

# **Statement of Strategic Intentions 2017 to 2021**

**Ministry of Health**

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# Introduction: Director-General of Health Chai Chuah

**The Ministry of Health's purpose is to lead and shape New Zealand's health and disability system to deliver a healthy and independent future for all. The system serves all 4.7 million New Zealanders with the population projected to grow by 86,000 per year. As a result, we are providing services to more people than ever before. We work in partnership with other public service agencies and by engaging with people and their communities in carrying out our key roles.**

Our direction is informed by the New Zealand Health Strategy 2016. The Strategy outlines the high-level direction for New Zealand's health system over the next 10 years, with an aim to improve health outcomes, with particular attention to groups such as Māori, Pacific peoples, older people and children. We aim to improve access and services for New Zealanders, particularly in the areas of disability support services, mental health and addictions, primary care and bowel cancer. We want to improve outcomes for people with long-term health conditions, especially those who are obese or who have diabetes. We want to cater for an ageing population that is requiring more services.

The Ministry is the steward of the system. We keep an overview and ensure that capabilities and connections across health agencies add up to a strong system that is more than the sum of its parts. The Ministry is working to build strong relationships with district health boards and other health providers. We support all New Zealanders to live well, stay well and get well. Our system must continue to adapt to the changing needs of our diverse communities living in a rapidly advancing digital society with a burden of disease shifting to life style and life-long chronic conditions.

Technology can be used to improve services, share information and aid the long-term sustainability of the sector. It will help us put resources where they will make the most difference. The Ministry will work to ensure the health sector is positioned to take advantage of new and emerging technologies quickly and nimbly.

Health and disability policy choices are complex and challenging, and the Ministry has a responsibility to provide clear and practical advice to the Minister of Health and Associate Ministers of Health, supported by strong, evidence-informed analysis.

The Ministry funds, purchases and regulates national health and disability services, on behalf of the Crown. The Ministry will continue to develop its purchasing and funding capabilities, and capacity in the health and disability services, and direct it to the places that matter most to people.

Our aim is that by 2021 New Zealanders will experience our health system differently. They will find services more tailored to meet their needs, a greater focus on prevention of illness and better management of long-term conditions.

# Statements of responsibility

## Ministerial statement of responsibility

I am satisfied the information on strategic intentions that the Ministry of Health has prepared is consistent with the policies and performance expectations of the Government.

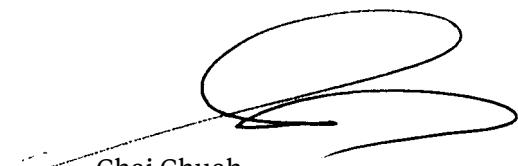


Hon Dr Jonathan Coleman  
Minister of Health

October 2017

## Chief Executive statement of responsibility

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



Chai Chuah  
Director-General of Health



## Section One:

Who we are  
and what we do

# **The Ministry of Health's purpose is to lead and shape New Zealand's health and disability system to deliver a healthy and independent future for all New Zealanders.**

To achieve this purpose, we work in partnership with other public service agencies and engage with people and their communities in carrying out our key roles.

The key document that sets the direction for New Zealand's health and disability system over the next 10 years is the New Zealand Health Strategy (the Strategy). The Strategy outlines some of the challenges and opportunities the system faces; describes the culture and values that will underpin the future direction; and identifies five strategic themes for change. Accompanying the Strategy is a roadmap that describes concrete actions under each of the five strategic themes to focus on over five years. Under this framework, the health and disability system can address the pressures and significant demands on its services and on the health budget.

The Strategy emphasises the need for all parts of the health system to work together to our desired future a reality. Through the Ministry's role as the steward of the health and disability system in New Zealand, we have a key part to play in this.

## **Steward of the health and disability system**

In its role as steward of the health and disability system, the Ministry can support the whole system to effectively work together as a team, strengthening the links between the system's different parts. The Ministry's view of the whole system across the country informs our actions and decisions in relation to administration, giving directives and advice, providing leadership and setting direction. The Ministry steers improvements that help New Zealanders live longer, healthier and more independent lives. This stewardship role is crucial for the system: it does not mean the Ministry delivers or controls everything, but rather it makes sure the system works well, at each stage, for every New Zealander.

Being a steward also involves recognising that partner organisations will lead and support much of the transformation required in the sector as set out in the New Zealand Health Strategy. These organisations include local entities such as district health boards and primary health organisations, and national bodies such as the Accident Compensation Corporation and the Health Quality & Safety Commission New Zealand.

Through its transformation programme (Ministry on the Move), the Ministry will continue to enhance its capability as steward of the system. It will also promote a social investment approach, including by investing in new services. To advance this programme, the Ministry will grow leadership and management capability; focus on culture, values and behaviours; and improve its understanding of organisation performance.

## **Our core work in detail**

We also seek to improve, promote and protect the health and wellbeing of New Zealanders through the core work that we deliver. In doing so, we are seeking to preserve and enhance the value of the services we provide.

Our core work includes:

- providing practical, clinical and technical advice, supported by strong, evidence-informed analysis, to the Minister of Health, Associate Ministers of Health and other stakeholders

- purchasing a range of national health and disability support services directly and through district health boards
- providing key infrastructure support to the health and disability system, especially by providing national information systems and a payments service to the health and disability sector
- supporting, monitoring and driving performance improvements of Crown entities in the health and disability sector and providers
- regulating national health and disability services and ensuring they are meeting their legislative requirements.

We also make sure that the health and disability system is delivering on the Government's priorities, and that health and disability sector organisations are well governed and soundly managed from a financial perspective.

The Ministry constantly seeks to improve the ways in which we deliver our services to make them effective and efficient, deliver value for money, and fit for the future. In doing this, we are changing how we deliver some of our core work including by:

- investing in upgrades to our health and disability infrastructure systems
- reviewing service models to keep them fit for purpose with services delivered in a patient centric manner
- continuously improving service provision by analysing health needs and other relevant matters as they develop in the sector.

## **Advising the Government**

Health and disability policy choices are complex and challenging. The Ministry has a responsibility to provide clear and practical advice to Government supported by strong, evidence-informed analysis. With sound advice, the Ministers can set the sector's strategic direction and make better policy decisions that will result in better health outcomes for everyone. Providing tailored, insightful advice enables informed policy decisions that add value to the lives of the people who use the health and disability system.

The Ministry also provides expert clinical and technical advice to Ministers and the health and disability sector. Some of its functions (such as some functions of the Director of Public Health) include clinical decision-making or statutory responsibilities.

## **Buying health and disability services**

The Ministry funds, purchases services from and regulates national health and disability services, on behalf of the Crown, in line with Government priorities and the Ministry of Health's strategic intentions. These health and disability services include:

- public health interventions (such as immunisation or dealing with outbreaks of disease)
- disability support services
- screening services (such as cervical screening)
- maternity services
- child health
- ambulance services.

As the main funder and purchaser of services on behalf of the Crown, the Ministry makes it possible for others to provide services that support all New Zealanders to live well, stay well and get well.

## Information and payments

The Ministry provides infrastructure support to the health and disability system, especially through providing:

- national information systems
- a payments service to the health and disability sector.

With this infrastructure support, the system gains the information and funding it needs to deliver high-quality services, improving health outcomes for the people who use them.

## Sector planning and performance

The Ministry helps organisations in the public health and disability sector, including district health boards, to drive performance improvements in their planning and accountability functions by:

- advising on and coordinating health and disability sector planning and performance improvements
- funding, monitoring and supporting the governance of those organisations.

By taking a coordinated ‘one-team’ approach to planning and performance, the whole sector can work more cohesively and effectively to achieve performance outcomes.

## Regulatory and enforcement services

The Ministry regulates the sector and ensures it is meeting legislative requirements by:

- implementing, enforcing and administering legislation and regulations related to health and disability services
- providing regulatory advice to the sector and to Ministers
- providing support services for committees established under statute or appointed by the Minister.

The Ministry supports the system in managing key legislative and regulatory risks to make sure all those working in the system deliver high-quality outcomes.

## Understanding our customers

The health and disability system serves all 4.7 million New Zealanders. Because the population is projected to grow by approximately 230 people per day (86,000 per year), in future years we will be providing health and disability services to more people. New Zealanders are also ageing and from more diverse backgrounds. These changes have significant implications for the health and disability system, with different regions experiencing these changes at different levels of intensity.

Figure 1 describes these challenges and indicates how they are related to each other.

## **Figure 1: Future challenges for the health and disability system**

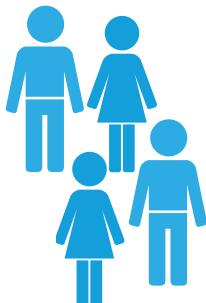
The health system needs to prepare to serve an overall population that is increasing, older and more ethnically and regionally diverse.

### **A increasing population**



A big challenge for the health system is that in the future it will have more people to look after. The population is expected to grow by close to 12 percent in the next 10 years. New Zealand is experiencing the impact of the growing population on a daily basis with more people in emergency departments, enrolling in general practices, being referred for surgeries, and requiring help to live safely in their homes. The health system needs sufficient resources to manage this increased demand.

### **Evolving ethnic composition**



The ethnic make-up of New Zealand has been constantly evolving and will continue to do so in the future. In 2015, the growth of the population through migration was double the growth through births (minus deaths). This indicates that migration currently has a significant influence on the ethnic composition of the New Zealand population. In addition, Māori and Pacific peoples are having more children than other ethnicities. This can be seen in New Zealand population aged under 18, where the proportion of people in each ethnic group differs from the proportion of the population aged 65 or older. Overall, the Asian population is expected to experience the fastest growth.

This trend is likely to have implications for how the health system delivers services as different ethnic groups experience different health outcomes. Changing the way the system delivers services can reduce this disparity and make the health and disability system more effective in serving all New Zealanders.

### **An ageing population**



People are living longer thanks to positive developments in health. The number of people in New Zealand aged 65 or older is projected to increase by 20 percent in the next five years. The biggest growth in numbers will be in the 65–74 year age group, followed closely by the 75–84 year age group. In the population as a whole, this ageing may be slightly offset by ongoing migration patterns, because the greatest numbers of incoming migrants are aged 15–38 years. However, if net migration trends reverse, this is also the age group that tends to emigrate.

### **Regional differences**



Ageing patterns vary among different ethnic groups and across different regions. Māori and Pacific populations, for example, are ageing more slowly due to higher birth rates and shorter lifespans, while some regions are ageing much faster than the national average because young people are leaving and/or older retired people are settling there.

To understand the people who use the health and disability system, we need to understand New Zealand's entire population. We also need to understand what good outcomes look like for different groups and the gap between current outcomes and desired ones. Applying social investment principles to our analysis is one way that helps us to reach this understanding and make better-informed investments and decisions.

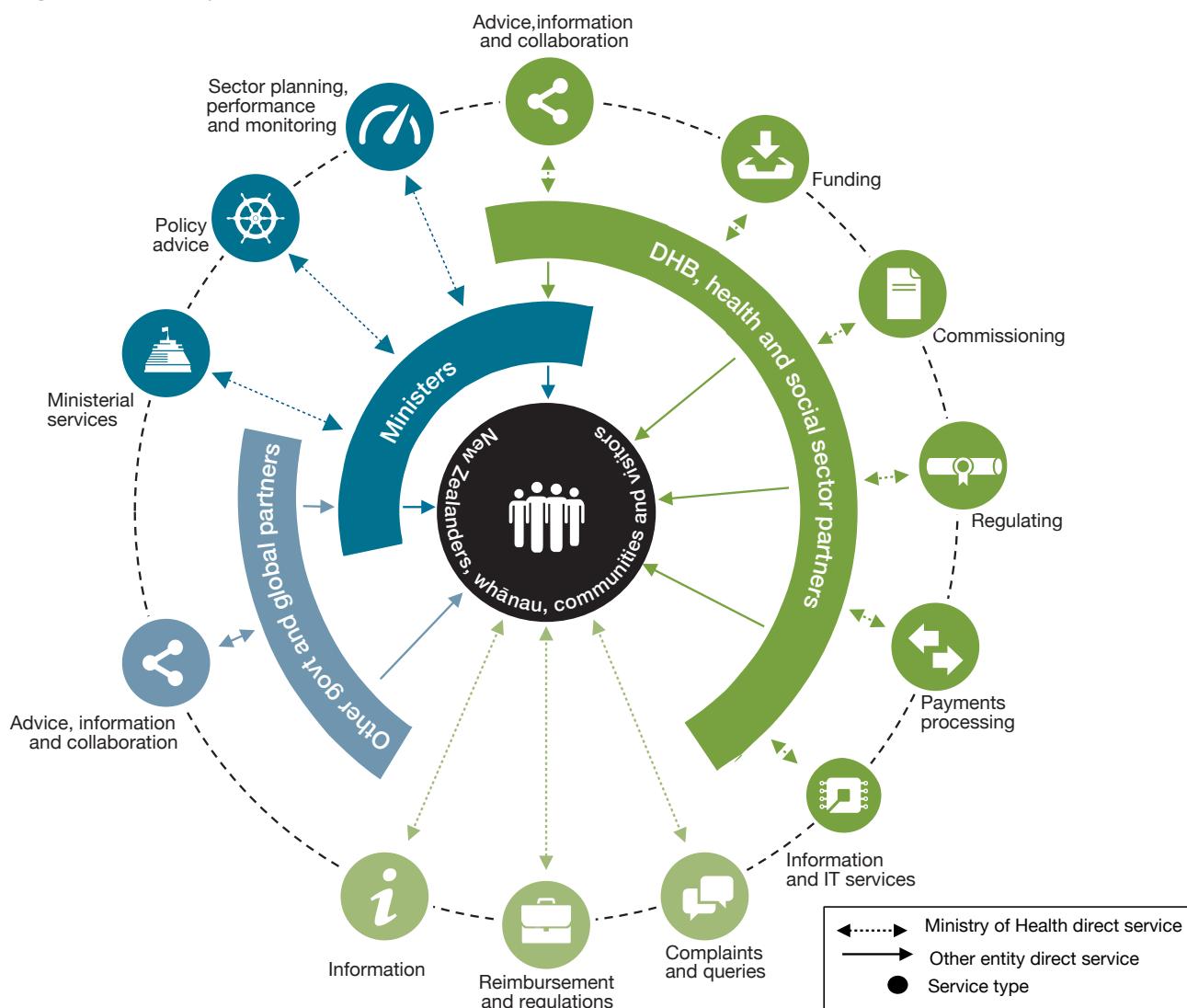
The Ministry is moving from a focus on predominantly transactional activity into relational activity. This means the Ministry will be thoughtful and deliberate about every relationship and treat health service users as unique individuals and groups. We will strive to understand the wider impacts of our actions through the complex relationships between services, providers, service users and outcomes, and use influence, incentive, intervention and innovation to get the best possible value and equity out of the system for people, both now and in the future.

Furthermore, it is well known that more equal societies are happier and wealthier societies. Equity of health outcomes can positively affect the quality of a person's life. It influences other social determinants by making that person more productive and able to contribute positively to the lives of others. Research shows that better equity across the health and disability system improves people's sense of wellness and satisfaction, increases labour productivity, reduces health care costs overall and reduces social welfare costs.

## The services we provide

The Ministry's services are aimed at a huge number of people, with the people receiving health and disability services at the core. Each person engages with us according to their role and needs.

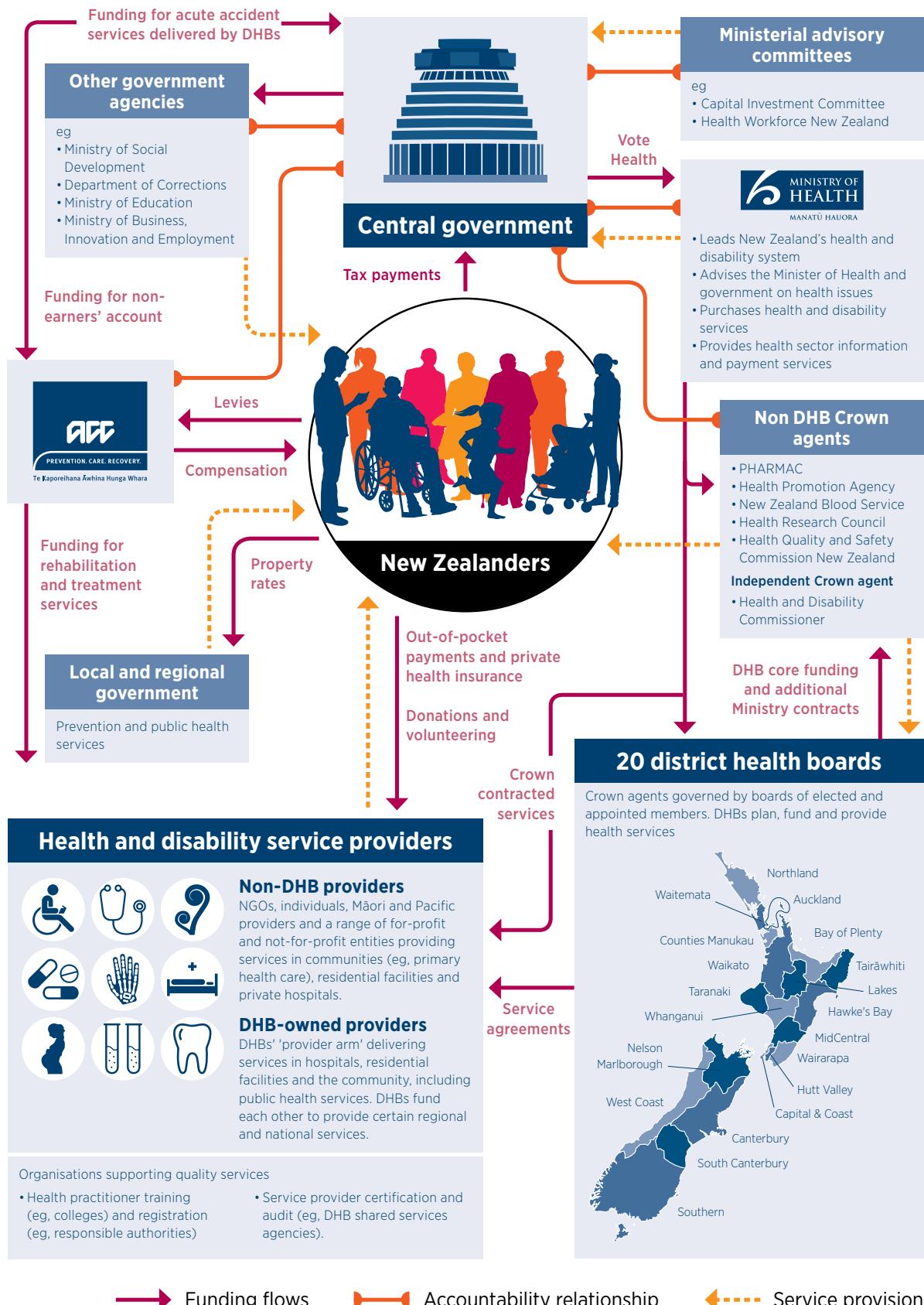
**Figure 2: Ministry of Health's services and the people who use them**



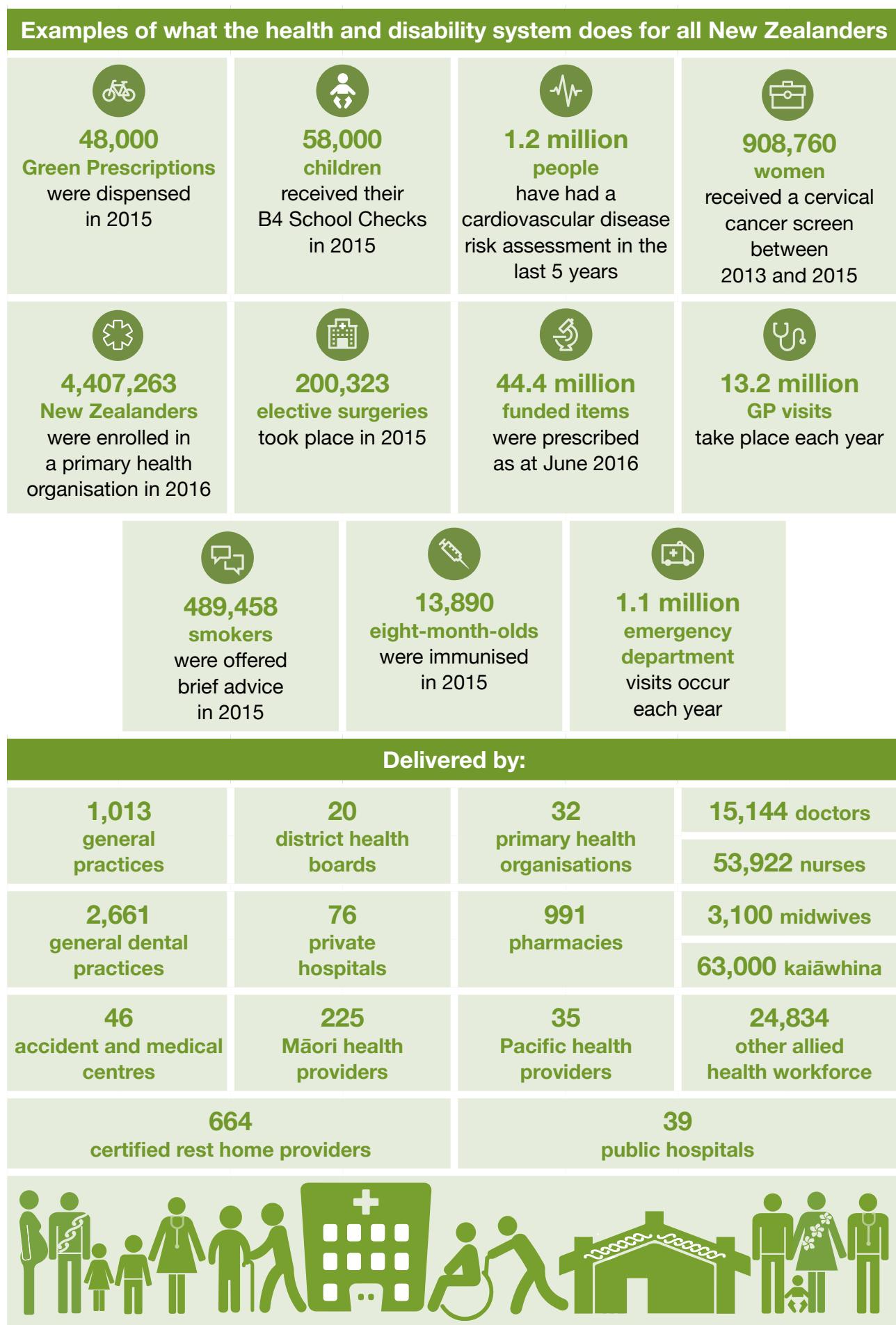
# The scope of our work

The Ministry leads a large and devolved system with many partners (Figure 3). Our view of the whole system across the country informs our sector-wide actions and decisions. To support all New Zealanders to live well, stay well and get well, our health and disability system interacts with hundreds of thousands of people every day (see Figure 4 for some examples).

**Figure 3: Overview of the New Zealand health and disability system**



**Figure 4: A sample of the range of services organisations and health care workers provide across the health and disability system, as at October 2016**



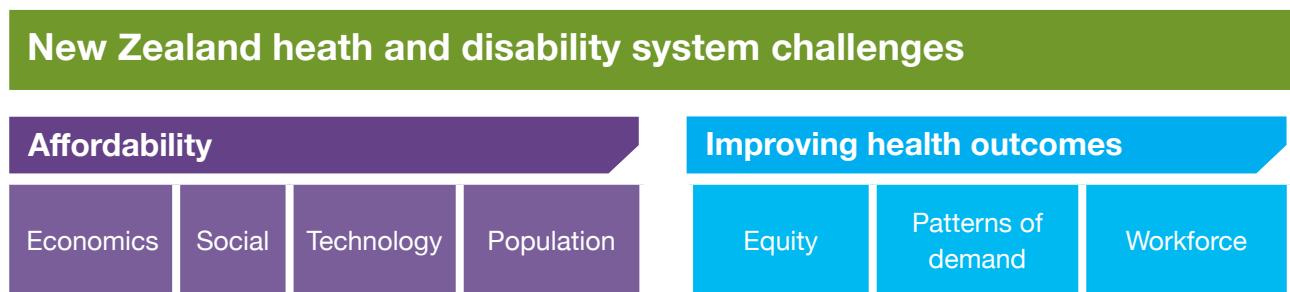
The system includes professional and regulatory bodies for all health professionals, including medical and surgical specialties, nurses and allied health groups. It also contains many non-governmental organisations and consumer bodies that provide services and advocate for the interests of various groups, along with more formal advocacy and inquiry boards, committees and entities. Increasingly, the system includes people who use health and disability services themselves in decision-making processes.

Our health workforce has the capability, capacity and competence to deliver current services within current models of care. However, population health needs evolve as the population changes, which means different models of care and new ways of working also has impacts on the make-up of the health workforce.

## Our challenges

The health and disability system must overcome two major challenges to remain sustainable over the next four years. First, it must provide services that are affordable and, second, it needs to continue to improve health outcomes for all people who use those services (Figure 5). Pressures on affordability of the system come from economic circumstances, social change, new technology and changes in the characteristics of the New Zealand population. To continue to improve health outcomes, we must address the persistent inequity in access to services and in health outcomes for different groups using those services; changing patterns of demand; and the sustainability of and pressures on our workforce.

**Figure 5: Our key challenges**



A significant focus for the Ministry in the next four years will be on deepening our understanding of the people who use health and disability services and using those insights to help us prioritise our investment in the system. We will develop this capability by taking an investment approach to health, and application of social investment principles to some of our key priority areas, including mental health, diabetes and disability support services. The Ministry will work to better understand and manage pressures on national services. We will continue to strengthen financial capability, including the approach to capital expenditure and asset holding.

## Investing in services and approaches that make a difference to people's lives

A person's health is important for their quality of life and the lives of people around them. Furthermore, a person's health status influences many other parts of their life beyond health.

The health and disability system's reach into New Zealanders' lives is significant. It improves, promotes and protects the health of New Zealanders through providing access to universal preventive and health promotion services, screening, home care, primary care, community care and hospital care for every person in New Zealand.

The Government invests in health because it is an important driver of economic and social prosperity for the people and society of New Zealand. Socially, better health is central to human happiness and wellbeing (physical, social, psychological and spiritual). If New Zealanders are healthy, they are able to

live more independently and lead the lives they want. These effects can extend to family and whānau. Healthy populations live longer and are more productive. Better health outcomes for the New Zealand population contribute to a more prosperous New Zealand for all.

## Our contribution to government priorities, including Better Public Services

The Ministry is committed to continuing to contribute to the Government's four key priorities, as shown in Figure 6.

**Figure 6: How the Ministry of Health contributes to Government priorities**

### Responsibly managing the Government's finances

As steward of the health and disability system, the Ministry has a duty to ensure it is managed efficiently and productively to continuously improve the services New Zealanders receive. The way the system works affects how efficiently it uses resources and how it manages spending pressures.

### Building a more productive and competitive economy

A healthier population means a healthier labour force and better work attendance. Good health allows people to learn and develop new skills, raising the country's skill base. Conversely, ill health and the wider impacts of psychosocial diseases and addictions bring economic costs in the form of absence from work, treatment costs, increased crime rates and poor educational outcomes. The health sector is working with the social sector to provide a productive and competitive economy.

### Rebuilding Christchurch and responding to the Kaikoura earthquakes

The Ministry is continuing to work with Canterbury District Health Board and other agencies to implement the Psychosocial Recovery Strategy and Action Plan. The Ministry is also working with the Hospital Redevelopment Partnership Group governance to manage the design and construction of new buildings at Burwood Hospital and the main Canterbury Health Campus. The rebuild of the Christchurch hospitals is expected to be completed by the end of 2018.

### Delivering Better Public Services

Better Public Services sets targets in 10 result areas for government agencies. These include specific targets for the health system, which relate to keeping mothers, babies and children healthy. Three other result areas in which the health system has a part to play are reducing welfare dependency, reducing assaults on children and improving people's interactions with government.

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Having social sector agencies working together to deliver Better Public Services (BPS) is one element of achieving Government priorities. As of June 2017, the Ministry of Health is leading the work to achieve two new results, working in partnership with the wider health sector, the Ministry of Social Development, the Ministry of Building, Innovation and Employment and Housing New Zealand.

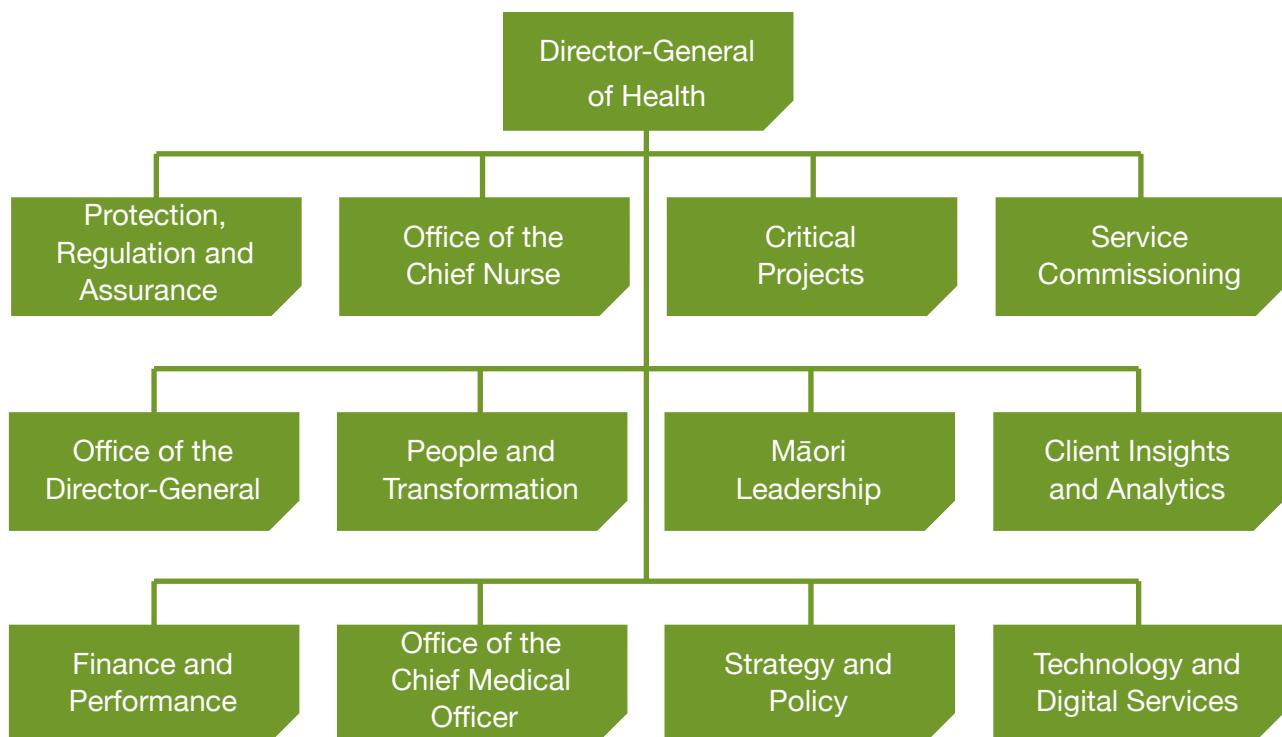
Overall, the Ministry of Health is involved in delivering, either directly or co-leading with its partners, three BPS results:

- as lead, Result Two: Healthy mums and babies and Result Three: Keeping kids healthy
- co-leading with the newly created Ministry for Vulnerable Children (Oranga Tamariki), Result Four: Improve the lifetime wellbeing of vulnerable children.

## Our organisational structure

The Ministry of Health is made up of 12 business units (Figure 7). We work collaboratively across these business units, sharing information and combining our skills and knowledge to maximise our effectiveness (see Appendix 1 for more details).

**Figure 7: How we are organised**







## Section Two:

What we intend  
to achieve

# Our strategic direction

In April 2016, the Minister of Health released a refreshed New Zealand Health Strategy, which sets out a pathway to address the challenges that Section One has identified. It was developed following extensive engagement with the public and with the health, disability and social sectors. The ideas put forward during that consultation also greatly influenced this Statement of Strategic Intentions and the Ministry's strategic direction is closely linked to the refreshed Strategy.

The Office for Disability Issues launched a revised New Zealand Disability Strategy in November 2016 to provide direction for improving the lives of disabled New Zealanders and their families.

Figure 8 provides an overview of the key themes of the New Zealand Health Strategy. These themes guide how we will address the challenges in the system over the coming years.

**Figure 8: Themes of the New Zealand Health Strategy**

## **People-powered *Mā te iwi hei kawe***

A people-powered system will involve people as users of health services and as partners in health care. It will support and equip all New Zealanders to be informed about and involved in their own health. The better we know people's preferences and health needs, the better we can design services that deliver best value.

## **Closer to home *Ka aro mai ki te kāinga***

The closer to home theme is about care closer to where people live, learn, work and play, especially for managing long-term conditions. It has a focus on prevention, early intervention, rehabilitation and wellbeing for long-term conditions, through evidence-based initiatives aimed at all New Zealanders and those for people at higher risk.

## **Value and high performance *Te whāinga hua me te tika o ngā mahi***

This theme is about better use of our funding, better directing it to where needs are greatest, and using a health investment mind-set in a long-term approach. This will bring immediate benefits at the point of care and in the longer term. It will help with more purposefully targeting high-need priority populations.

## **One team *Kotahi te tīma***

The one team theme creates a more cohesive health care system through a culture of trust, collaboration, and working beyond organisational boundaries to achieve shared goals. It aims to build the leadership, talent and diversity of the workforce, and the system leadership role of the Ministry of Health, and ensure that the size and skills of the workforce match New Zealand's needs.

## **Smart system *He atamai te whakaraupapa***

The smart system theme focuses on maximising the use of technology to improve the patient journey and to raise the quality and efficiency of the New Zealand health system. This theme is about reliable, accurate information being available at the point of care.



An accompanying roadmap identifies 27 areas for action for the sector to achieve the goals of the New Zealand Health Strategy. These areas of work will have a critical role in driving change. In some cases, they will have a system-wide impact; in others, they will prompt further action by modelling or unlocking the particular change required. Some areas address issues that are already a stated priority for the Government.

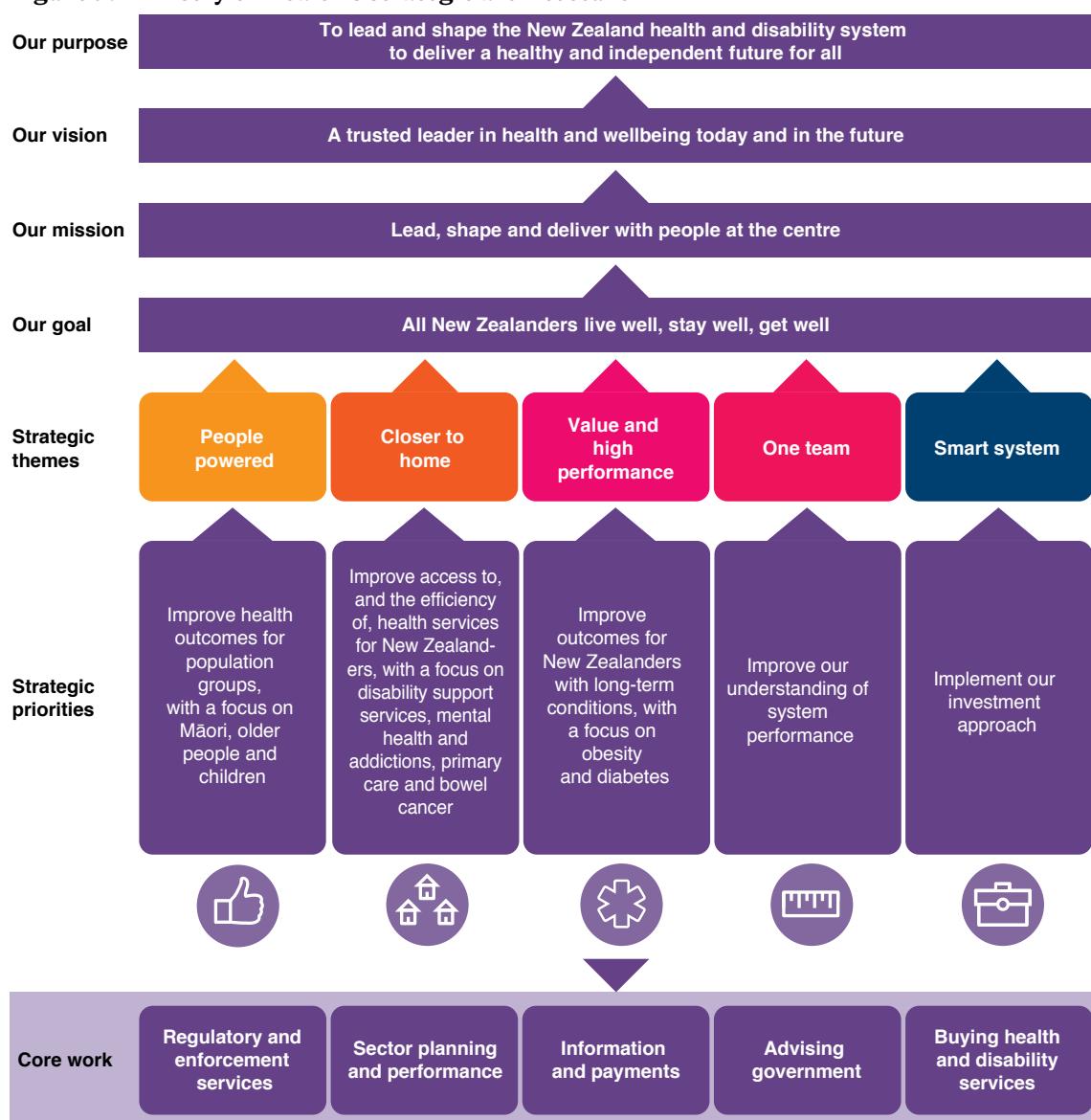
For more detail on the New Zealand Health Strategy and the roadmap, please go to [www.health.govt.nz/publication/new-zealand-health-strategy-2016](http://www.health.govt.nz/publication/new-zealand-health-strategy-2016).

## Our strategic priorities

For the next four years, the Ministry has identified five strategic priorities and associated initiatives to achieve them. These will focus our efforts in implementing the New Zealand Health Strategy so that we can work towards the future it has set out for the health and disability system. These strategic priorities aim to add to the value of the services the sector delivers. Generally, the initiatives underpinning these strategic priorities will involve a major innovation, contribute substantially to achieving the direction the New Zealand Health Strategy sets out for the future, have a cross-Ministry or cross-sector focus or deliver a medium- to long-term outcome.

Figure 9 summarises the new strategic architecture for the Ministry which provides the basis for further developing the Ministry's business strategy.

**Figure 9: Ministry of Health's strategic architecture**



The rest of this section outlines our work under each of the strategic priorities. For more information about our short- to medium-term priorities, see Appendix 1, Figure A2.



## Improve health outcomes for population groups, with a focus on Māori, older people and children

Certain population groups need more consideration than others so that the system supports all New Zealanders to live well, stay well and get well. For the next four years, the Ministry has prioritised Māori, older people and children.

First, **Māori** and the Crown have a special relationship under the Treaty of Waitangi. The Māori population faces persistent inequity in terms of having less access to health services and poorer health outcomes than the population as a whole. The health and disability system has achieved some improvements in this area. For example, immunisation rates for Māori children have improved to such an extent that they are now equal to or better than non-Māori rates in many parts of the country. However, more work needs to be done.

Second, meeting the needs of the increasing number of **older people** will be a challenge for the system. The system needs to prepare for this growing population by intervening earlier and investing in older people now so that they can lead more productive and satisfying lives for longer, requiring fewer health services.

**Children**, especially those who are vulnerable or at risk, are the third Government priority. Consistent with the social investment approach, the system is working with the wider social sector to improve outcomes for New Zealand children. The Ministry will continue to support this Government priority. Investing well in children earlier can lower government costs in the future as they have better health and social outcomes. A key aspect of our system is the role of midwives and Well Child / Tamariki Ora nurses in supporting young families to have healthy pregnancies and healthy children in their early years. As we address the growth in demand for services for children aged 0–5 years, a focus will be on having universal services that are strong and include all children in this age group.



## Improve access to, and the efficacy of, health services for New Zealanders, with a focus on disability support services, mental health and addictions, primary care and bowel cancer

If the system is to improve health outcomes for all New Zealanders, it is important that everyone can access the services they need and that those services are effective. In some areas, some parts of the population experience barriers to accessing services, or services may not adequately address the things that matter for people.

The Ministry is working to achieve more accessible, effective **disability support services**. Although the Enabling Good Lives programme gives disabled people more choice, control and independence, known gaps in service provision for some people remain. Using a social investment approach, the system will cater better for people's needs by building evidence about which interventions are most likely to achieve the best outcomes across the life course.

Our work on **mental health and addictions** will build on the *Rising to the Challenge* strategy. **We will enhance mental health service delivery, with the aim of improving people's wellbeing and resilience, expanding access to services and reducing waiting times.**

**Primary care** provides a wide range of services in the community and is an important element in implementing the 'closer to home' theme of the New Zealand Health Strategy. It provides consistent

and convenient care for people where they need it and has a key role in preventing ill health and hospitalisation. We are looking at how to intervene sooner so that people can address health issues earlier to avoid or reduce the severity of those issues in the future.

New Zealand has one of the highest **bowel cancer** rates in the world and bowel cancer is the second highest cause of cancer death in New Zealand. Clear evidence shows that early detection dramatically improves outcomes and that bowel cancer screening programmes can work well in New Zealand. Due to the successful results of a pilot screening programme, we are now rolling out the programme nationally.



## Improve outcomes for New Zealanders with long-term conditions, with a focus on obesity and diabetes

Long-term conditions are any ongoing or recurring conditions that can have a significant impact on people's lives. As the population ages and lifestyles change, the health and disability system needs to respond to increasing numbers of people with long-term conditions. Both obesity and diabetes are most often caused by a combination of lifestyle factors such as excessive food intake and lack of physical activity. They are also largely preventable. The health and disability sector is focused on improving the health outcomes for those with obesity and diabetes.

**Obesity** is becoming more common. Thirty percent of New Zealand adults are now obese. This proportion has tripled since the late 1970s, increasing across all age, sex and ethnic groups. Among New Zealand children as a whole, 10 percent are now obese, but the rate is 30 percent in Pacific children. Obesity has long-term health and social impacts. High body mass index (BMI) has now overtaken tobacco as a risk factor for ill health: having a higher than optimal BMI may now account for as much as 9.2 percent of all health lost, compared with 8.7 percent for tobacco. Obesity also contributes to the growing health loss from musculoskeletal disorders, including neck and lower back problems and arthritis. **We are now implementing the Childhood Obesity Plan, which takes a multi-faceted approach to addressing the causes of obesity in children.**

The health system is much better at managing **diabetes**, through identifying and treating it at an earlier stage. However, diabetes is the largest and fastest-growing health issue we face in New Zealand. The prevalence of diabetes in Māori and Pacific populations is around three times higher than among other New Zealanders. Prevalence is also high among South Asian populations. A roadmap for people at high risk of or living with diabetes, *Living Well with Diabetes*, was launched in October 2015. We are committed to delivering the actions in that roadmap.



## Improve our understanding of system performance

The current health and disability system focuses too much on financial performance, health targets and particular service issues (as they arise). To get a wider perspective, it is important that we improve our understanding at system, regional and local levels and through listening to the people who use the system. We have a lot of information and are working to better coordinate how we analyse, report and respond to it. With a more comprehensive view, we can focus our performance monitoring, management and support for the system on issues that matter to people.

In 2017/18 **we will be implementing a more streamlined approach to district health board annual planning that will take a more focused approach to local and regional performance.** Our next steps will be to work across the Ministry to develop this wider approach and look at our performance management approach.

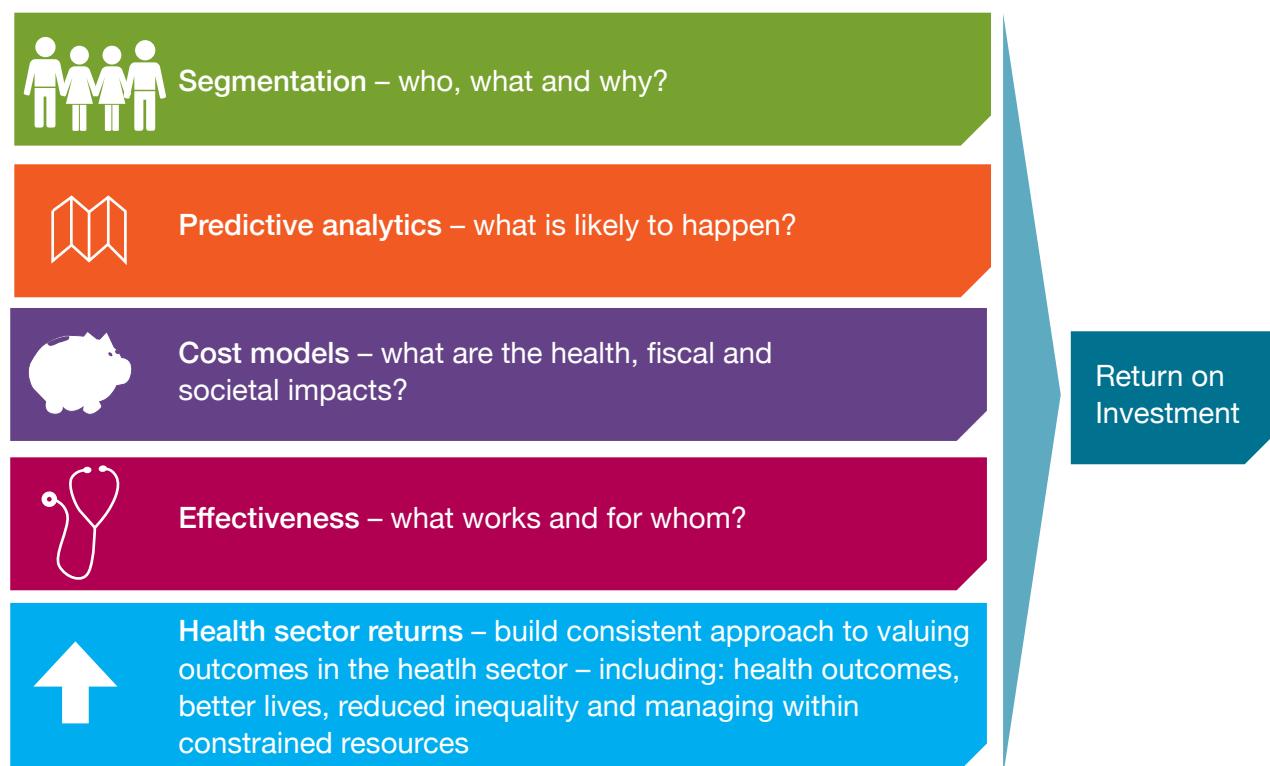


## Implement our investment approach

The social investment approach recognises that improving outcomes for New Zealanders involves the work of many agencies. In addition, one agency's work will often have benefits that reach well beyond its area of influence. It provides a mechanism to systematically build an understanding of people's needs, compare effectiveness of interventions, and prioritise investment in areas of greatest importance, for interventions with proven effectiveness.

The New Zealand Health Strategy provides foundational elements for an investment approach: a person centred focus, a performance and outcomes framework, clarified roles and accountabilities, a stronger data and analytical function at the centre, technology to share information and insights across the health and social systems, and improvements to funding and targeting. All outcomes, analysis and service design are focused on understanding the needs of people requiring public services and the impact those services have on people's lives. Figure 10 gives an overview of our social investment approach.

**Figure 10: The Ministry of Health's social investment approach**



To take a system-wide social investment approach, we will need to change the way we currently use data, plan for, commission, communicate responsibility for outcomes and monitor progress towards those outcomes. Understanding the performance of the system and having more transparent performance data about services and outcomes for individuals will be integral to system-wide adoption of a social investment approach.



## Section Three:

# How we are going to get there

# The Ministry's perspective on the New Zealand Health Strategy

The areas of work set out in the New Zealand Health Strategy's roadmap have a critical role in driving change. In some cases, they have a system-wide impact; in others, they prompt further action by modelling or unlocking the particular change required. Some areas address issues that are already a stated priority for the Government and the Ministry.

Most of the work areas in this roadmap are not new. They are, to varying degrees, already part of programmes of work at the Ministry and in district health boards, in other Crown entities and across the system. They are included in this roadmap because they are important for the future of New Zealand's health and disability system and because we expect the health and disability system to focus on them collectively to achieve positive change.

The themes of the Strategy are interconnected (see Figure 8 in Section Two). The links among them reflect the balance that everyone working in the system has to strike between what is best for people's health and wellbeing, at individual and population levels, and what is affordable and possible. Finding this balance involves choices. Sometimes trade-offs are involved; for example, when someone cannot get an appointment as soon as they want because the service is dealing with more urgent needs.

A great system will find a balance that matches the most important needs with the best use of skills and resources. The aim is to have a more integrated and cohesive system that works in the best interests of New Zealanders.

Figure 11 illustrates what addressing the Strategy's five themes means for the Ministry.

**Figure 11: The Ministry's desired role in the health and disability system in four years**



**Value  
and high  
performance**  
*Te whāinga hua  
me te tika o  
ngā mahi*

- We are focused on health outcomes, equity and results that really matter to people across the health system. We have reoriented the accountabilities of health organisations to reflect this focus.
- We have established our investment approach and commenced implementation of priority projects.
- We have a better understanding of cost pressures and drivers and will be developing options to comprehensively address them.
- We ensure funding supports providers to improve their service.
- We consistently manage capital projects well.
- We commission services and payment approaches with a focus on equity of health outcomes.
- Our purchasing from NGOs and commissioning are improved to better support NGO sustainability.
- We have provided service users with a more prominent role in shaping improvements to system performance.

**One team**  
*Kotahi te tīma*

- We are committed to collaboration and a shared future direction.
- We share innovation and good practices, and support other parts of the system.
- Roles throughout the system are clearer and better understood.
- We have changed our operating model to better align with the strategic direction.
- We are meeting with the system at least once a year to review progress, share ideas and plan the future.
- Our workforce has improved significantly in terms of its leadership, cohesion, flexibility, diversity and sustainability.

**Smart system**  
*He atamai te  
whakaraupapa*

- Innovative health technologies and best practices are rapidly identified, evaluated and introduced.
- We are quicker to adopt digital solutions and processes.
- We share, use and reuse trusted information to improve people's health and wellbeing.
- We provide advice and insights supported by a range of data and information.
- People are increasingly able to interact with us online.
- We have a new approach to prioritising new technologies and models of care and will be better managing the growth and cost of new technologies.
- First datasets from the Raising Healthy Kids childhood obesity target provide better information about referral to services and are used to refine the approach.
- We share information with other government agencies to identify different groups in the population, for targeting and services.

# Transforming the Ministry to lead by example

Delivering effective, strategic system leadership means change for the Ministry. It requires:

- shifting from a traditional, functional structure to one that supports Ministry wide planning and coordination
- becoming more flexible so that resources and expertise can more easily respond to shifting demands and priorities
- building better relationships and making connections with groups and individuals across and outside the health sector
- being prepared to lead and trusting others to deliver
- making greater use of data and analysis so return on investment is properly understood and drives decision-making
- adopting a more collaborative culture
- championing the users of the health system
- being innovative to achieve better outcomes and being prepared to take on the risk that comes with that.

In 2015 the Ministry initiated a transformation aimed at better aligning support to deliver the New Zealand Health Strategy. Structured changes are now largely completed with ongoing focus on embedding and enhancing our capability as steward of the system and driving a social investment approach.

The Ministry is continuing to:

- grow leadership and management capability through our People and Capability Programme which will support new ways of working; culture, values and behaviours; and better management of organisation performance
- progress significant ICT projects including a financial management information system (FMIS), Business Intelligence (BI) tools and Office 365
- implement plan for flexible working environment
- employ new ways of working to promote greater collaboration across the Ministry

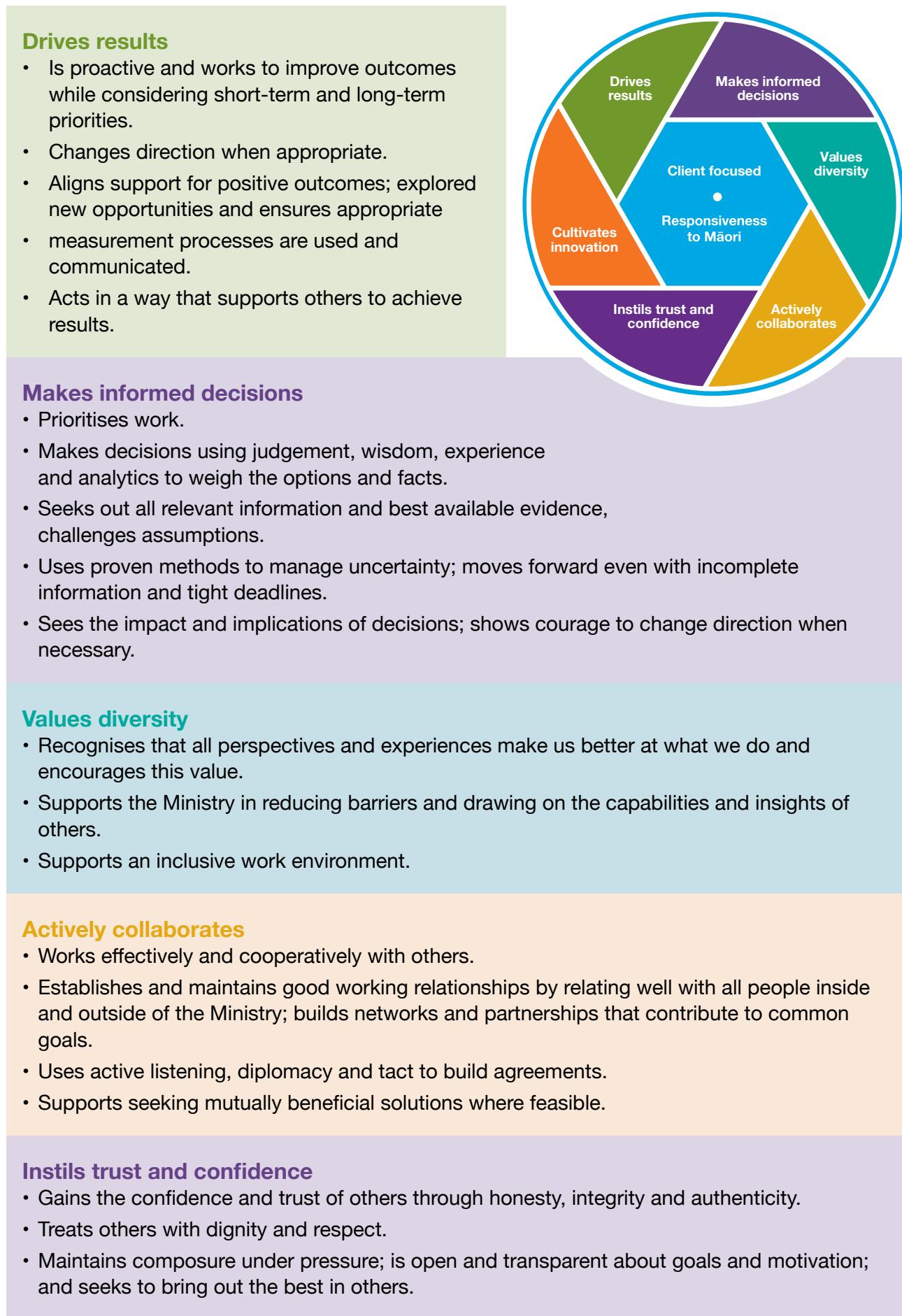
Under the leadership of the Executive Leadership Team, we will take a coordinated approach to the transformation over several years.

## Embodying our behaviours, values and cultures

The Ministry is committed to further developing its leadership role to better support the sector in delivering a healthy and independent future for all New Zealanders. This will include shifting from traditional structures to a structure that supports Ministry-wide planning and coordination; becoming more flexible to better use resources, capabilities and expertise; and building better relationships with groups and individuals beyond the health and disability sector.

Figure 12 shows the Ministry's values and behaviours, which guide how we work and interact with the people who use the health and disability system, as well as with our partners and stakeholders.

**Figure 12: Our values and behaviours**



### Cultivates innovation

- Creates new and better ways to succeed by improving performance, adapting to change and making use of technologies.
- Seeks win-win solutions by challenging the current ways of working, examining processes and systems to achieve high-quality outcomes.
- Takes appropriate risks and learns from previous experiences.

### Client focused

- Identifies the client, builds and maintains strong relationships; listens and learns about who they are.
- Is responsive and open to feedback; is dedicated to exceeding expectations and requirements of both internal and external clients.
- Anticipates client needs; makes decisions and takes action collaboratively gaining and maintaining trust and respect.

### Responsiveness to Māori

- Understands the role of the Ministry and health and disability sector in achieving equity and improving Māori health outcomes.
- Demonstrates how to implement this in terms of system change, policy development and processes, and in service design and delivery.
- Demonstrates an understanding of Te Tiriti o Waitangi and whānau, hapū, iwi needs, engagement and context.

## Collaborating for success

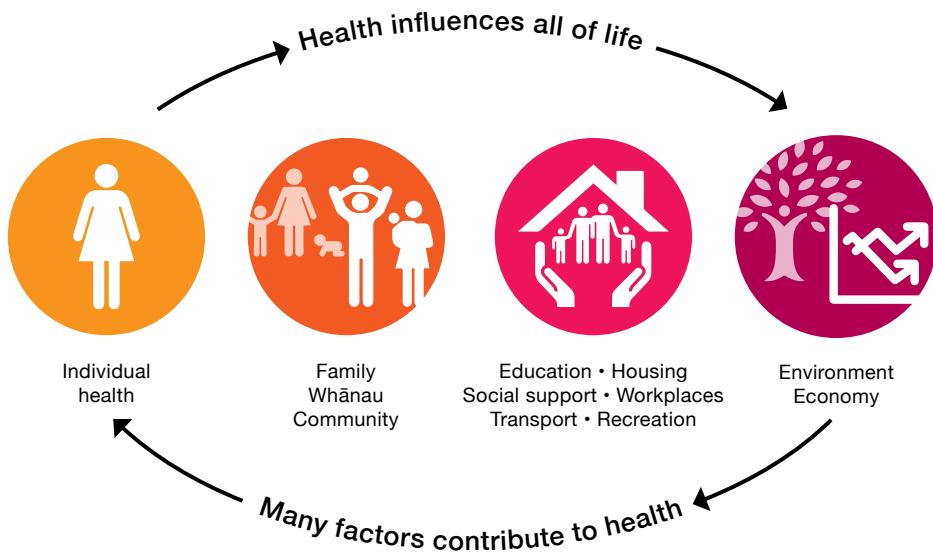
The Ministry wants to work more effectively with our partners across the system and across government to help deliver our vision and goal. While performing a variety of roles, we work in partnership with other public service agencies and engage with people and their communities. We are developing governance structures to encourage strong collaboration on technology across sectors. Achieving this aim will involve integrating services more closely, delivering more services in the community, and health professionals and service providers collaborating more strongly.

To be recognised as a trusted, confident, effective leader of the health and disability system, the Ministry must build constructive partnerships with other state services and system stakeholders. One of our many functions is funding partners and providers to deliver on the Ministry's strategic priorities and health outcomes. (For a list of the Ministry's partnerships, see Appendix 1, Figure A3.)

To support these partnerships, the Ministry will first focus on its internal relationships, fostering effective partnerships across Ministry teams.

# Working together to deliver social sector and Government priorities

Figure 13: Health links with the wider environment



The Government expects agencies that deliver social services will work together to deliver the best value for people. Health is a key way of improving social outcomes. However, positive health outcomes come from activities across the social sector, not just the health and disability system. We know that influences on the health and wellness of people who use health and disability services and their families include education, employment status, housing quality, sport and recreation, and public transport that gives them access to those services (Figure 13).

We continue to work with other government agencies to identify which individuals and community groups have the greatest needs and which mix of services will result in the best outcomes for them in the long term. These activities cross the boundaries of what would traditionally be considered health issues. We are committed to working alongside other social sector agencies to deliver better public services for all the people who need them.

## Managing our resources to deliver our strategic priorities

To deliver on our strategic direction we need the support of the right people, in the right places, with the right capability. With key supports such as information technology and our governance structures, our highly skilled and dedicated staff are better placed to deliver outcomes that benefit both the Ministry and the health and disability system.

### Our people

As a knowledge-centric organisation, we recognise that our most critical resource is our people.

The Ministry fosters a high-performing, collaborative, client-focused culture that encourages results. It achieves this in part through the Ministry on the Move programme. Also important is its approach of valuing diversity and being responsive to Māori making informed decisions as a means of encouraging and building up the organisation's performance capability and cultivating innovation.

We recognise that equality and diversity are essential for our organisation to succeed and that having a diverse workforce increases our productivity, collaboration and staff engagement. Our recruitment and selection approach is being further strengthened as we implement the State Services Commission's

Lead Toolkit guidelines on employing people with disability, and as we develop our 12-month action plan to reduce our gender pay gap. The Ministry is proud to have a gender balanced Executive Leadership Team, which means we lead from the top in championing diversity and equality.

Learning and development support our people to deliver business outputs through developing the behaviours they need to do their jobs well. With this focus on people, the organisation can continuously improve the performance and services it offers. The Target Operating Model puts the Ministry in a better position to deliver on its outcomes, build its capability and instil trust and confidence

Over the past year, we have refreshed the core behaviours we expect of our staff to help align how we work with our transformation outcomes. A focus of the next 12 months will be to make these an integral part of the organisation through our performance and development frameworks and in conversations with our people. We have reviewed how we support and develop the capability of our people leaders. We are piloting workshops and implementing targeted interventions to support them in leading effectively over the coming year.

The Ministry's secure, modern and reliable IT platforms strengthen its capability to deliver on its strategic priorities and intentions. Additional support comes from its emergency management work programme, which focuses strongly on increasing the capability and capacity of the health and disability sector to deal with health emergencies and ensure business continuity at such times.

## Information technology

Technology is a key tool that supports good health in New Zealand. The role of the Ministry in relation to technology is to:

- advise the government on health investments and systems that technology can improve or make possible
- lead system-wide technology and digital services strategy and planning with advice from the Digital Advisory Board
- develop and implement core health technology systems and digital services in areas of strategic significance
- lead development of agreed sector architecture and standards, and ensure their consistent delivery through a robust health information governance framework, in line with the Government Information and Communications Technology Strategy.

The New Zealand Health Strategy has given our system a new direction and the Ministry's strategic priorities have changed accordingly. As the system and the Ministry change, the technology and business processes supporting them must change too. This means that the Ministry must provide sustainable systems while also beginning to develop the needs of the future.

To support the health technology sector in the future, the Ministry must evolve, becoming more agile and connected. In the past, the Ministry's investment in health technology was low, as a result of static financial baselines and a shorter-term management focus. As a result, the Ministry now has a number of disparate, high-risk core systems and faces a growing need to undertake upgrade and support work to gain a technological resource that is stable and fit for purpose. It also needs to keep up to date to respond to the ongoing threats to cyber-security and exponential growth in technology advances.

The Ministry is working across the health and disability system and with other government agencies, including the Department of Internal Affairs, to optimise the use of the Government's IT Infrastructure as a Service and other all-of-government contracts. We will work with the Government Chief Information Officer to ensure the Ministry's arrangements for IT security, risk management and business continuity meet all-of-government standards. The Ministry has undertaken a risk assessment

of its current systems and drafted a new corporate IT strategy and a long-term investment plan. This is the beginning of a significant period of work on which we intend to build to develop investment plans and consider additional funding requirements.

## Governance

The Ministry of Health is made up of 12 business units (see Appendix 1, Figure A1). Each of these business units has a representative on the Executive Leadership Team, which the Director-General chairs.

The Ministry's Executive Leadership Team has put in place governance and management processes to inform its decision-making processes.

Specialist sub-committees offer the Director-General and Executive Leadership Team advice and guidance in their decision-making role.



A close-up photograph of a Black man with dark skin, short braided hair, and a beard. He is wearing a bright red t-shirt and is smiling broadly, showing his teeth. His right hand is resting against his head, with his fingers tucked behind his ear. The background is blurred green foliage.

## Section Four:

# Measuring our performance

# Our performance measures

## Health equity

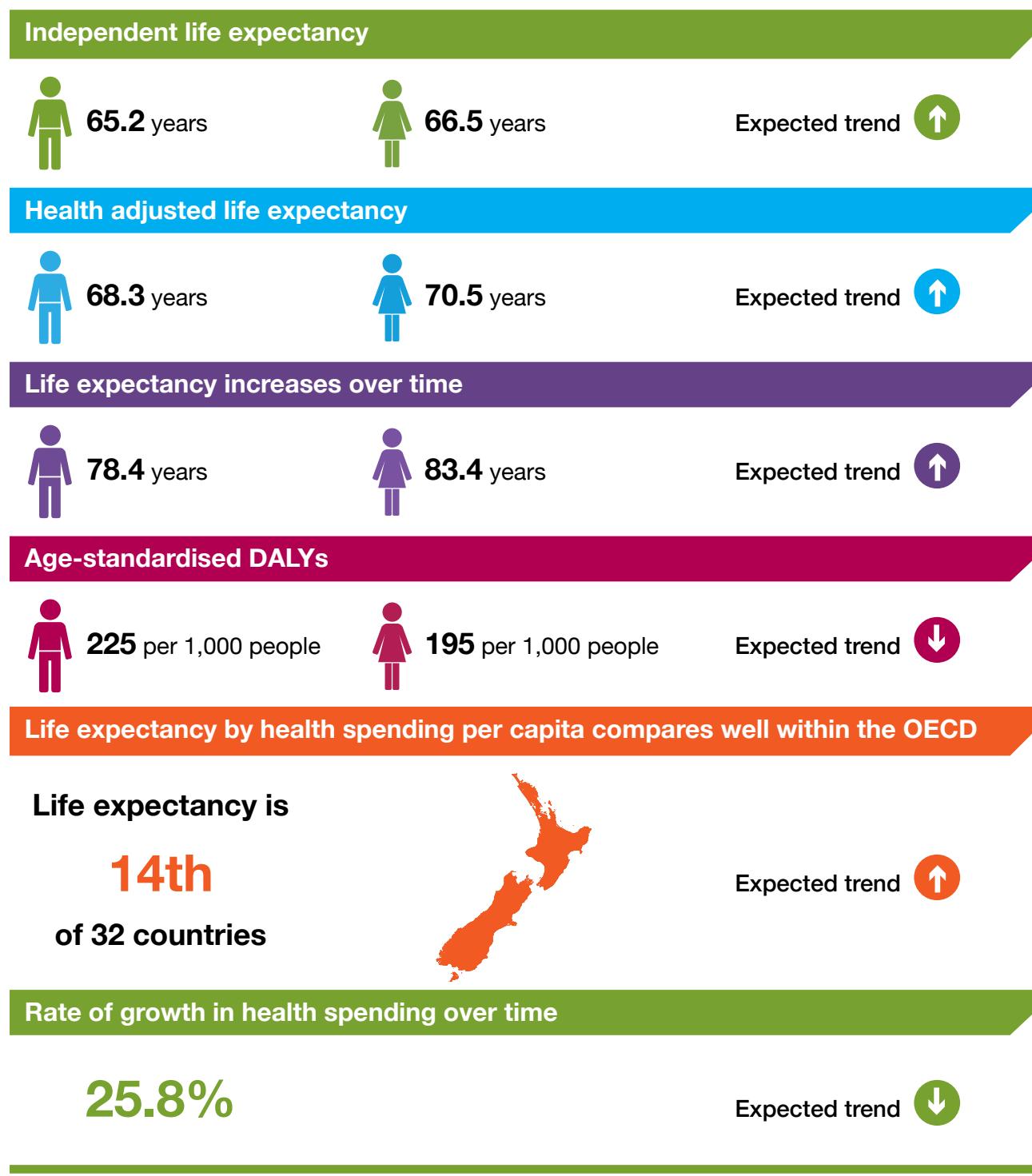
Achieving equitable outcomes for all New Zealanders is a priority for our system. To support progress towards equity, the health and disability system will report all measures we use both for the overall population and for priority population groups (that is, reporting Māori, Pacific peoples and other). In addition, all measures will be underpinned by the target of closing the gap between outcomes for the whole population and for priority population groups.

## Health outcomes

As the refreshed New Zealand Health Strategy signalled, the Ministry is developing a set of measures for health outcomes and equity of outcomes. Until it finalises these measures, the Ministry will measure progress using the high-level outcomes set out below. It will supplement these with relevant Better Public Services measures, the six health targets and the newly developed System Level Measures.

A well-functioning health and disability system contributes to improved health outcomes for the New Zealand population as a whole, and for particular groups such as Māori, Pacific peoples, older people and vulnerable children. Figure 14 lists the high-level outcome measures we use, along with the baseline measures and the trends we expect for each one in the future.

**Figure 14: High-level health outcome measures**



## Better Public Services measures

The Government has outlined clear principles for how it expects public services to perform. Realising the Ministry's vision for the health and disability sector requires an approach that is consistent with these principles: the Ministry is a results-driven organisation; one that works with other social services to have a collective impact and that takes innovative approaches.

The Ministry is leading two new results – Healthy mums and babies and Keeping kids healthy – as well as co-leading with the Ministry for Vulnerable Children to deliver Result Four: Improve the lifetime wellbeing of vulnerable children (Figure 15).

**Figure 15: Better Public Services measures (May 2017)**

### Result 2: Healthy mums and babies



**By 2021, 90%** of pregnant women are registered with a Lead Maternity Carer in the first trimester, with an interim target of **80% by 2019**, with equitable rates for all population groups.

### Result 3: Keeping kids healthy



**By 2021, a 25%** reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0–12 years, with an interim target of **15% by 2019**.

### Result 4: Improve the lifetime wellbeing of vulnerable children

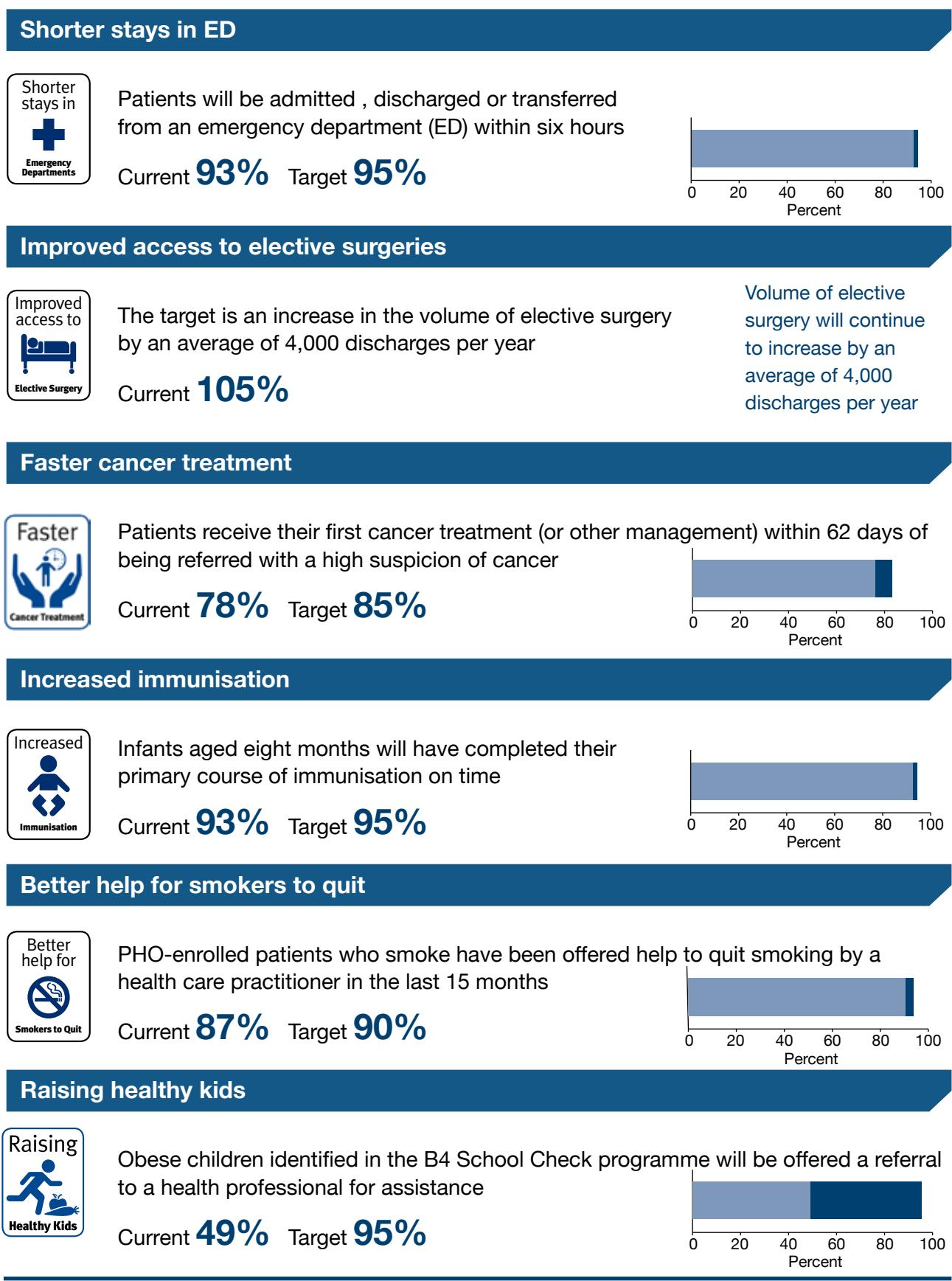


Reduce the number of children experiencing physical and sexual abuse by **20% by 2021**.

## Health targets

Health targets are a set of national performance measures specifically designed to improve the performance of health services that reflect significant public and Government priorities. They provide a focus for action and measure how health outputs are improving for all New Zealanders. Three of the six health targets focus on patient access and three focus on prevention (Figure 16). Health targets are reviewed each year to keep them in line with health priorities.

**Figure 16: Health targets**



PHO = primary health organisation

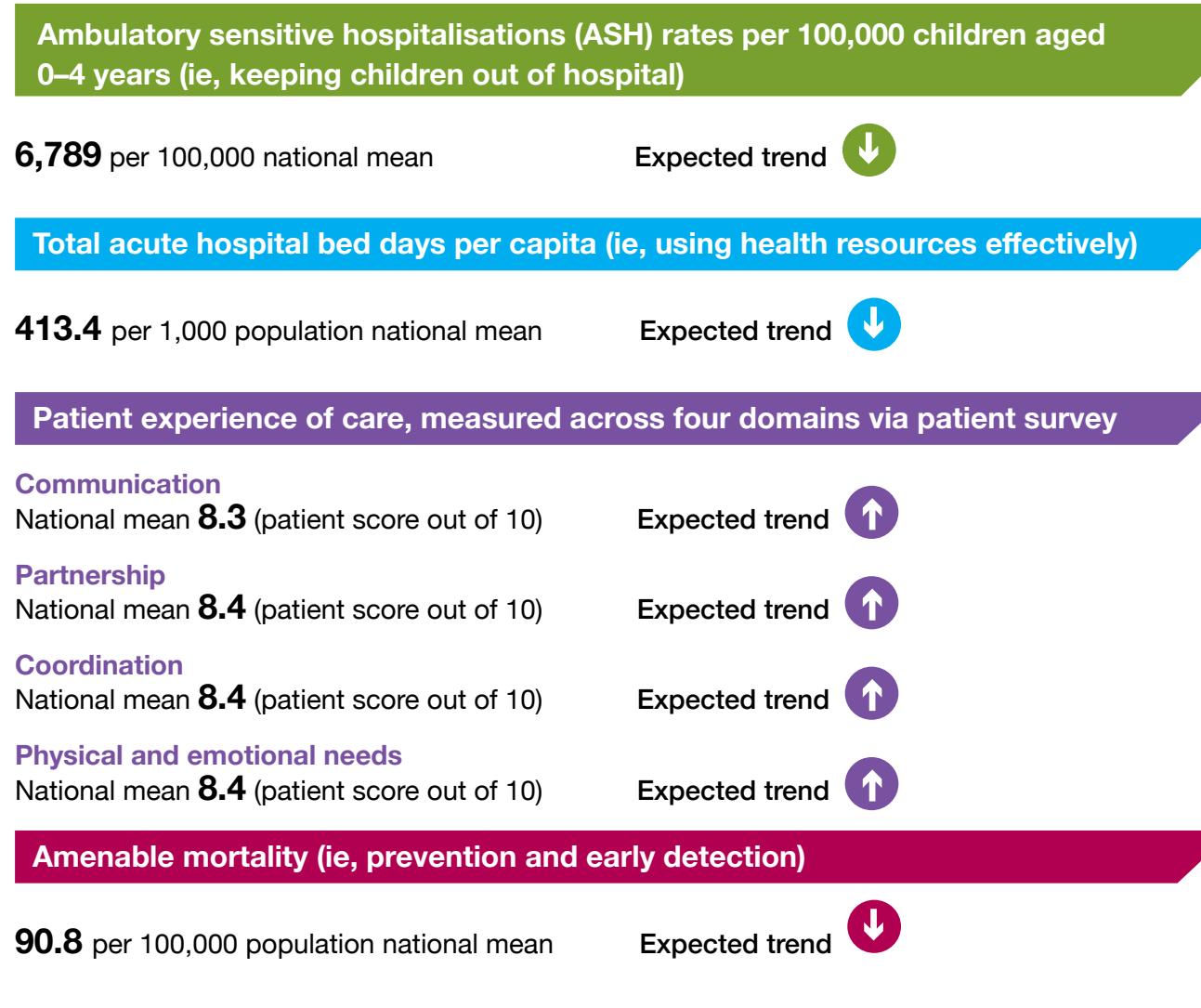
Current level

Increase to meet target

## System Level Measures

System Level Measures have been agreed through extensive co-design and collaboration with sector clinicians, managers and analysts, and the Minister of Health. The measures use high-level aspirational goals and form the organising framework for improving quality in the health and disability system. As Figure 17 shows, these measures focus on health outcomes, not processes or activities, and link clearly to the New Zealand Triple Aim, the New Zealand Health Strategy, and broader social outcomes and determinants of health (including Better Public Services targets).

**Figure 17: System Level Measures**



# Appendix 1: Ministry of Health structure and focus

## Our organisational structure

The Ministry of Health consists of 12 business units. We work collaboratively across these business units, sharing information and combining our skills and knowledge to maximise our effectiveness.

The **Chief Medical Officer** is the point of contact for clinical leadership and advice to the Ministry, Ministers and health and disability sector. It supports professional development within the Ministry and the clinical workforce. The Chief Medical Officer works in partnership with the Chief Nursing Officer, district health boards and clinicians.

The **Chief Nursing Officer** is the point of contact for clinical leadership and advice to the Ministry, Ministers and health and disability sector. It supports professional development within the Ministry and the nursing workforce. The Chief Nursing Officer works in partnership with the Chief Medical Officer, district health boards and clinicians.

**Client Insights and Analytics** is accountable for client data, insights and analytics, with a focus on understanding client needs and outcomes. This business unit is responsible for ensuring that the Ministry keeps all of its clients, especially the people of New Zealand, front of mind in all that it does.

**Critical Projects** oversees and manages critical priority projects on behalf of the Director-General of Health. This business unit was established for a fixed term of two years.

**Finance and Performance** is the authority on the health and disability system's finance, financial and non-financial performance and risk. It is also responsible for managing and delivering the Ministry's finance functions, payments to the health and disability sector and an enterprise portfolio management office.

**Māori Leadership** is a strategic role that leads the Ministry and the sector in reducing Māori health inequalities. It is the poutoko manawa (backbone) for the Ministry and health and disability sector in their efforts to promote, protect and partner with Māori. Māori Leadership has strong relationships within the health and disability sector, government agencies and with iwi Māori. Ministry business units support Māori Leadership and are jointly responsible for improving Māori health outcomes and reducing inequalities.

**Office of the Director General** is responsible for Government and ministerial services, internal and external communications, assurance and risk management. It also provides support to the Director-General of Health, Ministers and the Executive Leadership Team. The office supports the Chief Science Officer as well.

**People and Transformation** is responsible for the sector workforce and managing and delivering the Ministry's human resources and internal organisational strategy. This unit is also the business owner for the Ministry's in-house information technology strategy and leads the Ministry's change programme and operating model.

**Protection, Regulation and Assurance** ensures the quality and safety of health and disability services, protects and promotes the health of New Zealanders and assures and enforces both regulatory and contract compliance. This business unit works closely with the Service Commissioning business unit and district health boards to keep service quality at a high standard.

**Service Commissioning** manages the relationships between the Ministry and health and disability service providers. These relationships include funding, purchasing, performance management, commercial advice and contractual arrangements. This business unit works closely with the Strategy and Policy and the Finance and Performance business units to design, plan and fund health and disability initiatives.

**Strategy and Policy** is responsible for providing the Ministry's advice on the health and disability system. It develops strategy and policy, including advice on Māori health, the health workforce, technology and regulation, and enables the health and disability system to implement that strategy and policy.

**Technology and Digital Services** delivers technology and digital services to the Ministry and the health and disability sector. It also plays an important role in assessing the potential impact of existing and emerging health technology. This business unit works closely with Strategy and Policy, the Chief Medical Officer and the Chief Nursing Officer to develop and implement the technology and digital strategy for the health and disability sector.

#### **Figure A1: Our partnerships**

##### **Minister of Health**

The Minister of Health, with Associate Ministers, Cabinet and the Government, develops policy and provides leadership for the system. The Minister is supported and advised by the Ministry of Health and other ministerial advisory committees.

##### **Ministry of Health**

As well as being the principal advisor to the Minister, the Ministry of Health is the steward of, and has overall responsibility for, the management and development of the health and disability system.

The Ministry improves, promotes and protects the health and wellbeing of New Zealanders through:

- its leadership of New Zealand's health and disability system
- advising the Minister of Health, and Government, on health and disability issues
- directly purchasing a range of national health and disability support services
- providing health sector information and payment services for the benefit of all New Zealanders.

##### **District Health Boards (DHBs)**

Twenty district health boards administer most of the day-to-day business of the system and around three-quarters of the funding. DHBs plan, manage, provide and purchase health services for the population of their district. These services include primary health care, hospital services, public health services, aged care services and services provided by other non-government health providers including Māori and Pacific providers. Public hospitals and other public health services are owned and funded by DHBs. DHBs also deliver some services that are purchased nationally by the Ministry of Health.

DHBs are required, under the New Zealand Public Health and Disability Act 2000 to:

- improve, promote and protect the health of people and communities
- promote the integration of health services, especially primary and secondary care services
- seek the optimum arrangement for the most effective and efficient delivery of health services in order to meet local, regional and national needs
- promote effective care or support of those in need of personal health services or disability support.

DHBs are expected to: show a sense of social responsibility; to recognise and respect the principles of the Treaty of Waitangi; to foster community participation in health improvement; and to uphold the ethical and quality standards commonly expected of providers of services and public sector organisations.

## Crown entities and agencies

With the funding it receives from the Ministry of Health (\$285,000 per year), the **Health Research Council** undertakes regulatory and safety monitoring and provides strategic advice on issues related to health research.

**New Zealand Blood Service's** primary objective is to support the New Zealand health care community through managing the collection, processing and supply of blood, controlled human substances and related services.

**PHARMAC** makes decisions about which pharmaceuticals should be funded to achieve the best health outcomes from the funding provided for pharmaceuticals.

The **Health Promotion Agency** leads and supports activities to:

- promote health and wellbeing and encourage healthy lifestyles
- prevent disease, illness and injury
- enable environments which support health, wellbeing and healthy lifestyles
- reduce personal, social and economic harm.

The **Health Quality & Safety Commission** leads and coordinates work across the health and disability sector to improve the quality and safety of care and to advise Government.

The **Health and Disability Commissioner** promotes and protects the rights of health consumers and disability services consumers and, to that end, facilitates the fair, simple, speedy and efficient resolution of complaints relating to infringements of those rights.

## Non-governmental organisations

The wide range of health and disability non-governmental organisations provide flexible, responsive and innovative frontline service delivery. Diverse services are offered in primary care, mental health, personal health, and disability support services, and include kaupapa services such as Māori and Pacific providers.

## Capital Investment Committee

The Capital Investment Committee provides independent advice to the Director-General of Health and the Ministers of Health and Finance on capital investment and infrastructure in the public health sector in line with Government priorities. This includes working with DHBs to review their business case proposals, prioritising capital investment, delivering a National Asset Management Plan and any other matters that the Minister may refer to it.

## **Mental Health Review Tribunal**

The Mental Health Review Tribunal:

- decides whether patients are fit to be released from compulsory status
- makes recommendations about the status of special patients
- considers the status of restricted patients
- investigates complaints about breaches of patient rights
- appoints the psychiatrists who give second opinions about patient treatment
- appoints the psychiatrists who decide whether electro-convulsive treatment is in the interests of patients.

## **National Ambulance Sector Office**

The National Ambulance Sector Office is a joint office between the Accident Compensation Corporation and the Ministry of Health. Its functions include:

- progressing the New Zealand Health Strategy
- providing a single voice for the Crown on strategic and operational matters about emergency ambulance services
- managing and monitoring funding and contracts from ACC and the Ministry of Health related to the delivery of emergency ambulance services.

## **Public health units**

Public health units deliver regional public health services. They focus on environmental health, communicable disease control, tobacco control and health promotion.

## **Health alliances**

Health alliances are nine networks of primary health care providers and district health boards that are implementing the Government's 'Better, Sooner, More Convenient' care initiatives.

Improved primary health care involves doctors, nurses, pharmacists and other health professionals working together, having access to specialist diagnostic testing, working in teams combining different disciplines, and playing a more proactive role in managing chronic conditions, avoiding illness and providing some safe appropriate services traditionally delivered in hospitals.

## **Primary health organisations**

Primary health organisations support general practices to provide primary health care services. They are one vehicle for implementing the Government's primary health care objectives, as expressed in Better, Sooner, More Convenient Primary Health Care, in local communities.

## **Professional and regulatory bodies**

Health regulatory authorities are responsible for specific health professions. They describe scopes of practice, issue annual practising certificates and more.

## **Ministerial Health Committees**

Health committees provide the Minister of Health with independent expert advice and offer a forum for representatives of the sector to have a role in decision-making. Examples are mortality review committees, and regional ethics committees.

# Appendix 2: Additional statutory reporting requirements

The Minister of Finance has not specified any additional reporting requirements for the Ministry of Health.

## **Health Act 1956**

The Health Act 1956 requires the Director-General of Health to report annually on the current state of public health. The Minister of Health tables the *Health and Independence Report* in Parliament.

The Act also requires the Director-General to report before 1 July each year on the quality of drinking-water in New Zealand. Copies of the most recent report are made available to the public through the Ministry's website and through its offices.

## **New Zealand Public Health and Disability Act 2000**

The New Zealand Public Health and Disability Act 2000 requires the Minister of Health to report annually on the implementation of the New Zealand Health Strategy, the Disability Strategy and the Quality Improvement Strategy.

## **Public Finance Act 1989**

The Public Finance Act 1989 requires the Minister of Health to report annually on non-departmental expenditure relating to health sector agencies other than Crown entities.

## **Other legislation**

Other reporting requirements relate to the following legislation:

- Disabled Persons Community Welfare Act 1975
- Health (Drinking Water) Amendment Act 2007
- Health Research Council Act 1990
- Human Assisted Reproductive Technology Act 2004
- Social Security Act 1964.

# Appendix 3: The legal and regulatory framework

## Legislation the Ministry of Health administers

- Alcoholism and Drug Addiction Act 1966
- Burial and Cremation Act 1964
- Cancer Registry Act 1993
- Care and Support Workers (Pay Equity) Settlement Act 2017
- Disabled Persons Community Welfare Act 1975 (Part 2A)
- Epidemic Preparedness Act 2006
- Health Act 1956
- Health and Disability Commissioner Act 1994
- Health and Disability Services (Safety) Act 2001
- Health Benefits (Reciprocity with Australia) Act 1999
- Health Benefits (Reciprocity with the United Kingdom) Act 1982
- Health Practitioners Competence Assurance Act 2003
- Health Research Council Act 1990
- Health Sector (Transfers) Act 1993
- Home and Community Support (Payment for Travel between Clients)
- Human Assisted Reproductive Technology Act 2004 (in conjunction with the Ministry of Justice)
- Human Tissue Act 2008
- Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
- Medicines Act 1981
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- Misuse of Drugs Act 1975
- New Zealand Public Health and Disability (Southern DHB) Elections Act 2016
- New Zealand Public Health and Disability Act 2000
- Psychoactive Substances Act 2013
- Radiation Safety Act 2016
- Smoke-free Environments Act 1990
- Social Security (Long-term Residential Care) Amendment Act 2006
- Substance Addiction (Compulsory Assessment and Treatment) Act 2017

## **Other regulatory roles and obligations**

In addition to administering legislation, key personnel within the Ministry (such as the Directors of Public Health and Mental Health) have specific statutory powers and functions under various pieces of legislation.

The Ministry also has certain statutory roles and relationships defined in other legislation, including:

- Biosecurity Act 1993
- Civil Defence Emergency Management Act 2002
- Education Act 1989
- Food Act 1981
- Gambling Act 2003
- Hazardous Substances and New Organisms Act 1996
- Local Government Act 1974
- Local Government Act 2002
- Maritime Security Act 2004
- Prostitution Reform Act 2003
- Sale and Supply of Liquor Act 2012
- Social Security Act 1964
- Victims' Rights Act 2002
- Waste Minimisation Act 2008

## **International compliance**

The Ministry also helps the Government to comply with certain international obligations by supporting and participating in international organisations such as the World Health Organization, as well as ensuring New Zealand complies with particular international requirements such as the International Health Regulations (2005) and the Framework Convention on Tobacco Control.

For details on the regulations the Ministry administers, go to its website: [www.health.govt.nz](http://www.health.govt.nz)

For full, searchable copies of the Acts and associated regulations that the Ministry administers, go to: [www.legislation.govt.nz](http://www.legislation.govt.nz)

