

Te Whatu Ora Statement of Performance Expectations

2023-2024

Citation: Te Whatu Ora – Health New Zealand. 2023. *Statement of Performance Expectations for Te Whatu Ora | Health New Zealand for the financial year 2023-24*. Wellington: Te Whatu Ora – Health New Zealand.

Presented to the House of Representatives pursuant to section 149 and 149(L) of the Crown Entities Act 2004

Published in July 2023 by Te Whatu Ora – Health New Zealand
PO Box 793, Wellington 6140, New Zealand

ISBN 978-1-99-106723-4 (print)
ISBN 978-1-99-106723-4 (online)

Te Whatu Ora
Health New Zealand

This document is available at [tewhatauora.govt.nz](https://www.tewhatauora.govt.nz)



This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to: share i.e., copy and redistribute the material in any medium or format; adapt i.e., remix, transform and build upon the material. You must give appropriate credit, provide a link to the licence and indicate if changes were made.

Contents

Introduction	4
Who we are	4
Te Tiriti o Waitangi	4
Purpose of our Statement of Performance Expectations	6
Statement of Responsibility	6
Our strategic direction	8
Our establishment journey	9
Our focus for 2023/24	10
How we will measure our performance	14
Our funding base for 2023/24	16
Our output classes	17
Financial performance	37
Statement of accounting policies	44
Appendix one: Performance measures mapped to Te Pae Tata priority actions	50

Introduction

Who we are

Te Whatu Ora | Health New Zealand, is the Crown entity established under the Pae Ora (Healthy Futures) Act 2022 that amalgamated the 20 district health boards, and eight shared services and functions from Manatū Hauora into a single national organisation that is governed by a Government-appointed Board – over 90,000 headcount in staff, \$24bn in funding received from the Crown and a \$20bn capital asset base. Te Whatu Ora is a name gifted by an expert advisory group that means ‘the weaving of wellness’.

The overall objectives of Te Whatu Ora are to plan and deliver health services at a national, regional, and local level across Aotearoa New Zealand. Te Whatu Ora also aims to encourage and support community participation in health improvement and service planning, and promote and prevent ill-health by collaborating with others to address the determinants of health. We do this in accordance with the Pae Ora (Healthy Futures) Act 2022 and the health sector principles embedded in the Act. Our objective is to achieve Pae Ora, a healthy future for all New Zealanders, which includes equity in health outcomes across New Zealand’s population groups, including by striving to eliminate health disparities, in particular for Māori.

This Statement of Performance Expectations (SPE) 23/24 reflects the performance expectations for the second year of a two-year transition period to establish Te Whatu Ora and the key actions that will enable the implementation of the health system reform under the Pae Ora Act. This is also the second year of implementation of Te Pae Tata, the interim Aotearoa New Zealand Health Plan.

Te Tiriti o Waitangi

We have particular responsibilities and accountabilities to Māori through Te Tiriti o Waitangi, the founding document of Aotearoa, expressed through the Pae Ora (Health Futures) Act 2022 (‘Pae Ora Act’). We give effect to Te Tiriti principles, as articulated by the courts and the Waitangi Tribunal.

Sections 6 and 7 of the Pae Ora Act place Treaty-informed decision-making at the heart of the system, by ensuring that decisions made by health entities will give effect to the principles of Te Tiriti o Waitangi.

The health sector principles are intended to be broader than Te Tiriti principles, as they are also based on the five reform objectives and related principles that Cabinet agreed would be incorporated in the Bill.

Tinorangatiratanga or self-determination is a key outcome for Māori, and can also inform the way in which we commission, deliver and monitor health services; understand and address hauora Māori inequities; actively protect the Te Tiriti rights, knowledge, and values of Māori; provide options for Māori to receive care that is accessible and acceptable for whānau; and carry out our duties in partnership with Māori at all levels of the system.

One of the enablers to meeting those obligations is Te Whatu Ora's special relationship with Te Aka Whai Ora (Māori Health Authority), an independent statutory entity established at the same time under the Pae Ora (Healthy Futures) Act 2022. Te Whatu Ora and Te Aka Whai Ora work together to give effect to the health sector principles in the health system. There are other agencies who are also key to improving Māori health outcomes including Manatū Hauora and Whaikaha (also newly established under separate legislation). This includes ensuring that Te Aka Whai Ora and Iwi Māori Partnership Boards (established under the Pae Ora Act) are actively engaged in the planning and delivery of services that impact on Māori. Te Whatu Ora has also inherited varying local partnership arrangements from the former District Health Boards that will be reviewed over time in agreement with iwi.

The delivery of Te Pae Tata is our key contribution to improving equity of access and impact on outcomes for Māori. This includes activities as part of the Māori Health Improvement Plan and a Māori Health Equity pipeline of projects that aims to lift the average life expectancy for Māori more rapidly through a targeted set of health improvement initiatives. This Equity workstream will be led by Service Improvement and Innovation, in conjunction with primary care, community and rural health delivery groups, prioritisation and engagement processes are currently being developed to help inform how best to deploy resources. Te Aka Whai Ora also has a role to monitor the delivery of hauora Māori services by Te Whatu Ora. The Hauora Māori Strategy is not yet in place and will be developed by Manatū Hauora and Te Aka Whai Ora by 30 June 2024.

Te Whatu Ora also works together with many other organisations, within and beyond the health sector to achieve health improvements, for example, Te Tāhū Hauora | Health Quality and Safety Commission, Whaikaha | Ministry of Disabled People and the Ministry of Education.

Purpose of our Statement of Performance Expectations

This SPE sets out Te Whatu Ora financial and non-financial performance expectations and a set of performance measures, with baseline figures and targets, for the 2023/24 financial year.

The SPE is a statutory requirement that provides a base against which outputs can be assessed, ensuring we remain accountable to the Aotearoa New Zealand public. The actual results of service performance (against what is forecast in the SPE) will be published in Te Whatu Ora Annual Report for 2023/24.

Statement of Responsibility

This document is the SPE for Te Whatu Ora as required under the Crown Entities Act 2004.

The Board acknowledges responsibility for the preparation of this SPE, which reflects the forecast performance and the forecast financial position of Te Whatu Ora for the financial year ending 30 June 2024. This SPE includes prospective financial statements and performance expectations prepared in accordance with generally accepted accounting principles.

We certify that the information contained in this SPE 2023/24 is consistent with the appropriations contained in the Vote Health Estimates of Appropriations 2023/24. These were laid before the House of Representatives under section 9 of the Public Finance Act 1989.

Signed on behalf of the Te Whatu Ora Board:



A handwritten signature in black ink that reads "N. Ferguson".

A handwritten signature in black ink that reads "K. Poutasi".

Naomi Ferguson

Dame Karen Poutasi

Interim Chair

Deputy Chair

Date: 23 June 2023

Date: 23 June 2023

Our strategic direction

Our strategic direction is articulated in the Pae Ora (Healthy Futures) Act 2022, the Interim Government Policy Statement on Health 2022-2024 (the iGPS), and Te Pae Tata | the Interim New Zealand Health Plan 2022. Importantly, all these strategic foundation documents include a strong focus on embedding Te Tiriti o Waitangi.

The Pae Ora (Healthy Futures) Act 2022 sets out the broad objectives of the public health sector, to

- a. protect, promote, and improve the health of all New Zealanders; and
- b. achieve equity in health outcomes among New Zealand's population groups, including by striving to eliminate health disparities for Māori; and
- c. build towards pae ora (healthy futures) for all New Zealanders.

The iGPS is a public statement of what the Government expects the health sector to deliver and achieve. It identifies six priorities for Aotearoa New Zealand's public health sector:

1. Achieve equity in health outcomes
2. Embed Te Tiriti o Waitangi across the health system
3. Keep people well in their communities
4. Develop the health workforce of the future
5. Lay the foundations for the ongoing success of the health system
6. Ensure a financially sustainable health system.

Te Pae Tata, the interim New Zealand Health Plan, was jointly developed by Te Whatu Ora and Te Aka Whai Ora. Te Pae Tata outlines the actions we are taking to implement our part of the health system reform as reflected in the Government's six health sector priorities (iGPS), through to 2024. Te Pae Tata is an interim plan up to July 2024, which is when a fully costed three-year New Zealand Health Plan will take effect.

Te Pae Tata includes six priority actions that respond to the iGPS and deliver on the Government commitment to the major shifts required to improve the New Zealand's public health system:

- Priority action 1 – Place whānau at the heart of the system to improve equity and outcomes
- Priority action 2 – Embed Te Tiriti o Waitangi across the health sector
- Priority action 3 – Develop an inclusive health workforce

- Priority action 4 – Keep people well in their communities
- Priority action 5 – Develop greater use of digital services to provide more care in homes and communities, and
- Priority action 6 – Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system.

Te Whatu Ora has prioritised as part of Te Pae Tata the development of a full and representative set of consumer and whānau voice measures, as well as further work that will enable effective measurement of clinical quality and safety. As these are developed, they will be included in Te Whatu Ora accountability documents.

Our establishment journey

On 1 July 2022 – Day 1, Te Whatu Ora assumed the assets, liabilities, and roles of previous District Health Boards (DHB) and became primarily responsible for the day to day running of Aotearoa’s Health System. Significant preparation was undertaken by Interim Health New Zealand, in collaboration with our partners in Te Aka Whai Ora, Transition Unit, Ministry of Health and DHBs in the months prior to 1 July 2022 to ensure that this transition was smooth and successful.

Over the past year we have been implementing a health system that will fundamentally change how healthcare is delivered to New Zealanders. Reform is complex and is not always linear, we are firmly focused on the goal of enabling all New Zealanders to live longer, healthier lives. Significant progress has been made already with the development and implementation of Te Pae Tata. Te Pae Tata sets out the first two years of health system transformation, and in giving effect to Te Tiriti o Waitangi, 11 Iwi Māori Partnership Boards are now in place and we have developed a draft Māori sovereignty framework.

While merged, Te Whatu Ora is not yet fully established as a unified organisation. There is much work to do to establish the key building blocks – structures, systems, policies, processes, technologies, and workforce – which will enable Te Whatu Ora to optimally implement the full New Zealand Health Plan from July 2024. The Te Whatu Ora operating environment will integrate a range of systems to unify and simplify how we operate. This is complex and will take time as we integrate 28 payroll systems, over 3,000 clinical applications and a national procurement system. Te Whatu Ora will implement a national, regional, and local organisation structure that use a consistent standardised operating model for corporate functions, including people and culture, finance, commissioning, hospital and specialist, data and digital and infrastructure.

In our first two years (2022-2024), our approach to change is centred on implementing the Government’s key reform objectives as described in Te Pae Tata:

- Establishing national functions to enable consistency and coordination to get the benefits of standardisation when it matters
- Strengthening regionally-managed bonds to enable delivery, including community engagement, and
- Establishing local hospital networks and ‘localities’ to engage with communities and be responsive to consumers.

We will achieve this by building on gains made during 2022-23 and will continue to focus on implementing and growing:

- A national, regional, and local organisation structure that unifies and simplifies the system using a consistent standardised operating model for corporate functions, including people and culture, finance, commissioning, hospital and specialist, data and digital, and infrastructure
- Nationally-consistent processes and a nationally-consistent culture and workforce, including strengthening clinical leadership and governance
- Locality models across Aotearoa with locality partnership groups and provider networks to ensure all New Zealanders are part of a locality, with published plans agreed with Iwi Māori Partnership Boards
- Nationally-consistent strategic networks in the priority areas of:
 - Pae ora | Better health in our communities
 - Kahu Taurima | Maternity and early years
 - Māuiuitanga taumaha | People living with chronic health conditions
 - Oranga hinengaro | People living with mental distress, illness, and addictions
- National specialist networks to support specialist, planned and urgent care access and outcomes across Aotearoa
- Joined-up and integrated pathways of care – whole-of-system pathways including for prevention, self-care, community and primary care, and care in hospital settings to achieve nationally consistent, evidence-based care in the best setting for people and whānau for priority health needs
- A strategic commissioning policy that embeds excellent commissioning practice across Te Whatu Ora and Te Aka Whai Ora.

Our focus for 2023/24

While health system reforms provide us with a strong foundation for the future, our system is under considerable pressure in the post-COVID-19 period, and we face a number of

challenges. We have an ageing population, an increasing prevalence of chronic disease and persistent inequities within some groups of our population including Māori, Pacific, tāngata whaikaha | disabled people, and people located rurally. These challenges existed before COVID-19 but have been exacerbated after two years of deferred care and ongoing workforce shortages. Furthermore, the effects of climate change and their impact on healthcare and population health are very real and present. Weather events continue to put pressure on healthcare delivery and we are contending with the recovery of Cyclone Gabrielle, which severely damaged a wide area of the North Island in February 2023. Our priorities for the 2023/24 year respond to these pressures and challenges for the upcoming year.¹

The day-to-day delivery of care is our foremost operational priority – improving access to early intervention and preventative care to enable wellbeing, ensuring urgent needs are met with capacity whether in primary and community settings or at hospitals, improving access to planned care and reducing waitlists and supporting recovery at home.² Meeting the mental health needs of communities through expanding community-based access and supporting those becoming unwell continues to be expanded. We have much to do to improve the experience of tāngata whaikaha | disabled people and rainbow communities within our services.

We will continue the implementation of Te Pae Tata in 2023-24 to progress shifting the system in ways that help us address these challenges, in partnership with Te Aka Whai Ora. To support this, we have developed an implementation plan for all 187 Te Pae Tata actions, which links them to the priorities of the iGPS, providing detail on their funding source and planned quarterly progress milestones.

- **The health system will uphold Te Tiriti o Waitangi:** 2023/2024 will see the expanded coverage of localities in consultation with Iwi Māori Partnership Boards, supported by local Commissioning teams and the new Regional Wayfinders, and the advancing Māori health gain priorities, including improved access to screening and outreach capacity to ensure Māori have access to preventative and early intervention care.
- **People and whānau will be supported to stay well and connected to their communities through:** continued expansion of localities coverage, expanding coverage of programmes that provide community and primary care with additional options for urgent care to reduce pressure on Emergency Departments, lifting the coverage of immunisation and screening by providing more options for access and outreach (e.g. pharmacies, telehealth), restoring capacity for people to be cared for at home or close to home to enable early discharge from hospitals, increased targeted

¹ Our priorities for the coming year also correspond to the Minister of Health's Letter of Expectations.

² Actions highlighted in the Minister of Health's Letter of Expectations.

lower cost options for low income whanau to access care, and the expansion of mental health supports in community through Access and Choice programmes.

- **High quality specialist and emergency care will be equitable and accessible to all when it is needed:** regional and national coordination of hospital and specialist care to deploy resources to enable equity of access across regions, expand capacity in high pressure hospitals that are facing growth, national clinical networks that lead on scoping variation in access across the country and enable clinically led solutions to support addressing those goals; implement resources to improve access to specialist mental health and addictions services.
- **Digital services and technology will provide more care in people's homes and communities:** build on existing telehealth and remote monitoring projects to scale access to clinical advice and supports in communities; advance the implementation of information systems that enable patient information to flow quicker to where it is needed and enables clinicians the information they need to delivery care in a timely way.
- **Our health workforce will be valued and well trained, ensuring we have enough skilled people to meet future needs:** implement the Government's decisions in pay equity and disparity, grow the workforce in partnership with the education sector, improve the workplace experience with particular attention to health, safety and wellbeing of employed staff and live up to the expectations of the Charter once approved, engage with our workforce on ongoing improvements in how we provide services to communities, and ensure the whole health workforce has had an opportunity to learn about equity, racism and bias to support better cultural safety in healthcare for everyone.³

The prioritisation of Te Pae Tata actions is also underway. While all actions are recognised as important, there is variation in their deliverability, urgency, and dependency on other actions. However, the necessity to accelerate the most critical activities to advance reform shifts, along with embedding the new operating models, implementing a transformation culture change, and advancing the Te Whatu Ora and Te Aka Whai Ora partnership remains.

It is expected that the speed of delivery against the highest priority initiatives will pick up once the operating model programme has been completed and staff are assigned to structures that are better suited to empower execution. The process of transforming the hauora system is a significant undertaking, and for many actions it will require an extended period of delivery before they are assessed as complete.

Coming into winter, Te Whatu Ora is leading a significant programme of work to relieve pressure on our emergency departments and hospitals.⁴ This focusses on improving and

³ Actions highlighted in the Minister of Health's Letter of Expectations.

⁴ As highlighted in the Minister of Health's Letter of Expectations.

enhancing our primary and community care services to help people stay well, but also provide a timely response when people fall ill and need help. The work includes strengthening immunisation campaigns to improve immunisation coverage, providing specialist telehealth support to Māori and Pacific health services, making better use of community pharmacies to treat minor ailments, improving access to after-hours accident and medical care, and providing support to primary healthcare teams to manage patient care in the community.

We are strengthening our clinical leadership and governance, and the establishment of new national clinical networks, with common operating approaches and membership from professional disciplines across hospital and primary care, will support clinicians across the system to lead and drive change through the development of national standards and models of care. They will support the delivery of consistent service quality and outcomes, including the reduction of access and equity gaps, across the country. Te Pae Tata identifies the establishment of regional and national networks as a key step in removing unwarranted variations in access to care, waiting times and clinical practice.

We are also responding to the health and wellbeing challenges in the wake of Cyclone Gabrielle. Te Whatu Ora is providing additional support to affected communities in Hawke's Bay and Tairāwhiti. To help affected communities recover and alleviate some of the burden on our staff in the affected areas, staff from across the country have been re-deployed to assist with the response. We also established a taskforce to assess the resources required for recovery support across affected regions. Additional funding and support have been provided by the Government to help address the mental wellbeing needs of those affected. Our response has been made easier, including redeployment of staff around the country, because we are integrated as an organisation. This will be an ongoing lever we can pull, supporting any area that experiences a sudden shock, such as weather events, that impact on service continuity.

We continue to work with Te Aka Whai Ora on the development of localities across New Zealand. The Pae Ora (Healthy Futures) Act 2022 enables the establishment of localities as the mechanism to align services to the particular needs of a community. Within each locality, people and organisations with influence over community health and wellbeing will collaborate on the outcomes they want to see for their community. This will include Iwi-Māori Partnership Boards, health and social service agencies, local authorities, and community organisations. Around 60 to 80 localities will be established in communities around Aotearoa by July 2024. By July 2025, every locality must have a plan that has been consulted on by local consumers, services, authorities, and agencies, and is agreed to by Te Aka Whai Ora and the local Iwi-Māori Partnership Board.

How we will measure our performance

The current measures of performance do not all align fully with Pae Ora and how we want to assess the shifts in the health system as a result of the reforms. While Te Whatu Ora has made progress over its first year of establishment, there is work to do to align what we measure with what matters to consumers and whānau wellbeing, and more fully to reform objectives and Te Tiriti o Waitangi. Developing and refining performance measurement and reporting structures and processes will take time and engagement with appropriate subject matter experts and the voices of those we want to impact. This important work will be continued in 2023/24. The key areas where we see gaps are:

- Capturing consumer voice in a way that differentiates between the experiences of Māori, Pacific, rural people, tāngata whaikaha | disabled people, and people from rainbow communities, and that can influence service design and delivery directly
- Capturing the extent to which whānau and communities are involved in health and service planning, as set out in the Pae Ora Act objectives, for example, Localities implementation
- Quality and safety measures that act as a counterpoint to measures that focus on cost and output
- Improved experience of health workforce.

Bringing these together will be a new fit-for-purpose performance measures framework to underpin how we report on our performance, and to ensure we can tell a comprehensive story of health system performance for all audiences. This framework will be outcomes-focussed and aligned to the Pae Ora Act 2022. It will include both performance measures inherited from the previous system along with a number of new performance measures that will enable us to measure and report on key health priorities and shifts, for example, illness prevention, access to healthcare (particularly primary and community), keeping people healthy in their communities, and the level of equity in different parts of the system with a focus on eliminating any unwarranted variation. Work to identify potential new equity measures for Māori has already commenced.

The development of a Benefits Realisation Framework for Te Whatu Ora is part of our performance thinking. Work is already underway to develop a Benefits Realisation Framework that provides a mechanism to track identified benefits across the various legislative requirements, Cabinet expectations, strategies, and plans. Additionally, the framework helps to ensure benefits are connected to health outcomes (or in other words,

connected to a measurable improvement in health outcomes for individuals, communities, whānau, hapū, iwi).

Following a description of our funding base, we present below our output class measures in their output class groupings. This enables comparability with our most recent SPE for 2022/23. However, we have also mapped the measures used against the Te Pae Tata priority actions and indicate for each measure which Te Pae Tata priority action it is aligned to. This better enables us to align our expected performance against output classes with our strategic direction.

Our set of performance measures for 2023/24 springboard off those included for 2022/23, however we have undertaken a review of these to ensure they are appropriate, relevant, and quantifiable. This has involved confirming that, in all possible cases, measures:

- Can be reported nationally
- Can be disaggregated by ethnicity, to reflect our responsibility to track and achieve equity for Māori and others
- That they match current service practice and reporting, and
- That they make a meaningful contribution to telling the story of how performance is being improved in different parts of the health system.

In undertaking this review, we have endeavoured to reduce the reporting burden and rationalise measurement across the various accountability documents. We have subsequently removed some SPE 2022/23 measures that did not meet these criteria. Our measures relate to volume, quality, timeliness, and population coverage. While there are a small number of actions included in the performance measures in two of the output classes, to reflect important changes we are working towards, in developing our new performance framework we will replace these with true performance measures.

While we have taken care that data for performance measures can be reported nationally, our intention is also to incorporate sub-national reporting, and the form this takes will evolve as our organisation matures.

The consideration of the measures set for this SPE represents a tangible step towards the development of our new performance framework. In turn, the development of our own performance measures framework during 2023/24 will enable us to provide a stronger set of performance measures in our SPE 2024/25, noting that our performance framework development will be iterative as our organisation and its strategic environment develops.

Our funding base for 2023/24

Te Whatu Ora total funding appropriations for the 2023/24 financial year total \$22.898 billion, excluding funding from other agencies and third parties. Third Party revenue includes funding from organisations such as Pharmac, ACC, Whaikaha, as well as other commercial arrangements.

Most of this funding was announced at Budget 2022, with some updates announced at Budget 2023. It is anticipated that a three-year funding cycle will come into effect from Budget 2024.

We receive funding from two main appropriations – hospital and specialist, and primary and community – which has been mapped to four output classes as set out below. At this stage, these appropriations and output classes, and our strategic goals and priority actions, do not map clearly to each other. During 2023/24, our output class set will be redeveloped so that there is a clearer funding path from appropriations to the priority actions that will help us reach our strategic goals.

Activity and financial reporting against output classes was not provided by the sector prior to the creation of Te Whatu Ora. A reporting roadmap is being developed – such that detailed activity and financial reporting against the output classes can be regularly provided.

For the area of mental health and addictions, the full funding sum available for 2023/24 expenditure is still under confirmation by Te Whatu Ora and Manatū Hauora | Ministry of Health. The revenue in the table above reflects Te Whatu Ora's understanding of the Mental Health "Ringfence" – whereby this funding is to be used purely for mental health and addictions services. Final definitions are still being worked on, and further services may be included in the Ringfence in the future.

Forecast 2023 24 Revenue and Expenses per Output Class

Output Classes	Hospital and Specialist Appropriation \$M	Primary and Community Appropriation \$M	National Covid Response \$M	Third Party Revenue \$M	Total \$M	%
Public Health Services		484.0			484.0	1.85%
Mental Health and Addictions	1,480.9	632.1			2,113.0	8.09%
Primary and Community Services		7,867.9		1,559.7	9,427.6	36.09%
Hospital and Specialist Services	12,433.1			1,367.3	13,800.4	52.83%
National Response			295.0		295.0	1.13%
Total						
Expenditure	13,914.0	8,984.0	295.0	2,927.0	26,120.0	
Net Surplus/(Deficit)	0.0	0.0	0.0	0.0	0.0	

Output Class – Capital Expenditure

Te Whatu Ora has a fifth output class, Capital expenditure, for its Capital appropriation. We have budgeted to fully spend the \$1.208bn we will receive from the Capital Appropriation in 2023/24.

Our output classes

We have a total of five output classes, each with performance measures. These are:

- Public health services, that embed population health in our system with a focus on prevention
- Primary and community services that enable the provision of comprehensive care in our communities, across services ranging from general practice to aged residential care

- Hospital and specialist services that provide expert and timely acute and planned care to communities
- Mental health and addiction services that support people when they have mental health and addiction needs
- Capital expenditure, which provides us the physical and digital infrastructure required to operate a successful health system.

Output classes create the framework for both financial and non-financial reporting. They show how our funding is directed to our activities and how our performance is to be measured.

As in the first year of our establishment, our performance measures for 2023/24 mostly come from existing sources, including the Health System Indicators, Whakamaua, the iGPS and Vote Health. There are some additional measures for new activities set out in Te Pae Tata. The selection of measures remains constrained by the availability of national datasets with meaningful baseline information. The approach to measurement also varies, including:

- Periodic sampling of volumes, such as the number of children enrolled with an oral health service or general practice
- Numbers of activities completed in a financial year, such as the numbers of planned care interventions
- Numbers of activities completed across financial years.

During 2023/24, we will progress more timely data capture and the development of more sophisticated measures, particularly around improving health outcomes, along with equity of access to services.

Output class 1: Public health services

Outcome

Effective public health services improve community health and wellbeing. Te Whatu Ora will complete the integration of public health services nationwide. New operating models will be established, including collaboration with the Ministry of Health and other government departments to improve the conditions that support health and wellbeing. In our regions and localities, this means working with Iwi Māori Partnership Boards, local government, and community stakeholders to embed a population health approach and deliver public health services.

Why is this important?

The health of our communities starts with our physical and social environments. Efficient health investment means public health services working with non-health sectors to

improve physical, cultural, and social environments and therefore minimise the risks of illness. These services use a population focus to influence social, commercial, and environmental factors around how and where we live. Public health promotes healthy approaches to living, monitors the environment such as for air and water quality, and maintains surveillance of diseases and wider hazards in the community. Proactive public health action enables effective responses to hazards before they become risks to our health, such as closing waterways that aren't suitable for swimming, advising on urban planning that may pose risks to health, and promoting safe nutrition environments for our tamariki. The range of actions is broad, from working with small groups to supporting proactive policies such as healthy food environments. A particular focus of public health services is on preventing non-communicable diseases that make up the vast majority of health loss. This means the range of actions is broad and includes supporting proactive policies from healthy food environments, through to smoking, alcohol, and climate change protection.

By improving physical and social environments, public health services minimise the sources of illness and contribute to achieving more equitable health outcomes for everyone.

Performance measures	Baseline period	Baseline value	Target	Te Pae Tata Priority	Provenance of measure
Establish a nationally integrated public health service with consistent operating models	Milestone reporting 2022-23	Milestone report		Priority action 4 – Keep people well in their communities	SPE 2022-23
<p>The achievement of Pae Ora and keeping people well in their community is a priority action under Te Pae Tata. A key milestone to achieving this is the development of the National Public Health Service and the implementation of best practice population health approaches in conjunction with locality teams, Iwi Māori Partnership Boards, and other stakeholders.</p> <p>A consistent population health approach will contribute to Pae Ora through healthy population living well (mauri ora), an empowered and informed population (whānau ora), and healthy environments in which to thrive (wai ora).</p> <p>The organisation will provide a narrative update to the milestone report in quarterly and annual reporting.</p>					

Continue COVID-19 response in line with policy settings, and build towards a new business-as-usual pandemic resilient system	Milestone reporting 2022-23	Milestone report		Priority action 4 – Keep people well in their communities	SPE 2022/23 (with wording refined)
--	-----------------------------	------------------	--	---	------------------------------------

As our national policy settings evolve in line with best practice guidelines, Te Whatu Ora needs to ensure it has effectively mitigated risk and continues to deliver health services while building upon our proactive response to future events.

Given the pressures the COVID-19 pandemic has placed on the system over the past few years, the ongoing monitoring and reporting of progress through this measure will support ongoing pandemic preparedness planning and development of a resilient world class health system. The organisation will provide a narrative update to the milestone report in quarterly and annual reporting.

Percentage of children who have all their age-appropriate schedule vaccinations by the time they are 2 years old	2021 2022 financial year	Māori 70% Pacific 82% Non-Māori, non-Pacific 90%	90% for all ethnicities, rising to 95% in 2024/25	Priority action 4 – Keep people well in their communities	SPE 2022 – 2023 / Te Pae Tata / iGPS / HSI
--	--------------------------	--	---	---	--

The benefit of childhood immunisation in protecting children from avoidable health complications and contributing to a reduction in community transmission has been well established. This measure allows us to track the progress towards the achievement of the Kahu Taurima | Maternity and early years actions in Te Pae Tata, ensuring we lay the best foundations for lifelong health and wellbeing.

This measure is focussed on achievement of an interim target for 2023-24 of a 90% uptake by 2 years of age. This target will lift to the longer-term iGPS target of 95% in 2024/25 and outyears.

This pushes the original target out a year in order to enable the design and implementation of the Immunisation Taskforce recommendations. Meeting these targets will require a fundamental shift in placing Māori, Pacific and Tāngata whaikaha at the

centre of any redesign of Aotearoa’s immunisation system to create more flexible and culturally focused models of care that address current equity gaps. The time needed to co-design the system and embed changes and increase uptake to 95% will require a stepped target over two years to acknowledging the significant change required.

Uptake of influenza immunisations for people aged 65+	2021 calendar year	Māori 53%	70% for all ethnicities, rising to 75% in 2024/25	Priority action 4 – Keep people well in their communities	SPE 2022 – 2023 / iGPS
		Pacific 67%			
		Non-Māori, non-Pacific 64%			

Winter is a particularly demanding time for our health system with parts of the system operating at high volumes. Influenza immunization is an important part of Te Whatu Ora’s winter preparedness plan supporting our health system to continue operating effectively. Those over 65 years are at a higher risk of increased disease severity and likelihood of complications than other groups.

By measuring the rate of vaccination in this group we are focused on ensuring people are supported to live well in the community, avoiding unnecessary hospitalisations. This target will lift from the interim 2023-24 target of 70% to the longer-term iGPS target of 75% in 2024/25 and outyears.

We are continuing to progress and implement strategies to improve uptake of flu vaccinations for those over 65 years of age. This includes growing our Māori and Pacific immunisation workforce and providers to deliver this. More work is required in this area and it is anticipated that the benefit of this will not be fully realised till 2024/25, noting that the delivery of flu vaccine crosses the financial years (April- October) and therefore measuring the outcome of activity and changes will not be fully visible till 2024/25.

Uptake of Human Papillomavirus (HPV) immunisations among those aged 9-26.	2021 2022 financial year	Māori 57%	70% for all ethnicities, rising to 75% in 2024/25	Priority action 4 – Keep people well in their communities	SPE 2022 – 2023 / iGPS
		Pacific 61%			
		Non-Māori, non-			

		Pacific 65%			
<p>There is strong evidence linking HPV vaccination to a reduced risk of cervical, head and neck, and other cancers. About a third of all HPV cancers affect men directly, with vaccination for young men indirectly provides protection against cancer for future partners.</p> <p>The measure indicates how well our vaccination campaign is performing and by extension the contribution towards enabling people to live well in the community. This target will lift from the interim 2023-24 target of 70% to the longer-term iGPS target of 75% in 2024/25 and outyears.</p> <p>There remain barriers to immunisation for HPV, including misunderstanding/misinformation and a need to improve the school-based vaccination system. A stepped target for HPV vaccination reflects that we are currently undertaking this review which is due in July, implementation of recommendations from this review will support increasing uptake to 75% over two years.</p>					

Output class 2: Primary and community services

Outcome

Primary and community services is a catch-all phrase for an extensive services network that ranges from general practice, through to community nursing and aged residential care. These health services prevent and mitigate against deterioration of health status to maintain independence and support continuous care.

Why is this important?

Detecting and managing health problems early means that people can maintain their independence and functioning without the need for more invasive or intensive interventions. Timely access to primary and community services means that people at risk of becoming unwell, or who have early-stage problems can get diagnostic and treatment services to manage their condition, in many cases avoiding further deterioration.

Primary and community services are also important for chronic conditions like diabetes, respiratory problems, gout, cardiovascular disease, and stroke. People can manage these conditions with the help of their local general practice or community services and continue to live as well as possible in their community.

We note that ASH rates (rates of hospital admission for conditions that might have been better managed in the community) are a good indicator of overall system performance. They do reflect preventable admissions that can be avoided by long term good primary healthcare, however, we also note that socio-economic factors can trump clinical and

preventative care interventions. While we are retaining them as a measure in this section, they should be reviewed with this in mind.

Performance measures	Baseline period	Baseline value	Target	Te Pae Tata Priority	Provenance of measure
Localities are established	Milestone reporting 2022-23	Milestone report		Priority action 2 – Embed Te Tiriti o Waitangi across the health sector	SPE 2022 – 2023 / Te Pae Tata / iGPS
<p>The achievement of Pae Ora and keeping people well in their community is a priority action for the health system under Te Pae Tata. A key milestone to achieving this is the establishment and functioning of the localities nationally in conjunction with provider networks, Iwi Māori Partnership Boards, and other stakeholders. Around 60 to 80 localities will be established in communities around Aotearoa by July 2024. The organisation will provide a narrative update to the milestone report in quarterly and annual reporting. This update will address how localities have embedded Te Tiriti o Waitangi into their functioning and their ongoing engagement with iwi-Māori partnership boards.</p>					
Provider networks are established	Milestone reporting 2022-23	Milestone report		Priority action 2 – Embed Te Tiriti o Waitangi across the health sector	SPE 2022 – 2023 / Te Pae Tata / iGPS
<p>The achievement of Pae Ora and placing whānau at the heart of the system is a priority action under Te Pae Tata. A key milestone to achieving this is the establishment and functioning of our provider networks in conjunction with Iwi Māori Partnership Boards, and other local stakeholders. When operational, these networks will support the operation of integrated solutions for care and offer a means to contribute to system development. The organisation will provide a narrative update to the milestone report in quarterly and annual reporting.</p>					
Mean Decayed Missing Filled Teeth (DMFT) at school Year 8	2021 calendar year	Māori 1.07 Pacific 0.83 Non-	10% reduction from the average for previous 4	Priority action 1 – Place whānau at the heart of the	Good Oral Health for All, for Life: The Strategic

(age 12/13 years)		Māori, non-Pacific 0.55	years and/or maintain performance for populations with DMFT rates lower than the total population	system to improve equity and outcomes	Vision for Oral Health in New Zealand
<p>A key action of the Kahu Taurima Maternity and early years priority in Te Pae Tata is to re-design and promote community-based oral health services for children so that they are more responsive, particularly to Māori whānau and Pacific aiga. Removal of barriers to access will promote good dentition and oral hygiene at an early age, laying the foundations for lifelong health and wellbeing.</p> <p>This measure places clear emphasis on the importance of this initiative and the achievement of reducing dental disease for all young people.</p>					
Percentage of children enrolled with a general practice (or a kaupapa Māori provider delivering general practice care) by age 3-months	Sampled at 1 April 2022	Māori 67% Pacific 80% Non-Māori, non-Pacific 95%	85% overall and maintain performance for populations exceeding this target	Priority action 1 – Place whānau at the heart of the system to improve equity and outcomes	Updated from SPE 2022 – 2023
<p>The first few months of a newborn’s life are important formative stages, therefore it is important that parents have the support they need and the reassurance and care required when things don’t go to plan. This measure allows us to track the progress towards the achievement of the Kahu Taurima Maternity and early years actions in Te Pae Tata, ensuring we lay the best foundations for lifelong health and wellbeing.</p> <p>It also provides us with a snapshot of the accessibility of primary care services to a potentially vulnerable group and allows us to target initiatives to address non-enrolment.</p> <p>Our ambition is for 100% access to primary care and we will work towards setting this as a target as we develop our performance measures into the future.</p>					

Percentage of people enrolled with a general practice (or a kaupapa Māori provider delivering general practice care)	Sampled at 1 July 2022	Māori 83% Pacific 97% Non-Māori, non-Pacific 96%	95% overall and maintain performance for populations exceeding this target	Priority action 1 – Place whānau at the heart of the system to improve equity and outcomes	Updated from SPE 2022 – 2023
<p>Ready access to primary care services when you most need them is an important part of the system and allows us to reserve emergency departments for those who most need them. An established relationship with a provider also supports the goal of keeping people well in their communities, with your individual needs and experience being understood more clearly.</p> <p>This measure provides us with a snapshot of the accessibility of primary care services and allows us to target initiatives to address non-enrolment.</p> <p>Our ambition is for 100% access to primary care and we will work towards setting this as a target as we develop our performance measures into the future.</p>					
Percentage of smokers enrolled with a stop smoking service, who set a target quit date and will be CO ₂ validated at 4 weeks	2021 2022 financial year	Māori 49% Pacific 18% Non-Māori, non-Pacific 33%	50%	Priority action 1 – Place whānau at the heart of the system to improve equity and outcomes	New
<p>In line with the goals of Smokefree Aotearoa 2025, Te Whatu Ora has a role to play in promoting smoking cessation services and improving the health and wellbeing of smokers and those in their environment.</p> <p>This measure allows us to continue to support this important work and contribute to an eventual reduction in demand for some healthcare services in the future.</p>					
Percentage of people who say they felt involved in their	Q4 2021 to Q3 2022	Māori 84% Pacific 84% Non-	Improve from baseline (trend to increase)	Priority action 1 – Place whānau at the heart of the	SPE 2022 – 2023 / HSI

own care and treatment with their GP or nurse		Māori, non-Pacific 86%		system to improve equity and outcomes	
<p>Te Pae Tata places a strong emphasis on placing people and their whānau at the centre of their healthcare journey, empowering them to influence the design and forward planning of care in their localities. A trip to primary care can be difficult for both patient and whānau, where results are communicated and important decisions may need to be made. Therefore, it is important that our system allows the opportunity to have their views heard.</p> <p>This measure will allow us to monitor this important area and along with other measures signals when further analysis may be required to address a reduction in achievement.</p>					
Rate (per 100,000) of hospital admissions for children under five years of age for an illness that might have been prevented or better managed in the community	Q4 2021 to Q3 2022	Māori 6,590 Pacific 10,258 Non-Māori, non-Pacific 4,802	Improve from baseline (trend to decrease)	Priority action 4 – Keep people well in their communities	SPE 2022 – 2023 / Te Pae Tata / iGPS / HSI / Whakamaua
<p>Ambulatory sensitive hospitalisation (ASH) is when someone is hospitalised for a condition that could have been treated or managed in primary or community care, preventing the hospitalisation. In the ideal scenario, primary and community care will effectively manage the health of as much of the population as possible. For children, this can be quite distressing as they are away from home in an environment that is unfamiliar. However, this isn't always possible, and, in some cases, inpatient treatment is unavoidable.</p> <p>Multiple factors including social and environmental determinants have a large impact on ASH rates and this measure provides context for further analysis.</p>					
Rate (per 100,000) of hospital admissions for	Q4 2021 to Q3 2022	Māori 6,739 Pacific 7,370	Improve from baseline (trend to decrease)	Priority action 4 – Keep people well in	SPE 2022 – 2023 / Te Pae Tata/

people aged 45-64 years for an illness that might have been prevented or better managed in the community		Non-Māori, non-Pacific 2,869		their communities	iGPS / HSI / Whakamaua
<p>Ambulatory sensitive hospitalisation (ASH) is when someone is hospitalised for a condition that could have been treated or managed in primary or community care, preventing the hospitalisation. In the ideal scenario, primary and community care effectively manages the health of as much of the population as possible. However, this isn't always possible, and, in some cases, inpatient treatment is unavoidable.</p> <p>Multiple factors including social and environmental determinants have a large impact on ASH rates and this measure provides context for further analysis.</p>					
Improve digital access to primary and mental healthcare to improve access and choice including virtual after-hours and telehealth with a focus on rural communities	Milestone reporting 2022-23	Milestone report		Priority action 5 – Develop greater use of digital services to provide more care in homes and communities	Te Pae Tata
<p>The achievement of Pae Ora and keeping people well in their community is a priority action for the health system under Te Pae Tata. Likewise, there is an intent to expand the availability of healthcare services through virtual means where possible. A connected telehealth system will provide access to rural communities and places where specialist knowledge is not physically available. The organisation will provide a narrative update to the milestone report in quarterly and annual reporting.</p>					

Output class 3: Hospital and specialist services

Outcome

People should receive access to specialist outpatient and hospital services in a timely manner for diagnostic and treatment services, so they can live as well as possible and

avoid preventable deterioration of their health condition. This means they are able to continue their lives as part of the community.

Why is this important?

Specialist services are situated in intensive health service environments like surgical centres and hospitals. Specialist services employ a wide range of professionals and technical people, along with specialised equipment for diagnosis, treatment, and rehabilitation. These services include acute and planned services, and are delivered in ambulatory, emergency, and inpatient settings. The effective and prompt resolution of medical and surgical emergencies and planned treatment of significant conditions reduces mortality, restores functional independence, and improves health-related quality of life, thereby improving population health.

In our first two years, Te Whatu Ora will concentrate on developing its specialist and hospital networks to optimise the capacity of these services, along with ensuring accommodation and transport support for rural and underserved populations where people need to travel to receive care.

Performance measures	Baseline period	Baseline value	Target	Te Pae Tata Priority	Provenance of measure
Proportion of people waiting longer than four months for their first specialist assessment	Q4 2021 to Q3 2022	26%	0% This is a multi-year target and operational plans will determine annual target	Priority action 4 – Keep people well in their communities	iGPS / SPE 2022 – 2023 /Whakamaua / Te Pae Tata

Being referred for a first specialist assessment can be an anxious time of waiting. Te Pae Tata is committed to a more integrated hospital and specialist service, where the system responds in an equitable and timely manner.

This measure places a focus on the time taken to see a specialist to inform treatment planning and in combination with other measures gives an indication of progress of the Planned Care Taskforce. The measure is currently reported at a national level for the whole population, a focus on ethnicity and geographical areas is the preferred approach for future versions. This is a multi-year target and operational planning currently underway for 2023/24 and outyears will address specific actions to achieve.

Proportion of people given a commitment to treatment and who are not treated within four months	Q4 2021 to Q3 2022	41%	0%	Priority action 4 – Keep people well in their communities	iGPS / SPE 2022-23 /Whakamaua
---	--------------------	-----	----	---	-------------------------------

Waiting for treatment for a health condition can be an anxious time for many New Zealanders. Te Pae Tata is committed to a more integrated hospital and specialist service, where the system responds in an equitable and timely manner.

This measure focusses on the time taken to see a specialist to inform treatment planning and in combination with other measures gives an indication of progress of the Planned Care Taskforce. The measure is currently reported at a national level for the whole population, a focus on ethnicity and geographical areas is the preferred approach for future versions. This is a multi-year target and operational planning currently underway for 2023/24 and outyears will address specific actions to achieve.

Number of acute bed days spent in hospital	Q4 2021 to Q3 2022	Māori 341,366 Pacific 154,929 Non-Māori, non-Pacific 1,577,694	≤, standardised rate is preferable	Priority action 4 – Keep people well in their communities	SPE 2022-2023 / Whakamaua / HSI / Te Pae Tata
--	--------------------	--	---	---	---

Hospital and specialist services are important to restore people's health and improve patient and whānau outcomes when they require more immediate care. A central focus of Te Pae Tata is keeping people well in their community through the provision of a wider range of services and modes of access that suit them best. While this is preferable, it is not always possible and inpatient care is sometimes required.

This measure focuses attention onto the quantum of the population accessing specialist care in the period and along with other available system measures will signal when further analysis may be required to address causes of any increases.

Standardised rate of acute readmissions within 28 days of discharge	Q4 2021 to Q3 2022	Māori 12% Pacific 12% Non-Māori, non-Pacific 12%	12% This is a multi-year target and operational plans will determine annual target	Priority action 4 – Keep people well in their communities	iGPS / SPE 2022-2023
---	--------------------	--	---	--	----------------------

Acute readmission rate analysis is a well-established method of quality improvement, evaluating clinical practices and whole of system improvement. Acute readmissions may sometimes be a part of an expected course of patient care and can be unavoidable. However, with the focus of keeping people well in the community under Te Pae Tata, it is important to remain focussed on reducing unnecessary hospitalisation where possible.

This measure forms a basis to focus on the quality of post-discharge experiences. This is a multi-year target and operational planning currently underway for 2023/24 and outyears will address specific actions to achieve.

Number of planned care interventions delivered against target, including: inpatient surgical discharges; minor procedures delivered in inpatient, outpatient and community settings; and non-surgical interventions	2021 22 financial year	Baseline July 2021-June 2022 Inpatient discharges – 158,693 Minor procedures – 138,572 Non-surgical interventions – 2,429	Maintain delivery of planned care intervention volumes in line with delivery plans	Priority action 4 – Keep people well in their communities	Updated from SPE 2022-2023
---	------------------------	--	--	--	----------------------------

Demand for Planned Care services is increasing for several reasons, including both the increasing size of our ageing population and new technologies that mean more types of

treatments are available. The Planned Care vision is that ‘New Zealanders experience timely, appropriate access to quality Planned Care which achieves equitable health outcomes’ aligning with the direction of Te Pae Tata.

This measure provides the means to monitor this responsiveness and to support ongoing efforts to remove barriers to accessing timely care. We will work towards including ethnicity data for this measure going forward.

Percentage of people in adult inpatient care who responded, who report they were involved as much as they wanted to be in making decisions about their treatment	Q4 2021 to Q3 2022	Māori 77% Pacific 77% Non-Māori, non-Pacific 78% Disabled people 71%	Improve from baseline (trend to increase)	Priority action 1 – Place whānau at the heart of the system to improve equity and outcomes	SPE 2022-2023
--	--------------------	---	---	--	---------------

Te Pae Tata places a strong emphasis on placing people and their whānau at the centre of their healthcare journey, empowering them to influence the design and forward planning of care in their localities. An inpatient stay can be a very stressful time for both patient and whānau, so it is important that our system allows the opportunity to have their views heard.

This measure will allow us to monitor this important area and along with other measures signals when further analysis may be required to address gaps.

Percentage of patients will be admitted, discharged, or transferred from an ED within six hours	2021 2022 financial year	78.8%	95% This is a longer-term target and will not be achieved within 2023-24	Priority action 4 – Keep people well in their communities	New
---	--------------------------	-------	---	---	-----

Our emergency departments are designed to provide urgent care for those most in need when they need it. There is increasing evidence that both long stays and overcrowding in emergency departments are linked to negative clinical outcomes and distress for people and their whānau.

This measure will report a yearly average from regular monitoring that occurs in the system at present. The reason for a decrease or increase in achievement can be complex and this measure will support more in-depth analysis of the root cause. This is a multi-year target and operational planning currently underway for 2023/24 and outyears will address specific actions to achieve.

Number of people with an inpatient length of stay of greater than 7 days	2021 2022 financial year	Māori 10,836 Pacific 5,342 Non-Māori, non-Pacific 51,781	Target to be established	Priority action 4 – Keep people well in their communities	New
--	--------------------------	--	--------------------------	---	-----

An inpatient stay can be a very stressful time for both patient and whānau, and the shorter it can be made safely the better to allow recovery in the community. Achieving a complete removal of these longer-term stays is not possible, as complex conditions such as spinal injuries require a longer time to rehabilitate accordingly.

This measure places focus on this area and in establishing a baseline, will allow the organisation to build a more integrated system. In 2023/24, hospital and specialist services will establish a target from baseline following further analysis.

Output class 4: Oranga Hinengaro | Mental health and addictions

Outcome

Mental health and addiction services provide support to people who are experiencing issues in their life which are causing them distress or impacting on their wellbeing. Investment to improve appropriate access to services and community support will improve mental health outcomes. There should be less need for specialist mental health and addiction services (services for those with the most severe mental health and addiction needs) when there are early intervention options which can be accessed in the community. Ensuring services and support are culturally safe will make a positive difference to how people experience services and their recovery.

Why is this important?

Most people across Aotearoa will experience mental health and addiction challenges at some point in their lives. Mental health and addiction services make a positive difference to people’s health and wellbeing, enabling people to get through a challenging time without serious or lasting disruption to their lives. Earlier intervention can be enabled through strengthened primary care practices with expertise to provide a comprehensive approach to health and wellbeing. People can recover in their communities through primary and community-based services, and through more specialist services when problems are more serious. These services engage families and whānau, recognising that whānau play an important support role and may also need considerable help.

People with serious mental health problems may need help from specialist inpatient services, followed by support on discharge that enables them to live well in the community. Good quality wrap around mental health and addiction services help to reduce future admissions to acute services. They help people who are experiencing mental health and addiction challenges to maintain relationships, retain jobs and enjoy valued activities.

We are delivering mental health and addiction services in line with He Ara Oranga, Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing, and Oranga Hinengaro: System and Service Framework.

Performance measures	Baseline period	Baseline value	Target	Te Pae Tata Priority	Provenance of measure
People served by specialist MH&A services per 100,000 people (both Te Whatu Ora and NGO delivered specialist services)	Q4 2021 to Q3 2022	Māori 5,650 Pacific 2,905 Non-Māori, non-Pacific 2,988	Target to be established	Priority action 1 – Place whānau at the heart of the system to improve equity and outcomes	SPE 2022 – 2023
<p>Supporting people to access the most appropriate ways of staying well is a central thread to Te Pae Tata. In the event of a more complex case presentation the most appropriate place is sometimes specialist mental health services where dedicated staff can support the pathway to wellbeing.</p> <p>By focusing a measure on the complex end of care, we can monitor need in the community and prepare a basis for further analysis where indicated. Operational planning is currently underway to establish this target.</p>					

Percentage of child and youth (under 25) accessing mental health services within three weeks of referral	Q4 2021 to Q3 2022	Māori 79% Pacific 87% Non-Māori, non-Pacific 68%	80% overall and maintain performance for populations exceeding this target	Priority action 1 – Place whānau at the heart of the system to improve equity and outcomes	iGPS, HSI, Whakamaua / SPE 2022 – 2023 / Te Pae Tata
--	--------------------	--	--	--	--

The onset of serious mental illness mostly occurs before the age of 25 and if not effectively treated can become a more complex lifelong condition. Given the vulnerability of this time of development, it is important to focus on the specific needs of young people presenting with a first episode of illness to empower them to live to their full potential.

This measure indicates how well the system is responding to the demand at this important time, with a reduction in percentage achievement focusing efforts onto those most in need.

Number of people accessing integrated primary mental health and addiction services per 100,000 people	Baseline to be set	Baseline to be set	Target to be established	Priority action 1 – Place whānau at the heart of the system to improve equity and outcomes	iGPS
---	--------------------	--------------------	--------------------------	--	------

The ongoing development of the integrated primary mental health and addiction service, the removal of barriers to accessing support when required and the integration of specialist services with NGO, primary and community providers are priority actions under the Oranga Hinengaro priority of Te Pae Tata. This initiative caters to a wide spectrum of complexity from addressing low to moderate cases of distress at first presentation to actively managing higher complexity in the community.

This measure provides a means to establish a baseline for the uptake of the initiative and to support ongoing monitoring as it is rolled out nationally. Operational planning is currently underway to establish this target.

Output class 5: Capital expenditure

Outcome

Capital programmes are focused on construction and refurbishment of health facilities; procurement, upgrade, and implementation of information solutions; and procurement and upgrade of equipment. Delivery of projects should meet planned targets to the standards agreed. When infrastructure is well designed, capital is optimally allocated, and projects are delivered well, which enables more effective and efficient delivery of health services.

Why is this important?

Infrastructure is a major component of the health system, which impacts on patient and staff satisfaction, and the quality and safety of care. Healthcare facilities are complex with significant site infrastructure, fixed, mobile and digitally-enabled equipment required to support service delivery. International experience indicates that similar levels of capital are required for buildings as for the equipment that enables healthcare services.

The Infrastructure and Investment Group (IIG) leads health capital infrastructure investment and asset management and maintenance of existing assets for the sector. It plans, prioritises, manages, and monitors the health estate including the delivery of infrastructure projects, and standardises the way projects are designed and delivered. The IIG are developing a National Infrastructure Asset Management Strategy and Infrastructure Investment Plan. These are expected to be delivered in December 2023. The IIG are also developing their systems and processes. As such performance measures are not yet in place and will be developed during 2023/24.

Te Whatu Ora Data and Digital team lead the delivery of health capital investment related to data and digital projects. Data and Digital provide system stewardship to ensure long term planning account for balancing technological debt, innovation, and workforce experience.

The two actions in the performance measures table below are two of the seven Te Pae Tata actions that will help 'Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system' (Te Pae Tata priority action 6) and that we will work on during 2023/24. This in turn supports the implementation of iGPS priority 5: Ensuring a financially sustainable health sector.

Performance measures	Baseline period	Baseline value	Target	Te Pae Tata Priority	Provenance of measure
Progress the approved capital infrastructure projects that are	Milestone reporting 2022-23	Milestone report		Establish Te Whatu Ora and Te Aka Whai	Updated from SPE 2022-23

underway, taking all practicable measures to ensure that project milestones are met and anticipated benefits realised, within budget				Ora to support a financially sustainable system.	
<p>Delivering on the actions in Te Pae Tata requires a concerted effort involving construction and refurbishment of facilities and upgrade and procurement of digital solutions and specialist equipment. By the provision of a narrative update to the milestone report, we ensure we remain accountable and responsive to change.</p> <p>The organisation will provide a narrative update to the milestone report in quarterly and annual reporting.</p>					
Deliver the approved digital capital projects in line with Business Cases	Milestone reporting 2022-23	Milestone report		Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system	Updated from SPE 2022-23
<p>Delivering on the actions in Te Pae Tata requires a concerted effort involving construction and refurbishment of facilities and upgrade and procurement of digital solutions and specialist equipment. By the provision of a narrative update to the milestone report, we ensure we remain accountable and responsive to change.</p> <p>The organisation will provide a narrative update to the milestone report in quarterly and annual reporting.</p>					

The table below summarises the number of material infrastructure development projects across Te Whatu Ora and their value by geographic region for the financial years 2022/233 to 2023/24.

Project Area	Planned Projects completion for FY2022/23	Total Project Cost	Planned Projects completion for FY2023/24	Total Project Cost
Auckland			3	\$71.4 m
Bay of Plenty			3	\$18.2 m

Canterbury	3	\$153.4 m	1	\$12.0 m
Capital & Coast			6	\$34.8 m
Counties Manukau	1	\$5.0 m	3	\$68.0 m
Hawke's Bay	2	\$7.0 m	5	\$61.1 m
Lakes	1	\$6.0 m	1	\$1.8 m
Hutt Valley			2	\$17.5 m
MidCentral			4	\$38.9 m
Nelson Marlborough			5	\$11.8 m
Northland	1	\$19.5 m	6	\$81.1 m
South Canterbury	1	\$4.6 m	1	\$.8 m
Southern	1	\$27.2 m	4	\$40.6 m
Tairāwhiti	1	\$8.8 m	4	\$39.2 m
Taranaki			2	\$1.2 m
Waikato	2	\$6.1 m	1	\$4.1 m
Wairarapa			1	\$.7 m
Waitematā	2	\$1.7 m	7	\$69.2 m
West Coast	1	\$21.0 m	2	\$1.1 m
Whanganui			1	\$.5 m
Total	16	\$260.3 m	62	\$573.9 m

Financial performance

The purpose of this financial statement is to provide a base against which our financial performance can be assessed to inform our public accountability. This statement is prepared for this purpose, and the information may not be appropriate for any other purpose.

It has been prepared in accordance with New Zealand generally accepted accounting practice (New Zealand GAAP) for public benefit entities. Its purpose is to assure Parliament of the planned performance of Te Whatu Ora. The use of the information for other purpose may not be appropriate. Actual financial results achieved for the period covered may vary from the information presented, and the variations may be material. The information in the prospective financial statements is unaudited. There is no intention to update the prospective financial statement subsequent to presentation.

Reporting entity

Te Whatu Ora – Health New Zealand is the national health provider organisation that is domiciled and operates in Aotearoa. The relevant legislation governing the operations includes the Crown Entities Act 2004 and the Pae Ora (Healthy Futures) Act 2022. Te Whatu Ora commissions and provides publicly funded health services to all New Zealanders. Te Whatu Ora is an amalgamation of the 20 District Health Boards, Te Hīringa Hauora (Health Promotion Agency), and their subsidiaries. Te Whatu Ora has also received many functions that transferred from Manatū Hauora. The financial statement is presented as a consolidated view of the entities that have been amalgamated into Te Whatu Ora as part of the reform outlined in the Pae Ora (Healthy Futures) Act 2022.

Statement of compliance and basis of preparation

This prospective profit and loss statement of Te Whatu Ora has been prepared in accordance with the requirements of the Crown Entities Act 2004 and the Pae Ora (Healthy Futures) Act 2022, which include the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP). Te Whatu Ora is a Crown agent within the meaning of section 10(1)(a) of the Crown Entities Act 2004. Requirements include the need for Te Whatu Ora to have a Board of Directors. The financial accounts are prepared on the basis that all of the Pae Ora (Healthy Futures) Act 2022 Section 10 transfers of assets, money payable, liabilities, contracts, entitlements and employees have transferred to Te Whatu Ora. This transfer took effect from 1 July 2022. The transfer is complete for the 20 district health boards, Te Hīringa Hauora – Health Promotion Agency, and their subsidiaries, and transferring functions from Manatū Hauora.

A single set of accounts is in place for all revenues and planned expenditures. These entities, prior to amalgamation, assisted in the compilation of the district operating cost and revenue budgets which have been used to create these consolidated accounts.

Critical to the establishment of these accounts was confirmation of Crown revenue. The appropriation revenue from the Crown of \$22.898bn will be available for the 2023/24 year. This includes the contingency required to respond to cost pressures in health service delivery.

Preparation of financial material

The following assumptions have been used in preparing these prospective financial statements:

- Minimum appropriation revenue from the Crown of \$22.898bn will be available for the 2023/24 year.
- The operating costs have been prepared based on known and planned expenditure to deliver the current level of service provision, and the budget priorities outlined by Government in the Vote appropriation.
- Latest expectations regarding Pay Equity have been included in the financial projections.
- Financial risks remain, mainly related to unsettled wage negotiations and unfinalised third party supplier contracts.

Asset management and capital planning is being developed on a consistent national basis and will be fully implemented. These intentions are outlined in Te Pae Tata.

Financial reporting from the transferring entities has been provided on a consistent national basis from 1 July 2022. Performance reporting will show a national picture of delivery but also provide information on population and geographic variation including regional and district reporting.

Prospective financial statements

The following tables provide information on the future financial performance, position, and cash flows of Te Whatu Ora.

Forecast 2023 24 Comprehensive Statement of Revenue and Expenses

	2023 24 \$ Millions	2022 23 \$ Millions
Revenue		
Appropriations	22,898	20,424
Covid Funding	295	1,420
Other Government Revenue	1,940	1,843
Third Party Revenue	987	951
Total Revenue	26,120	24,638
Expenses		

Internal Personnel		
Medical Personnel	3,043	2,839
Nursing Personnel	4,575	3,800
Allied Health Personnel	1,406	1,376
Support Personnel	330	313
Management & Admin Personnel	1,591	1,610
Total Internal Personnel	10,945	9,938
Other Operating Costs		
Outsourced Personnel	281	324
Outsourced Services	968	1,333
Clinical Supplies	1,949	2,264
Infrastructure & Non-Clinical Supplies	1,669	1,630
Total Other Operating Costs	4,866	5,551
Primary and Community Services		
Personal Health	5,616	4,843
Mental Health	771	692
Disability Support Services	2,279	2,221
Public Health	378	273
Total Primary and Community Services	9,045	8,029
Interest, Depreciation and Capital Charge		
Depreciation	809	791
Interest & Capital Charge	455	329
Total Interest, Depreciation and Capital Charge	1,264	1,120
Total Expenses	26,120	24,638
Net Surplus/(Deficit) from Operations	0	0

Forecast Statement of Financial Position as at 30 June 2024

	2023 24 \$ Millions	2022 23 \$ Millions
Current Assets		
Cash – BNZ Sweep	969	1,485
Term Deposits	900	942
Prepayments	190	205
Debtors	917	945
Inventory	590	813
Total	3,566	4,390
Current Liabilities		
Creditors	2,800	3,021
Income in Advance	98	308
GST Input/Output Adjustments	304	285
Payroll Accruals	445	653
Employee Entitlements	875	860
Annual Leave Accrued	2,994	2,967
Total	7,516	8,094
Net Working Capital	-3,950	-3,704
Non Current Assets		
Land	1,730	1,730
Buildings and Plant	8,590	7,800
Clinical Equipment	827	688
Other Equipment	94	99
Information Technology	198	95
Software	262	265
Motor Vehicles	17	21
Work in Progress	2,338	1,888

Investments in Subsidiaries and Associates	644	689
Long Term Investments	118	103
Other	19	12
Total	14,836	13,390
Non Current Liabilities		
Employee Entitlements – Non Current Portion	289	268
Term Loans	81	107
Restricted Trusts and Special Funds	30	34
Other	3	2
Total	403	410
Net Funds Employed		
Crown Equity	6,614	6,614
Capital Injections	3,664	2,456
Revaluation Reserve – Land	1,693	1,693
Revaluation Reserve – Buildings	4,386	4,386
Other	4	4
Retained Earnings	-5,877	-5,877
Total	10,484	9,276

Forecast 2023 24 Statement of Cash Flows

	2023 24 \$ Millions	2022 23 \$ Millions
Cash Flows From Operating Activities		
<i>Cash to be provided from:</i>		
Appropriations	22,898	20,886
Covid Funding	295	1,845
Other Government	1,940	1,993

Interest	150	200
Third Party Revenue	837	1,156
Total	26,120	26,080
<i>Cash to be applied to:</i>		
Payments to Employees	11,153	10,108
Payments to Hospital Suppliers	5,116	5,366
Payments to Community Providers	9,064	8,045
Net GST Inputs/Outputs	-19	-196
Total	25,314	23,323
Net Cash Flows from Operating Activities	806	2,757
Cash Flows From Investing Activities		
<i>Cash to be applied to:</i>		
Purchase of Property, Plant and Equipment	2,117	1,147
Net Cash Flows from Investing Activities	-2,117	-1,147
Cash Flows from Financing Activities		
<i>Cash to be applied to:</i>		
Capital Charge	455	415
<i>Cash to be provided from:</i>		
Equity Injections re Capital	1,208	556
Net Cash Flows from Financing Activities	753	141
Net Cash Flows from All Activities	-558	1,751
Cash at Beginning of Year	2,427	676
Cash at June 2024	1,869	2,427

Forecast 2023 24 Statement of Changes in Equity

	2023 24 \$ Millions	2022 23 \$ Millions
Forecast Opening Balance 30 June 2024	9,276	8,720
Comprehensive Revenue and Expense	0	0
Capital Injections	1,181	556
Forecast Closing Balance 30 June 2024	10,457	9,276

Statement of accounting policies

Reporting Entity

Te Whatu Ora-Health New Zealand is a Crown entity as defined by the Crown Entities Act 2004 (CEA) and is domiciled and operates in New Zealand. The relevant legislation governing Te Whatu Ora's operations is the CEA and the Pae Ora (Healthy Futures) Act 2022 (the Act) and the New Zealand Public Health and Disability Act 2000. Te Whatu Ora's ultimate parent is the New Zealand Crown.

Te Whatu Ora consists of the following Combining Entities - twenty disestablished District Health Boards (DHBs), seven associated Shared Service Agencies (SSAs), Te Hiringa Hauora/Health Promotion Agency (HPA) and certain operations of the Ministry of Health (MoH). The Act disestablished and combined DHBs and HPA into one new organisation, Te Whatu Ora. Under the Health Sector (Transfers) Act 1993, certain assets, liabilities, contracts, and employees of MoH and SSAs were transferred to Te Whatu Ora by way of two Orders in Council.

Te Whatu Ora's primary objective is to deliver health, disability, and mental health services to the communities across New Zealand. Te Whatu Ora does not operate to make a financial return.

Te Whatu Ora is designated as a public benefit entity (PBE) for the purposes of complying with generally accepted accounting practice (GAAP).

Basis of Preparation

Health Sector Reforms

On 21 April 2021, the Minister of Health announced the health sector reforms in response to the Health and Disability System Review. The reforms replaced all 20 DHBs with a new Crown entity, Te Whatu Ora, that is responsible for running hospitals and commissioning primary and community health services. It includes four regional divisions. Additionally, under the Health Sector (Transfers) Act, certain assets, liabilities, contracts, and employees of MoH and SSAs were transferred to Te Whatu Ora by way of two Orders in Council.

The following entities were combined into Te Whatu Ora:

1. Northland DHB
2. Waitemata DHB
3. Auckland DHB
4. Counties-Manukau DHB
5. Waikato DHB
6. Lakes DHB
7. Bay of Plenty DHB
8. Tairāwhiti DHB
9. Taranaki DHB
10. Whanganui DHB
11. Hawke's Bay DHB
12. MidCentral DHB
13. Hutt Valley DHB
14. Capital and Coast DHB
15. Wairarapa DHB
16. Nelson Marlborough DHB
17. West Coast DHB
18. South Canterbury DHB
19. Canterbury DHB
20. Southern DHB
21. Te Hiringa Hauora/Health Promotion Agency
22. HealthSource New Zealand Limited

23. healthAlliance N.Z. Limited
24. HealthShare Limited
25. Central Region's Technical Advisory Services Limited
26. South Island Shared Services Agency Limited
27. Northern Regional Alliance Limited
28. New Zealand Health Partnerships Limited
29. Certain functions of the Ministry of Health

As a result of the reforms, responsibility for public health policy, strategy, monitoring and intelligence rests with a new Public Health Agency, that resides within MoH. A new statutory entity, Te Aka Whai Ora-Māori Health Authority (MHA) has been formed to working partnership with Te Whatu Ora and MoH to ensure the health system works well for Māori. The MHA will lead changes in the way the health system understands and responds to Māori, develop strategy and policy, commission kaupapa Māori services and monitor systems performance to reduce inequities for Māori. Legislation to establish the new entities and disestablish DHBs came into effect on 1 July 2022.

Measurement of the Assets and Liabilities

The assets and liabilities of the Combining Entities are measured at their carrying amount as of the amalgamation date, with adjustment made where required to conform to Te Whatu Ora's accounting policies.

Changes in accounting policies

A single uniform set of accounting policies, consistent with the requirements of PBE Standards, is adopted by Te Whatu Ora. A corresponding adjustment to net assets/equity is made for any required adjustments to the carrying amounts on amalgamation. The accounting policies selected were reviewed and approved by the Te Whatu Ora Board.

Standards issued and not yet effective and not early adopted

Standards and amendments, issued but not yet effective that have not been early adopted, and which are relevant to the group are:

PBE IPSAS 41 Financial instruments

PBE IPSAS 41 replaces PBE IFRS 9 Financial Instruments and is effective for the year ending 30 June 2023, with earlier adoption permitted. There was a non-significant impact as a result of adopting the new standard as the requirements are similar to those contained in PBE IFRS 9.

PBE FRS 48 Service Performance Reporting

PBE FRS 48 replaces the service performance reporting requirements of PBE IPSAS 1 Presentation of Financial Statements and is effective for the year ending 30 June 2023, with earlier adoption permitted. Te Whatu Ora has not yet determined how application of PBE FRS 48 affected its statement of performance.

Comparatives

Te Whatu Ora is not required to present comparative information on the face of its financial statements for the periods prior to the amalgamation date. Management has determined that the disclosure of comparative information for each of the Combining Entities would result in lengthy financial statements being presented that may unnecessarily confuse the users of its financial statements. As such, no comparative information is to be presented. The effects of amalgamation are to be disclosed in the financial statements as required.

Foreign currency transactions

Foreign currency transactions (including those for which forward foreign exchange contracts are held) are translated into NZ dollars (the functional currency) using the spot exchange rate prevailing at the date of the transaction. Foreign exchange gains and losses resulting from the settlement of such transactions and from the translation at year-end exchange rates of monetary assets and liabilities denominated in foreign currencies are recognised in surplus or deficit.

Goods and services tax

All items in the financial statements are presented exclusive of goods and services tax (GST), except for receivables and payables, which are presented on a GST-inclusive basis. Where GST is not recoverable as input tax, it is recognised as part of the related asset or expense.

The net amount of GST recoverable from, or payable to, the Inland Revenue (IR) is included as part of receivables or payables in the statement of financial position.

The net GST paid to, or received from the IR, including the GST relating to investing and financing activities, is classified as a net operating cash flow in the statement of cash flows.

Commitments and contingencies are disclosed exclusive of GST.

Income tax

Te Whatu Ora is a public authority and consequently is exempt from the payment of income tax. Accordingly, no provision has been made for income tax.

Budget figures

The budget figures are derived from the 2022/23 statement of performance expectations. The budget figures have been prepared in accordance with GAAP, using accounting policies that are consistent with those adopted by the Board in preparing these financial statements.

Cost allocation

The cost of outputs has been determined using the cost allocation system outlined below.

Direct costs are those costs directly attributed to an output. Indirect costs are those costs that cannot be identified in an economically feasible manner, with a specific output. Direct costs are charged directly to outputs. Indirect costs are charged to outputs based on cost drivers and related activity/usage information. Depreciation is charged on the basis of asset utilisation. Personnel costs are charged on the basis of actual time incurred. Property and other premises costs, such as maintenance, are charged on the basis of floor area occupied for the production of each output. Other indirect costs are assigned to outputs based on the proportion of direct staff costs for each output.

Critical accounting estimates and assumptions

The Board has made estimates and assumptions concerning the future. These estimates and assumptions might differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are in respect of:

- Estimating the fair value of land and buildings – refer to Note 12
- Measuring the liabilities for Holidays Act 2003 remediation, long service leave, retirement gratuities, sabbatical leave, and continuing medical education leave – refer to Note 17
- Estimated useful life of property, plant, and equipment – refer to Note 12

- Estimated useful life of intangible assets – refer to Note 13.

Critical judgements in applying accounting policies

The Board has exercised the following critical judgements in applying accounting policies:

- Classification of leases – refer to Note 16.

Appendix one: Performance measures mapped to Te Pae Tata priority actions

Te Pae Tata priority action 1 – Place whānau at the heart of the system to improve equity and outcomes

<i>Performance measure</i>	<i>Output class</i>	<i>Baseline period</i>	<i>Baseline value</i>	<i>Target</i>
Mean Decayed Missing Filled Teeth (DMFT) at school Year 8 (age 12/13 years)	2	2021 calendar year	Māori 1.07 Pacific 0.83 Non-Māori, non-Pacific 0.55	10% reduction from the average for previous 4 years and/or maintain performance for populations with DMFT rates lower than the total population
Percentage of children enrolled with a general practice (or a kaupapa Māori provider delivering general practice care) by age 3-months	2	Sampled at 1 April 2022	Māori 67% Pacific 80% Non-Māori, non-Pacific 95%	85% overall and maintain performance for populations exceeding this target
Percentage of people enrolled with a general practice (or a kaupapa Māori provider delivering general practice care)	2	Sampled at 1 July 2022	Māori 83% Pacific 97% Non-Māori, non-Pacific 96%	95% overall and maintain performance for populations exceeding this target
Percentage of smokers enrolled with a stop smoking service, who set a target quit date will be CO ₂ validated at 4 weeks	2	2021 2022 financial year	Māori 49% Pacific 18% Non-Māori, non-Pacific 33%	50%

Percentage of people who say they felt involved in their own care and treatment with their GP or nurse	2	Q4 2021 to Q3 2022	Māori 84% Pacific 84% Non-Māori, non-Pacific 86%	Improve from baseline (trend to increase)
Percentage of people in adult inpatient care who responded, who report they were involved as much as they wanted to be in making decisions about their treatment	3	Q4 2021 to Q3 2022	Māori 77% Pacific 77% Non-Māori, non-Pacific 78% Disabled people 71%	Improve from baseline (trend to increase)
People served by specialist MH&A services per 100,000 people (both Te Whatu Ora and NGO delivered specialist services)	4	Q4 2021 to Q3 2022	Māori 5,650 Pacific 2,905 Non-Māori, non-Pacific 2,988	Target to be established
Percentage of child and youth (under 25) accessing mental health services within three weeks of referral	4	Q4 2021 to Q3 2022	Māori 79% Pacific 87% Non-Māori, non-Pacific 68%	80% overall and maintain performance for populations exceeding this target
Number of people accessing integrated primary mental health and addiction services per 100,000 people	4	Baseline to be set	Baseline to be set	Target to be established
Te Whatu Ora has also commenced the identification of possible new measures related to equity				

Te Pae Tata priority action 2 – Embed Te Tiriti o Waitangi across the health sector

<i>Performance measure</i>	<i>Output class</i>	<i>Baseline period</i>	<i>Baseline value</i>	<i>Target</i>
Localities are established	2	Milestone reporting 2022-23	Milestone report	
Provider networks are established	2	Milestone reporting 2022-23	Milestone report	
Te Whatu Ora has also commenced the identification of possible new measures related to equity in different parts of the health system				

Te Pae Tata priority action 3 – Develop an inclusive health workforce

<i>Performance measure</i>	<i>Output class</i>	<i>Baseline period</i>	<i>Baseline value</i>	<i>Target</i>
SPE measures will be developed around expected results in the area of an inclusive health workforce for the 2024-25 financial year	-	-	-	-

Te Pae Tata priority action 4 – Keep people well in their communities

<i>Performance measure</i>	<i>Output class</i>	<i>Baseline period</i>	<i>Baseline value</i>	<i>Target</i>
Establish a nationally integrated public health service with consistent operating models	1	Milestone reporting 2022-23	Milestone report	

Continue COVID-19 response in line with policy settings, and build towards a new business-as-usual pandemic resilient system	1	Milestone reporting 2022-23	Milestone report	
Percentage of children who have all their age-appropriate schedule vaccinations by the time they are 2 years old	1	2021 2022 financial year	Māori 70% Pacific 82% Non-Māori, non-Pacific 90%	90% for all ethnicities, rising to 95% in 2024/25
Uptake of influenza immunisations for people aged 65+	1	2021 calendar year	Māori 53% Pacific 67% Non-Māori, non-Pacific 64%	70% for all ethnicities, rising to 75% in 2024/25
Uptake of Human Papillomavirus (HPV) immunisations among those aged 9-26.	1	2021 2022 financial year	Māori 57% Pacific 61% Non-Māori, non-Pacific 65%	70% for all ethnicities, rising to 75% in 2024/25
Rate (per 100,000) of hospital admissions for children under five years of age for an illness that might have been prevented or better managed in the community	2	Q4 2021 to Q3 2022	Māori 6,590 Pacific 10,258 Non-Māori, non-Pacific 4,802	Improve from baseline (trend to decrease)
Rate (per 100,000) of hospital admissions for people aged 45-64 years for an illness that might have been prevented or	2	Q4 2021 to Q3 2022	Māori 6,739 Pacific 7,370 Non-Māori, non-	Improve from baseline (trend to decrease)

better managed in the community			Pacific 2,869	
Percentage of people waiting longer than four months for their first specialist assessment	3	Q4 2021 to Q3 2022	26%	0% This is a multi-year target and operational plans will determine annual target
Percentage of people given a commitment to treatment but not treated within four months	3	Q4 2021 to Q3 2022	41%	0% This is a multi-year target and operational plans will determine annual target
Number of acute bed days spent in hospital	3	Q4 2021 to Q3 2022	Māori 341,366 Pacific 154,929 Non-Māori, non-Pacific 1,577,694	≤, standardised rate is preferable
Standardised rate of acute readmissions within 28 days of discharge	3	Q4 2021 to Q3 2022	Māori 12% Pacific 12% Non-Māori, non-Pacific 12%	12% This is a multi-year target and operational plans will determine annual target

Number of planned care interventions delivered against target, including: inpatient surgical discharges; minor procedures delivered in inpatient, outpatient and community settings; and non-surgical interventions	3	2021 22 financial year	Baseline July 2021- June 2022 Inpatient discharges – 158,693 Minor procedures – 138,572 Non-surgical interventions – 2,429	Maintain delivery of planned care intervention volumes in line with delivery plans
Percentage of patients will be admitted, discharged, or transferred from an ED within six hours	3	2021 2022 financial year	78.8%	95%
Number of people with an inpatient length of stay of greater than 7 days	3	2021 2022 financial year	Māori 10,836 Pacific 5,342 Non-Māori, non-Pacific 51,781	Target to be established

Te Pae Tata priority action 5 – Develop greater use of digital services to provide more care in homes and communities

<i>Performance measure</i>	<i>Baseline period</i>	<i>Baseline value</i>	<i>Target</i>
Improve digital access to primary and mental healthcare to improve access and choice including virtual after-hours and telehealth with a focus on rural communities	Milestone reporting 2022-23	Milestone report	

Te Pae Tata priority action 6 – Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system

<i>Performance measure</i>	<i>Baseline period</i>	<i>Baseline value</i>	<i>Target</i>
Actual expenditure is consistent with budgeted and there is overall balance in both budget and actually revenue to expenditure ratios	-	-	-