the hospital.

Industrial strike actions that began in October 2018 have affected ambulance response times. This has now been resolved and it is expected that the response times will return to above budget standards.

The Ministry, the Accident Compensation Corporation and DHBs (through the National Ambulance Sector Office) developed a ten-year modernisation programme for the country's air ambulance services (2017-2027). A major milestone was achieved last year when two existing air ambulance helicopter providers in the South Island combined and formed a joint venture to continue serving their local communities throughout the Southland region.

The first stage of the reconfigured air ambulance model was implemented on 1 November 2018 and the positive impact of this model is evident in the improved response times at both day and night.

Performance assessment

Actual	Performance measure	Actual	Budget standard
2017/18		2018/19	2018/19
	Emergency calls are triaged and services dispatched effectively and efficiently		
93%	Call response times – percentage of calls answered in 15 seconds	96%	95%
	Ambulance response times – for immediately life-threatening incidents an ambulance reaches the scene within:		

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
56%	• Urban reached in 8 minutes (see note 1)	47%	50%
95%	• Urban reached in 20 minutes (see note 1)	93%	95%
57%	• Rural reached in 12 minutes (see note 1)	48%	50%
96%	• Rural reached in 30 minutes (see note 1)	91%	95%
Percentage of air ambulance activations that are within the target times:			
58%	• Day response in 10 minutes (see note 2)	92%	50%
73%	• Night response in 20 minutes (see note 2)	87%	50%

Note 1: Industrial strike actions that began in October 2018 have affected ambulance response times. This has now been resolved and it is expected that the response times will return to above budget standards.

Note 2: Measures for air ambulance services have changed with the introduction of a new system from 1 November 2018.

Financial performance

Actual 2017/18 \$000	National emergency services	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
108,162	Total appropriation	120,252	129,597	124,313

National health information systems

Scope of appropriation

This appropriation is limited to the provision of technology services for the New Zealand health and social sectors.

Intention of the appropriation

This appropriation is intended to fund or purchase health information systems on behalf of the health and social sectors, making that procurement more efficient and effective.

Comments

The New Zealand Formulary (NZF) is an independent resource providing health care professionals with clinically validated medicines information and guidance on best practice, enabling health care professionals to select safe and effective medicines for individual patients. The NZF is accessed daily across the country and has been integrated into clinical portals, electronic prescribing and hospital and community pharmacy systems. The NZF continues to provide valuable up-to-date medicines information to New Zealanders and health care professionals.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
100%	The percentage of scheduled updates to the New Zealand Formulary, a key sector independent resource, providing healthcare professionals with the clinically validated medicines for patients, delivered in line with contractual requirements	100%	100%

Financial performance

Actual 2017/18 \$000	National health information systems	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
4,701	Total appropriation	4,803	8,042	8,042

National Māori health services

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of health and disability services that are either for Māori or by Māori.

Intention of the appropriation

This appropriation is intended to provide support and encouragement for (i) health services provided by Māori, and (ii) for health services for Māori.

Comments

The Ministry continues to work with Rongoā providers to deliver traditional Māori health and wellbeing services, deliver mirimiri (massage), karakia (prayer, including pastoral support) and whitiwhiti korero (cultural support). All providers have achieved their contracted client contact numbers and the Ministry will be seeking to engage a provider in the Canterbury DHB region to expand the geographic availability of traditional Māori healing services.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Funding and purchasing of services to reduce Māori health disparities and improve Māori health outcomes			
Rongoā (traditional Māori healing) services			
89%	The percentage of Rongoā providers delivering their minimum contracted number of client contacts	100%	100%
Provision and funding to support the delivery of health services for Māori			
100%	The percentage of providers who deliver services in accordance with their provider contracts with the Ministry of Health	100%	100%

Financial performance

Actual 2017/18 \$000	National Māori health services	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2017/18 \$000
2,149	Total appropriation	3,105	6,828	6,828

National maternity services

Scope of appropriation

This appropriation is limited to provision, purchase, and support of maternity services.

Intention of the appropriation

This appropriation is intended to ensure that women are supported with antenatal care, care during labour and birth, and postnatal care, so that the health of both mothers and babies is promoted.

Comments

Lead Maternity Carers (LMCs) deliver most pregnancy and childbirth services in the community. LMCs are responsible for a woman's maternity care from registration, throughout their pregnancy, labour, birth and until six weeks after the birth.

Child wellbeing remains a high priority for the Ministry and the Ministry has been actively collaborating with many people involved in maternity services to ensure that New Zealand women, babies and whānau receive high quality maternity care from midwives, doctors, DHBs and other health and social service providers. There is continued demand for primary maternity services and LMCs have continued to be the main provider for primary maternity services.

Performance assessment

Actual	Performance measure	Actual	Budget standard
2017/18		2018/19	2018/19
Lead maternity carer:			
	Women giving birth in the year who receive primary maternity services through the section 88 primary maternity services notice: (see note 1)		
73%	• Percentage of women within the first trimester (see note 2)	67%	73%
93%	• Total percentage of women	92%	93%
59,647	• Total number of women based on birth data for the year	58,511	56,000

Note 1: Lead Maternity Carers (LMCs) deliver quality maternity services in compliance with the Section 88 Primary Maternity Services Notice 2007 which excludes DHB primary maternity services.

Note 2: The shortage of midwife LMCs in some parts of the country may have impacted registrations in the first trimester. LMC data can take some months to be filed, so registrations in the last quarter of 2018/19 may not be included in this provisional result.

Financial performance

Actual	National maternity services	Actual	Main estimates	Voted appropriation
2017/18		2018/19	2018/19	2018/19
\$000		\$000	\$000	\$000
166,508	Total appropriation	180,628	181,067	181,067

National mental health services

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of mental health services.

Intention of the appropriation

This appropriation is intended to ensure that people are supported with mental health issues, including addiction, and work is undertaken to respond to suicidal behaviour and reduce its impact on communities.

Comments

The Ministry has a stewardship role to transform New Zealand's mental health and addiction services. The Ministry has been leading the work on many of the thirteen new Budget 2019 mental health, wellbeing and addiction initiatives.

Mental health

Improving our mental health services is a priority for our current Government. The Ministry has supported this by leading the mental health programme. This included:

- supporting the government inquiry into Mental Health and Addiction
- advising on and implementing new Government priorities while maintaining business as usual
- establishing governance arrangements for the mental health work programme, including sector engagement.

Mental health services have continued to experience strong demand in both the community and in-patient settings across the country. Demand for inpatient mental health services at the specialist Ashburn Clinic in Dunedin has seen an increase in the number of occupied bed days in 2018/19.

Addiction treatment services have continued to experience strong demand.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Mental health programmes			
7,730	Inpatient mental health services; national specialist Ashburn clinic: the number of occupied bed days	7,934	7,200
Mental Health Services: Mother/baby unit			
708	The total number of bed days that Ministry of Health funded Mother/Baby unit beds are occupied	740	767
Addictions			
43,771	The number of clients receiving alcohol and other drugs treatment to overcome their addiction is greater than or equal to (see note 1)	41,891	50,000
See note 2	The number of clients receiving outpatient services (including intensive outpatient care) to overcome their addiction is great than or equal to (see note 1)	41,793	50,000
See note 2	The number of clients receiving Opioid Substitution Treatment services to overcome their addiction is greater than or equal to (see note 3)	5,573	5,200
Deliver on the Drivers of Crime Action Plan: Positive parenting Programme (Triple P)			
64	The number of practitioners trained	39	60
1,360	The number of families receiving an intervention (see note 4)	1,180	1,800

Note 1: These results are for 1 July 2018 to 31 March 2019. Year-end results are currently unavailable. Results are on track to meet budget standard by 30 June 2019.

Note 2: New performance measure for 2018/19.

Note 3: This result is for the 2018 calendar year.

Note 4: Once practitioners are trained, they self-report to the DHBs regarding interventions and due to delays in this process for reporting, this result is likely to be under reported.

Financial performance

Actual 2017/18 \$000	National mental health services	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
65,090	Total appropriation	76,685	68,094	80,194

National personal health services

Scope of appropriation

This appropriation is limited to personal healthcare and support services purchased directly by the Crown, including mobile surgical services, telephone and online advice services, hospice services, sexual and reproductive health services, and services associated with the implementation of the Oral Health Strategy and Cancer Control Strategy.

Intention of the appropriation

This appropriation is intended to achieve the following: people are supported with the identification, management, and treatment of personal health conditions (for example, treatment for cancer, and hospice services).

Comments

National Telehealth Service

The National Telehealth Service is an integrated platform bringing together a number of Ministry-funded health advice and support phone lines and other communication channels. The services are free of charge to users and are available 24 hours a day, seven days a week, 365 days a year.

The range of services includes health advice, stop smoking support, alcohol and other drug counselling support, mental health, depression and anxiety support, gambling counselling support, poisons advice, immunisation advice, and secondary services to enhance capacity in emergency services.

In 2018/19, the National Telehealth Service received a total of 821,879 contacts, which is 194,974 more contacts than forecast. Despite this significant increase in demand, 70 percent of the contacts were responded to within 20 seconds.

The National Telehealth Service was invaluable following the Christchurch Mosque attacks. There was a co-ordinated effort to tell all New Zealanders that they can call or text '1737' for free support from a trained counsellor 24/7. The '1737' service received over 86,425 contacts supporting more than 49,000 people in distress. This is an annual growth of 51 percent in contacts and includes over 43,000 text exchanges.

The Ministry continues to work towards reducing smoking rates. In 2018/19, the Quitline team received over 51,000 contacts. It helped more than 13,000 people start their quit journey, and 3,500 of them remained smoke free after four weeks. A Quitline campaign, 'Quit for your pets', was also developed and launched on 1 August 2019. 'Quit for your pets' is a TV and social marketing campaign that highlights the risks of third-hand smoke.

The demand for mental health service and addiction helplines also increased. The mental health team received 248,068 contacts and supported 148,724 people. This is an increase of 31 percent over the last twelve months. Mental health service and addiction

helplines received a lower satisfaction rating than other lines, averaging around 60 percent compared to 90 percent or more in Healthline. The Ministry continues to work to review processes based on feedback.

Long term conditions

The Ministry continues to work with DHBs to prevent, identify and manage long term conditions. The Ministry led a two-day conference in February 2019 on managing long term conditions that was well-attended. This included the Minister, and people from DHB funding and planning teams, primary health organisations clinical staff and managers, and primary care clinicians.

The Ministry has better positioned itself to support the sector on the prevention and management of long-term conditions. We are supporting DHBs to make continuous improvements and delivering as planned against individualised objectives to deliver against *“Living Well with Diabetes: A plan for people at high risk of or living with diabetes 2015-2020”*.

The New Zealand Cardiac Network has continued to proactively support DHBs to provide cardiac services. The Ministry has been working with sector towards adoption of a standards-based approach to cardiovascular disease assessment and risk management. Cardiac services for managing heart failure and atrial fibrillation has continued to improve and build on work that was undertaken in 2017/18.

Oral health promotion campaign

The popular “Baby Teeth Matter” campaign was relaunched in 2019. The campaign is directed to parents and caregivers of pre-school children, particularly Maori, Pacific and those on low incomes. It addressed the significant issue that only 15 percent of pre-school children have their teeth brushed twice daily. This campaign was favourably received in 2016 and 2017 and won the TVNZ Marketing Awards for Healthcare/Beauty award in 2018. The social marketing campaign was the result of strong collaboration between the Ministry, DHBs and the Health Promotion Agency.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Nationally purchased personal health			
National telehealth services			
100%	Phone line service is available 24/7	100%	99%
10%	Call abandonment rate (percentage less than) (see note 1)	13%	10%
75%	Percentage of calls answered within 20 seconds greater than (see note 1)	70%	80%
88%	Percentage of surveyed callers satisfied or very satisfied with the National Telehealth Service greater than	87%	90%

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Palliative Care			
100%	Six monthly DHB reports show palliative care innovations are being delivered (see note 2)	NA	100%
High cost treatment pool			
100%	The percentage of completed applications managed within three weeks	100%	100%
Long term conditions			
Diabetes			
100%	DHBs report quarterly to show implementation of "Living well with Diabetes" is achieved in line with project plans and quality standards for diabetes care	100%	100%
Cardiac services			
93%	The national percentage of completed registry entries for patients who present with acute coronary syndrome (ACS) and have undergone coronary angiography	99%	93%
79%	The national percentage of patients presenting with suspected acute coronary syndrome (ACS) receiving an angiogram within 3 days of admission (where day of admission is day zero)	76%	70%
Stroke services improvement			
19	All DHBs will provide an organised acute stroke service as recommended in the New Zealand clinical guidelines for stroke management (see note 3)	11	20
Oral health promotion campaign			
1.80	Average number of decayed missing and filled teeth (DMFT) per child at age 5 is equal to or less than	1.82	1.79

Note 1: In 2018/19, the National Telehealth Service received a total of 821,879 contacts, which is 194,974 more contacts than forecast. Despite this significant increase in demand, 70 percent of the contacts were responded to within 20 seconds and the service saw only a 3% increase in abandonment rate.

Note 2: DHBs are only required to provide exception reports and none were received. Funding for this devolved from July 2019.

Note 3: The clinical guidelines recommend 80% of stroke patients admitted to an organised stroke service with a stroke pathway. The results are based on data to 31 March 2019, eleven DHBs achieved the 80% recommended and a further six DHBs achieved between 60% - 80%.

Financial performance

Actual 2017/18 \$000	National personal health services	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
79,176	Total appropriation	70,005	78,151	70,751

Primary health care strategy

Scope of appropriation

This appropriation is limited to services to implement and deliver the Primary Health Care Strategy.

Intention of the appropriation

This appropriation is intended to provide accessible primary health care services in New Zealand communities, enabling people to live healthier, more independent lives.

Comments

The Ministry has worked with Primary Health Organisations (PHOs), general practices, DHBs and key partner agencies to implement initiatives to improve access to affordable health care services. This included the introduction of lower cost general practice visits following the announcement in Budget 2018.

Through collaboration with our partners, we implemented a system change so that from 1 December 2018, the cost of a general practice visit was reduced by an average of \$20-\$30 for approximately 540,000 extra people.

This means approximately 96 percent of the people with a Community Services Card (CSC) and enrolled in a general practice now pay less than \$20 for a standard visit to see a doctor or a nurse – including for their dependent aged 14 to 17 years. Approximately 98 percent of Māori and 98 percent of Pacific people who are CSC holders are enrolled with a practice that offers low cost fees. The CSC scheme has also been very positive with 90 percent of non-VLCA practices choosing to opt in.

From 1 December 2018, the zero fees for under-13s initiative was expanded to include young people aged 13 years. An estimated 56,000 young people are now eligible for zero fees visits with their doctor or nurse. This scheme has more than 99 percent uptake by practices. As at 1 June 2019, there are 876,644 children under the age of 14 who can access zero fee daytime consultations with a doctor or nurse at the general practice where they are enrolled. This measure reflects access rather than utilisation.

However, in order for people to access the benefits of reduced primary care fees, they need to enroll in a PHO. While there has been a gradual drop in the PHO enrollment since 2015, and the numbers are still below budget standard, there has been an overall improvement in 2018 with 94 percent of the national population enrolled. Māori enrolment continues to be below non-Māori. The reasons for this are varied and may include issues with ethnicity recording.

The number of new rural long-term placements and rural locum support requests has also improved.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Access to affordable primary health care services			
803,728	The number of high needs patients in very low cost access (VLCA) practices	809,372	785,000
See note 1	The percentage of Community Service Card (CSC) holders and dependents that have access to reduced general practice fees (consistent with VLCA practice maximum charges) during day time visits	96%	92%
See note 1	Percentage of non-VLCA practices providing reduced fees (consistent with VLCA practice maximum charges) to CSC holders	90%	85%
136,000	The number of patients receiving a long term conditions (LTC) service in pharmacies nationally	137,138	140,000
See note 1	The percentage of total population enrolled in a Primary Health Organisation (PHO)	94%	95%
See note 1	The percentage of Māori population enrolled in a PHO	90%	95%
See note 1	The percentage of New Zealand children who receive free access to under 14 services during daytime	99.6%	98%
See note 1	The percentage of New Zealand children who receive free access to under 14 services during afterhours	98%	95%
See note 1	Number of new rural long-term placements quarterly	8 (total of 74 across the year)	17.5 (70 annual target)
See note 1	Percentage of Rural Locum Support requests filled	94%	90%

Note 1: New performance measure for 2018/19.

Financial performance

Actual 2017/18 \$000	Primary health care strategy	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
192,531	Total appropriation	262,607	266,396	264,639

Problem gambling services

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of services that minimise the harm from gambling, in accordance with the Gambling Act 2003.

Intention of the appropriation

This appropriation is intended to provide services to reduce the harm caused by problem gambling.

Comments

The Ministry published its new Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22 on 1 July 2018. One of the key priorities is to pilot innovative ways of delivering services to increase access and to refresh and revitalise existing services – particularly as research indicates that rates of gambling harm have remained unchanged for some years.

There were a number of changes to the way gambling harm services were provided during the year that may have adversely impacted on the number of people accessing full intervention services, such as providers withdrawing services. However, the number of brief-only interventions has increased, due to increased demand overall and increased provision in the South Island.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
Implementation of the preventing and minimising gambling harm (PMGH) strategy			
5,446	The number of people accessing support from problem gambling services (see note 1)	4,847	6,750
6,740	The number of brief only interventions	7,845	6,000

Note 1: These results are incomplete and the Ministry is working to gather the missing data from some of our newly established providers who are delivering services but require more time to establish and report on their database.

Financial performance

Actual 2017/18 \$000		Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
15,997	Total appropriation	15,884	20,941	17,765

Public health service purchasing

Scope of appropriation

This appropriation is limited to the provision, purchase, and support of public health services.

Intention of the appropriation

This appropriation is intended to support communities with the identification, management, and treatment of public health issues. This includes, for example, health promotion, screening for cancer and other conditions, investigating environmental or border health issues, and identifying and managing communicable diseases.

Comments

National Cervical Screening Programme

The national Cervical Screening Programme (NCSP) aims to reduce the incidence of and mortality from cervical cancer by detecting pre-cancerous changes of the cervix, when early treatment provides a better health outcome.

The Ministry contracts twenty DHBs to deliver the screening programme and providers are required to report regularly on activities which focus on improving equity in their region.

Activities to improve equity include working in collaboration with Primary Health providers and Non-Government Organisations to identify women who are unscreened and under-screened, and providing support opportunities for community based initiatives to improve access to screening. Screening providers are also supported to provide individualised help to women who may experience barriers to attending appointments.

BreastScreen Aotearoa

BreastScreen Aotearoa (BSA) is a national screening programme that offers free mammography every two years to women aged 45-69 years of age. The aim of BSA is to reduce morbidity and mortality from breast cancer by the early detection and treatment of the disease.

Improving uptake of the breast cancer screening programme by Māori and Pacific women is a key priority of the Ministry as part of its commitment to achieving equity. Coverage rates are monitored closely for these two groups who are known to be at increased risk of developing breast cancer and have significantly higher mortality rates from breast cancer. While Asian women are not at increased risk of developing breast cancer, it is important to monitor the rate of screening in this group to understand screening behaviours.

Bowel Screening Programme

The National Bowel Screening Programme is free for men and women aged 60 to 74 years and it aims to save lives by finding bowel cancer at an early stage when it can often be successfully treated. Between July 2017 and 30 June 2019, New Zealanders have had 313 cancers detected through the programme, 4,155 diagnostic colonoscopies have been performed and hundreds of pre-cancerous polyps removed.

The Ministry has established national networks to support Māori and Pacific people's participation. The Ministry has continued to work with Māori health experts and Pacific peoples' health experts to discuss ways to achieve equitable health outcomes for these populations.

The national roll-out of the Bowel Screening Programme is on track to be completed by mid-2021. There are now eight DHBs providing bowel screening: Hutt Valley, Wairarapa, Waitematā, Southern, Counties Manukau, Nelson Marlborough, Hawke's Bay and Lakes. This means that 43 percent of New Zealand's eligible population are being invited to participate in bowel screening.

Environmental and border health

All providers of environmental and border protection that are included in the performance measure delivered milestones in a timely manner and within budgets.

A wide range of training courses, workshops and forums were provided to public health statutory officers over the year including: emergency management, professional development, public health legislation (general and specialised), pest and vectors surveillance workshop, health protection forums, hazardous substance foundation and refresher, sewage treatment, drinking-water foundation and refreshers, and resource management.

Rheumatic fever

The Ministry and DHBs continue to be committed to addressing rheumatic fever. Four DHBs have reached their contracted targets. However, there has been an increasing trend in rheumatic fever numbers, primarily driven by increases in the Counties Manukau DHB. The Government has allocated \$12 million over four years from Budget 19 to improve the prevention and management of rheumatic fever and rheumatic heart disease in the Auckland region. This funding will be used for community-led and whānau-driven innovative activities.

Annual Influenza Immunisation Programme

The Ministry monitors the volume of influenza doses distributed annually. The annual influenza immunisation programme starts on 1 April and continues until 31 December of any given year. The number of vaccinations distributed so far in the 2019 influenza has reached 1.348 million (as at 2 August 2019) which is a record for any influenza season in New Zealand. A contributing factor is that pharmacist vaccinators have more than doubled the quantity of funded vaccines provided in 2019 to 41,247 (as at 1 August).

This year's programme was impacted by a vaccine shortage in June 2019 which in response, the Ministry purchased an additional 55,000 vaccines to ensure that vaccination is able to continue until the end of the influenza season.

Sexual and Reproductive Health

The New Zealand Acquired Immune Deficiency Syndrome (AIDS) Foundation provides free Human Immunodeficiency Virus (HIV) tests, and information for people living with HIV and AIDS. All clients tested are offered access to counselling and in the past year, the Foundation has experienced a significant increase in the number of people seeking testing. More than 11,000 STI and HIV tests were provided in the six months from 1 July to 31 December 2018, including post testing support and behavioural change counselling.

The New Zealand AIDS Foundation conducts large scale social marketing campaigns to promote safer sex and prevent transmission of HIV. They have more than 50,000 social media followers and have more than 75 percent recall of the key information from prevention campaigns.

The National HIV/AIDS forum was held in September 2018 and March 2019 in Auckland. At the forum, it was noted that there is an ongoing decline in HIV infection (21 percent decline) since 2016.

The New Zealand Family Planning Association provide a range of services including sexual and reproductive health information, clinical services, education and training. In 2018/19, they provided 170,690 general consultations and 7,125 pregnancy/maternity consultations at clinics throughout New Zealand. The percentage of pregnancy/maternity single episode consultations has reduced slightly and this is consistent with the declining rate of pregnancy in New Zealand.

The Ministry released a new notification system in November 2018 to better record the surveillance of sexually transmitted infections such as syphilis. This new system was created by the Ministry and by the Institute of Environmental Science and Research (ESR). Continuous improvements have been made to this notification system to make it fully operational.

Emergency preparedness

The Ministry continues to work with the health sector to ensure that the health system continues to function following an emergency event. New Zealanders continue to seek advice from the Ministry about topics like helping children cope with tragedy. The health sector responded well to events over 2018/19, including the Nelson Fires and the Christchurch Mosque attacks.

The Ministry's webpage with advice on coping after a traumatic event was viewed over 8,400 times in the week following the Christchurch Mosque attacks. Canterbury DHB, National Telehealth Service, and the Ministry continue to lead the health sector recovery activities for the Christchurch Mosque attacks.

The national reserve supply of pandemic stock has been maintained throughout the year. The Emergency Management Team continues to work with providers to ensure that supplies remain current and are well-maintained.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
National Screening Unit			
National cervical screening programme (NSCP) eligible women to be screen every three years			
74%	The number of women screened within the last three years, as a proportion of the eligible population (women aged 25–69 hysterectomy adjusted) (see note 1)	71%	80%
67%	The number of Māori women screened in the last three years, as a proportion of the eligible population (Māori women aged 25–69 hysterectomy adjusted) (see note 1)	67%	80%
72%	The number of Pacific women screened within the last three years, as a proportion of the eligible population (Pacific women aged 25–69 hysterectomy adjusted) (see note 1)	67%	80%
61%	The number of Asian women screened within the last three years, as a proportion of the eligible population (Asian women aged 25–69 hysterectomy adjusted) (see note 1)	61%	80%
BreastScreen Aotearoa (BSA) eligible women to be screened every two years			
71%	Women screened within the last two years, as a proportion of the eligible population (women aged 45–69 years)	72%	70%
64%	Māori women screened within the last two years, as a proportion of the eligible population (Māori women aged 45–69 years)	66%	70%
71%	Pacific women screened within the last two years, as a proportion of the eligible population (Pacific women aged 45–69 years)	73%	70%
Bowel screening programme			
Phased implementation of bowel cancer screening programme with the following deliverables to be achieved in 2018/19:			
See note 2	• Number of DHBs that implement the bowel cancer screening programme following the phased implementation schedule	3 DHBs 100%	3 DHBs 100%
100%	• Establishment of a National Coordination Centre	100%	100%
100%	• Establishment of four regional centres		
Better help for smokers to quit			
89%	Primary care indicator	86%	90%
90%	Pregnancy indicator	91%	90%
Environmental and border health			
100%	Providers of environmental and border protection scientific, surveillance, analysis, and/or advisory services, with contracts over \$500,000 per annum, deliver milestones in accordance with contract requirements	100%	95%

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
15	The number of training courses, workshops and forums provided to public health statutory officers from DHB public health units during the year	16	15
	Services for children		
	The proportion of infants exclusively and fully breastfeeding at: (see note 3)		
72%	• 6 weeks	72%	75%
58%	• 3 months	58%	57%
	Other child and youth – Violence Intervention Programme		
90%	DHBs achieve Violence Intervention Programme benchmark audit scores of 80/100 (see note 4)	94%	90%
90%	DHBs have improved programme responsiveness to Māori as required by the evaluation measurement (see note 4)	92%	90%
	Rheumatic fever		
See note 2	Number of DHBs with high incidence rates of rheumatic fever maintain or reduce rheumatic fever rates as per contracted targets (rate per 100,000) (see note 5)	4 DHBs	5 DHBs or more
	Annual influenza immunisation programme		
1.29 million	Number of vaccine doses distributed annually is equal to or greater than (see note 6)	1.32 million	1.2 million
65%	Percentage of over 65 year-olds immunised (see note 6)	55%	75%
	Sexual and reproductive health		
	New Zealand Aids Foundation		
100%	The percentage of all clients tested for HIV/AIDS who are provided with a pre- and post-counselling session	100%	100%
Achieved	Convene and facilitate National HIV/AIDS Forum	Achieved	Achieved
	New Zealand Family Planning Association		
104%	The percentage of general consultations fully delivered as per contract across the 17 relevant DHB regions	97%	100%
83%	The percentage of pregnancy/maternity single episode consultations fully delivered as per contract across the 17 relevant DHB regions	78%	100%
	Emergency preparedness		
Achieved	Maintain emergency management capability and capacity in DHBs (see note 7)	Achieved	Achieved
95%	Contracted providers for the maintenance of the national reserve supply of pandemic stock deliver milestones, in accordance with contractual requirements	95%	95%
95%	Providers of national road ambulance services deliver emergency management capability and capacity milestones, in accordance with contractual requirements (see note 8)	95%	95%

Note 1: The number of women screened is increasing year-to-year, however not at the same pace as the increase in the eligible population. The overall reduction in screening coverage is consistent across most sub-population groups including ethnicity, deprivation and DHB. The Ministry is working in collaboration with Primary Health

providers and Non-Government Organisations to identify women who are unscreened and under-screened, and providing support opportunities for community based initiatives to improve access to screening. Screening providers are also supported to provide individualised help to women who may experience barriers to attending appointments.

Note 2: New performance measure for 2018/19.

Note 3: The latest available results reflect data up to the end of December 2018 period.

Note 4: These results are the latest available from 2017/18 (retrospective) because 2018/19 results will be not be available until after November 2019.

Note 5: The latest available results are for the 2018 calendar year. Four DHBs have rates at their contracted targets. However, there has been an overall increasing trend in rheumatic fever numbers, primarily driven by increases in Counties Manakau DHB.

Note 6: The reported results reflect the number of vaccines distributed between 1 March 2019 (to prepare for the start of the influenza season) and 30 June 2019. The annual influenza programme officially starts 1 April and runs to 31 December each year to align with the influenza season. However, it is expected that the majority of influenza vaccines have been distributed by 30 June 2019.

Note 7: Capability and capacity in DHBs: Each DHB develop, maintains and exercises a DHB emergency Health Emergency Plan (HEP) (which meets the DHBs responsibilities under the Civil Defence Emergency Management Act 2002 and the National Health Emergency Plan 2015) and has sufficient numbers of staff trained to support an emergency response.

Note 8: Capability and capacity in road ambulance services – providers maintain emergency plans (that are integrated with other health agency plans) to enable coordinated health care delivery during an emergency, maintain emergency equipment, participate in exercises and have sufficient numbers of staff trained to support an emergency response.

Financial performance

Actual	Public health service purchasing	Actual	Main estimates	Voted appropriation
2017/18		2018/19	2017/18	2017/18
\$000		\$000	\$000	\$000
364,314	Total appropriation	390,239	423,424	403,266

Non-departmental other expenses

Provider development

Scope of appropriation

This appropriation is limited to supporting the development of health or disability service providers, in particular, those supporting vulnerable populations, such as Māori and Pacific peoples.

Intention of the appropriation

This appropriation is intended to provide for third-party health services, particularly those providing predominantly for Māori and Pacific peoples, to be supported to become more effective, efficient, and sustainable.

Comments

Māori Provider Development Scheme

The Māori Provider Development Scheme (MPDS) continues to support the development of capacity and capability of Māori health and disability providers. In 2018/19, 98 Māori health and disability providers across New Zealand received funding support. This is six more than the previous year, and funding remained within budget.

The Ministry has continued with the application approach based on the Māori Provider Capacity Assessment Tool (MPCAT). This approach provides an opportunity for outcomes that link investment to capacity and capability improvement.

Hauora Māori Scholarships

The demand for Hauora Māori Scholarships has remained strong. The Ministry offered an increased level of support to students with whakapapa and/or cultural links to te ao Māori, and 575 scholarships were awarded in 2018/19 against an expected number of 520.

Te Ao Auahatanga Hauora Māori

Te Ao Auahatanga Hauora Māori (Māori Innovation Fund) was established in 2009 to address the service gaps and unmet needs of Māori by the health system. The focus of the 2018-22 category Te Kākano, seeding innovation is to trial and evaluate new approaches

and initiatives. In 2018/19, we supported six Te Ruinga (spreading) programmes and agreed a further 18 new Te Kākano (seeding) contracts.

Māori Workforce Development

All seven Māori Workforce Development Programmes had a 100 percent pass rate, and all students were accepted into a health-related course.

Pacific provider development

The Ministry of Health administers the Pacific Provider and Workforce Development Fund (PWDF). This fund supports Pacific health providers deliver health services to meet the needs of Pacific communities and the development of the health workforce.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
To support Māori Providers to build their capability and capacity			
92	The number of Māori Providers contracted for development activities	98	92
90%	Percentage of Māori Providers that demonstrate improved management, access or quality of services through Results Based Accountability (RBA) reporting (see note 1)	NA	90%
Hauora Māori Scholarships – To support Māori students onto a health career pathway			
490	The number of students funded to undertake training towards a Health career	575	520
Te Ao Auahatanga Hauora Māori – Innovation Funds			
Nil	The number of Māori providers contracted to implement Te Kākano (Seeding) innovations	18	19
90%	The percentage of Te Ruinga (spreading) innovation programmes monitored quarterly that show progress towards sustainability	100%	90%
Māori Workforce Development			
See note 2	The percentage of Māori students recruited into a Foundation Course who gain acceptance into health related study through seven Māori Workforce Development Programmes	100%	80%
Pacific provider development: To recruit and retain Pacific health professionals onto a health career pathway			
155	The number of Pacific students funded through the Ministry of Health Pacific Health Scholarships is at least	213	160
90%	The percentage course completion for students through the Postgraduate Certificate in Specialty Care (Pacific Health), Postgraduate Diploma in Specialty Care (Pacific Health) and Master of Nursing Health Programme is at least	90%	80%

Note 1: Information on this measure for 2018/19 was not available due to limitations in the reporting process for this year.

Note 2: New performance measure for 2018/19.

Financial performance

Actual	Provider development	Actual	Main	Voted
2017/18		2018/19	estimates	appropriation
\$000		\$000	2018/19	2018/19
			\$000	\$000
18,405	Total appropriation	21,328	24,289	28,289

Non-departmental capital expenditure

Equity for capital projects for DHBs and health sector Crown agencies

Scope of appropriation

This appropriation is limited to providing capital contributions to health sector Crown entities or agencies for new investments and reconfiguration of their balance sheets.

Intention of the appropriation

This appropriation is intended to achieve the following: equity funding is provided to DHBs to fund the cost of capital projects, where the DHB is unable to fund the projects entirely within their cash flows.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
100%	DHB seeking equity funding for approved business cases receive that funding	100%	100%

Financial performance

Actual 2017/18 \$000	Equity for capital projects for DHB and health sector Crown agencies	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
25,811	Total appropriation	91,515	967,383	264,273

Health sector projects

Scope of appropriation

This appropriation is limited to the provision or purchase of health sector assets.

Intention of the appropriation

This appropriation is intended to provide for capital projects delivered on behalf of the Crown, supporting health sector organisations to deliver health services for New Zealanders.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
100%	All Cabinet-approved hospital redevelopment project meets project milestones	100%	100%

Financial performance

Actual 2017/18 \$000	Health sector projects	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
233,375	Total appropriation	158,432	123,000	213,922

Residential care loans – payments

Scope of appropriation

This appropriation is limited to the provision of interest-free loans to people entering into aged residential care facilities.

Intention of the appropriation

This appropriation is intended to ensure that New Zealanders who are entering residential care facilities receive an appropriate level of financial assistance so they can afford that care.

Performance assessment

Actual 2017/18	Performance measure	Actual 2018/19	Budget standard 2018/19
100%	Percentage of entitled people are able to access residential care loans	100%	100%

Financial performance

Actual 2017/18 \$000	Residential care loans	Actual 2018/19 \$000	Main estimates 2018/19 \$000	Voted appropriation 2018/19 \$000
12,852	Total appropriation	14,910	15,000	15,000

