Problem

- •Poorer outcomes for Māori, Pacific peoples, and people in hardship.
- •Unwarranted variability in services and outcomes.
- Poor system data to identify and manage problems
- Health services are not consumer-focused. The system does not provide people with a genuine choice of pathway or provider.
 The system has been slow to try, assess, and adopt improved ways of working and adopt best practice.
- •DHBs have persistent and increasing deficits

Underlying cause

- Māori as Treaty partners are under served and are not sufficiently involved in decision-making.
 There is no meaningful public
- involvement in decision-making.
- •System emphasises services rather than population health.
- •There are multiple organisations with varying capability and poor coordination between them. Long-term planning is unfeasible.
- Ministers and the Ministry have limited effective power to direct change.
- Costs grow faster than funding, and there is unacceptable variation in robustness of financial management.
 Increasing clinical options and patient expectations drive increased costs.

Initiative

- Initial structural changes:
- Establishment of Health New Zealand/consolidated DHBs
 Health New Zealand has internal division responsible for commissioning primary and community care, on basis of localities.

Intermediate outcomes

- •Health system has fewer, simpler organisations: accountabilities are clear
- •Health New Zealand is focus of the Treaty relationship for the operational health system, and can respond at all levels (local, regional, national)
- Consolidation of operational functions into Health New Zealand supports a stronger one-system ethos, and national consistency and capacity sharing.
- •A single organisation being responsible for planning and commissiong services, means accountability is clear, and Ministers can direct effectively.
- •One system means variation in hopsital services can be easily identified and addressed.

Long-term outcomes

- •Health system reinforces Te Tiriti relatitionship at all levels. Māori are partners in designing and commissioning services and monitoring outcomes.
- All people can access a range of support in their community, home, and virtually, to help them stay well and independent. These services connect seamlessly to other health and wider government services.
- Emergency or specialist healthcare is readily available, accessible and high quality. There are strong clinical networks supporting evidence-based care.
- Financial sustainability is assured through robust managment and monitoring.