

# *Vote Health*

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APPROPRIATION MINISTER(S): Minister of Health (M36), Minister for Seniors (M61)

DEPARTMENT ADMINISTERING THE VOTE: Ministry of Health (A21)

RESPONSIBLE MINISTER FOR MINISTRY OF HEALTH: Minister of Health

## Overview of the Vote

Vote Health ('the Vote'), \$26,510 million in 2023/24, is a significant public investment in the wellbeing of New Zealanders and their families. The Vote directly supports the day-to-day operation of strong and equitable public health services delivered by a skilled workforce in our communities, hospitals, and other care settings.

The Vote plays a key role in supporting population health across peoples' lives, including improving health equity for Māori and other groups, and helps facilitate the delivery of key system priorities including child wellbeing, mental wellbeing, wellbeing through prevention, and primary health care.

The make-up of the Vote for 2023/24 reflects the significant changes that occurred as a result of the Government's health reforms from 1 July 2022 with those changes detailed in the Estimates of Appropriations 2022/23 - Health Sector.

The Vote also reflects the ongoing response to the COVID-19 pandemic with additional funding of \$9.7 billion over the four years from 2020/21 to 2023/24. This has enabled the Government's COVID-19 public health response, including the provision of a portfolio of vaccines and therapeutics to help mitigate the health impacts from COVID-19.

The Vote for 2023/24 comprises the following:

- \$12,720 million (48% of the Vote) to enable Te Whatu Ora - Health New Zealand to deliver hospital and specialist services
- \$8,158 million (31% of the Vote) to enable Te Whatu Ora - Health New Zealand to deliver primary, community, public and population health services
- \$3,071 million (12% of the Vote) for capital investment, largely for infrastructure projects and to fund the resolution of claims from historical non-compliance with the Holidays Act 2003
- \$1,339 million (5% of the Vote) to enable Te Pātaka Whaioranga - Pharmac to both manage (\$28 million) and purchase pharmaceuticals (\$1,311 million)
- \$616 million (2% of the Vote) to enable Te Aka Whai Ora - Māori Health Authority to deliver hauora Māori services
- \$295 million (1% of the Vote) to support the COVID-19 vaccine strategy
- \$238 million (1% of the Vote) to enable Manatū Hauora - Ministry of Health to undertake its stewardship role of the health system
- \$69 million to support other health services including \$40 million for monitoring and protecting health and disability consumer interests and \$26 million for problem gambling services.

There is also a capital expenditure permanent legislative authority of \$1.6 million for Manatū Hauora - Ministry of Health.

The Minister of Health (M36) is responsible for all appropriations in the Vote except for the non-departmental output expense appropriation 'Aged Care Commissioner' (\$2 million) which is the responsibility of the Minister for Seniors (M61).

Details of these appropriations are set out in Parts 2-4.

# Details of Appropriations and Capital Injections

## Annual Appropriations and Forecast Permanent Appropriations

Titles and Scopes of Appropriations by Appropriation Type	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
<b>Departmental Capital Expenditure</b>			
<b>Ministry of Health - Capital Expenditure PLA (M36) (A21)</b> This appropriation is limited to the purchase or development of assets by and for the use of the Ministry of Health, as authorised by section 24(1) of the Public Finance Act 1989.	5,412	5,412	1,600
<b>Total Departmental Capital Expenditure</b>	5,412	5,412	1,600
<b>Non-Departmental Output Expenses</b>			
<b>Aged Care Commissioner (M61) (A21)</b> This appropriation is limited to the functions of the Aged Care Commissioner	2,023	2,023	<b>2,023</b>
<b>Delivering hauora Māori services (M36) (A21)</b> This appropriation is limited to developing, implementing and delivering hauora Māori services, supporting the development of hauora Māori providers, developing partnerships with iwi, commissioning kaupapa Māori services and other services developed for Māori, and other related services.	217,572	217,572	<b>615,540</b>
<b>Delivering Hospital and Specialist Services (M36) (A21)</b> This appropriation is limited to hospital and specialist health services (including mental health services).	13,113,854	13,113,854	<b>12,720,434</b>
<b>Delivering Primary, Community, Public and Population Health Services (M36) (A21)</b> This appropriation is limited to primary, community (including mental health), public and population health services at international, national, regional, and local levels.	8,248,039	8,248,039	<b>8,158,369</b>
<b>Monitoring and Protecting Health and Disability Consumer Interests (M36) (A21)</b> This appropriation is limited to the provision, purchase, and support of services that monitor and protect health and disability consumer interests.	39,296	39,296	<b>39,551</b>
<b>National Management of Pharmaceuticals (M36) (A21)</b> This appropriation is limited to services relating to the national management of pharmaceuticals.	29,347	29,347	<b>28,372</b>
<b>National Pharmaceuticals Purchasing (M36) (A21)</b> This appropriation is limited to purchasing pharmaceuticals on the national pharmaceutical schedule and subsidising the supply of pharmaceuticals not on the national pharmaceutical schedule.	1,186,000	1,186,000	<b>1,311,000</b>
<b>Problem Gambling Services (M36) (A21)</b> This appropriation is limited to the provision, purchase, and support of services that minimise the harm from gambling, in accordance with the Gambling Act 2003.	23,711	22,976	<b>26,027</b>
<b>Strengthening International Health Systems (M36) (A21)</b> This appropriation is limited to supporting the development of public health systems internationally.	7,470	7,470	-
<b>Total Non-Departmental Output Expenses</b>	22,867,312	22,866,577	22,901,316
<b>Non-Departmental Other Expenses</b>			
<b>International Health Organisations (M36) (A21)</b> This appropriation is limited to the Crown funding New Zealand's World Health Organization (WHO) membership and contributing to specific WHO projects.	2,230	2,230	<b>2,230</b>

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
<b>Titles and Scopes of Appropriations by Appropriation Type</b>			
<b>Legal Expenses (M36) (A21)</b> This appropriation is limited to funding the defence and settlement of health-related or disability-related legal claims against the Crown.	1,802	1,802	<b>1,208</b>
<b>Total Non-Departmental Other Expenses</b>	4,032	4,032	3,438
<b>Non-Departmental Capital Expenditure</b>			
<b>Capital investment in Health New Zealand (M36) (A21)</b> This appropriation is limited to capital investment to establish Health New Zealand.	35,241	35,241	<b>10,800</b>
<b>Remediation and resolution of Holidays Act 2003 historical claims (M36) (A21)</b> This appropriation is limited to fund Te Whatu Ora (including their subsidiaries and associates) and the New Zealand Blood and Organ Service for resolution of claims from historical non-compliance with the Holidays Act 2003.	-	-	<b>1,642,330</b>
<b>Residential Care Loans - Payments (M36) (A21)</b> This appropriation is limited to the provision of interest-free loans to people entering into aged residential care facilities.	20,000	20,000	<b>20,000</b>
<b>Standby Credit to Support Health System Liquidity (M36) (A21)</b> This appropriation is limited to the provision of a revolving standby credit facility to support Te Whatu Ora-Health New Zealand with working capital fluctuations, assist with treasury liquidity management, and maintain health system liquidity.	200,000	200,000	<b>200,000</b>
<b>Total Non-Departmental Capital Expenditure</b>	255,241	255,241	1,873,130
<b>Multi-Category Expenses and Capital Expenditure</b>			
<b>Implementing the COVID-19 Vaccine Strategy MCA (M36) (A21)</b> The single overarching purpose of this appropriation is to implement the COVID-19 vaccine strategy so as to minimise the health impacts of COVID-19.	1,188,711	1,188,711	<b>295,118</b>
<b>Non-Departmental Output Expenses</b>			
<i>Implementing the COVID-19 Immunisation Programme</i> This category is limited to delivering approved vaccines through an immunisation programme as part of minimising the health impacts of COVID-19.	301,794	301,794	129,918
<i>Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics</i> This category is limited to obtaining potential and proven vaccines and therapeutics as part of minimising the health impacts of COVID-19.	886,917	886,917	165,200
<b>Stewardship of the New Zealand health system MCA (M36) (A21)</b> The single overarching purpose of this appropriation is to enable the Ministry of Health to discharge its role as the chief steward of New Zealand's health system and principal advisor to the Minister of Health.	252,776	252,302	<b>237,759</b>
<b>Departmental Output Expenses</b>			
<i>Equity, Evidence and Outcomes</i> This category is limited to health science research, leadership, analysis and publishing quality evidence, data and insights.	16,314	16,314	15,563
<i>Policy Advice and Related Services</i> This category is limited to the provision of policy advice (including second opinion advice and contributions to policy advice led by other agencies) and other support to Ministers in discharging their policy decision-making and other portfolio responsibilities relating to health.	37,218	37,218	31,630
<i>Public health and population health leadership</i> This category is limited to providing leadership on policy, strategy, regulatory, intelligence, surveillance and monitoring related to public and population health.	100,130	99,856	107,224

Titles and Scopes of Appropriations by Appropriation Type	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
<b>Regulatory and Enforcement Services</b> This category is limited to implementing, enforcing and administering health-related legislation and regulations, and provision of regulatory advice to the sector and to Ministers, and support services for committees appointed by the Minister under statute.	61,885	61,885	55,088
<b>Sector Performance and Monitoring</b> This category is limited to advising and providing assurance on health sector planning and system performance, including the Government Policy Statement and the New Zealand Health Plan; and monitoring and supporting the governance of health sector Crown entities.	37,229	37,029	28,254
<b>National Response to COVID-19 Across the Health Sector MCA (M36) (A21)</b> The single overarching purpose of this appropriation is to implement a national response to COVID-19 across the health sector.	1,612,179	1,609,009	-
<b>Departmental Output Expenses</b>			
<b>National Health Response to COVID-19</b> This category is limited to managing and coordinating the overall national health response to COVID-19.	52,637	49,467	-
<b>Non-Departmental Output Expenses</b>			
<b>COVID-19 Public Health Response</b> This category is limited to the on-going public health system response to COVID-19.	1,559,542	1,559,542	-
<b>Total Multi-Category Expenses and Capital Expenditure</b>	3,053,666	3,050,022	532,877
<b>Total Annual Appropriations and Forecast Permanent Appropriations</b>	26,185,663	26,181,284	25,312,361

## Multi-Year Appropriations

Type, Title, Scope and Period of Appropriations	Appropriations, Adjustments and Use	\$000
<b>Non-Departmental Capital Expenditure</b>		
<b>Health Capital Envelope (M36) (A21)</b> This appropriation is limited to the provision or purchase of health sector assets, providing capital to health sector Crown entities or agencies for new investments.  Commences: 01 July 2022  Expires: 30 June 2027	Original Appropriation Adjustments to 2021/22 Adjustments for 2022/23 Adjusted Appropriation Actual to 2021/22 Year End Estimated Actual for 2022/23 Estimate for 2023/24 Estimated Appropriation Remaining	4,864,162 - 589,071 5,453,233 - 967,701 989,543 3,495,989
<b>New Dunedin Hospital 2021-2026 (M36) (A21)</b> This appropriation is limited to capital expenditure on the construction of the new Dunedin Hospital and associated projects.  Commences: 01 November 2021  Expires: 30 June 2026	Original Appropriation Adjustments to 2021/22 Adjustments for 2022/23 Adjusted Appropriation Actual to 2021/22 Year End Estimated Actual for 2022/23 Estimate for 2023/24 Estimated Appropriation Remaining	1,327,578 - 120,000 1,447,578 32,421 86,311 208,000 1,120,846

## Total Annual Appropriations and Forecast Permanent Appropriations and Multi-Year Appropriations

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Annual Appropriations and Forecast Permanent Appropriations	26,185,663	26,181,284	25,312,361
Total Forecast MYA Non-Departmental Capital Expenditure	1,054,012	1,054,012	1,197,543
<b>Total Annual Appropriations and Forecast Permanent Appropriations and Multi-Year Appropriations</b>	<b>27,239,675</b>	<b>27,235,296</b>	<b>26,509,904</b>

## Capital Injection Authorisations

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Ministry of Health - Capital Injection (M36) (A21)	943	943	-

# Supporting Information

## Part 1 - Vote as a Whole

### 1.1 - New Policy Initiatives

Policy Initiative	Appropriation	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
<b>Budget 2023 Funding for New Initiatives, including North Island Weather Events Response and Recovery</b>						
Removing Prescription Co-payments for all New Zealanders	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	-	170,197	174,452	178,813	183,284
Psychosocial Recovery: Mental Health and Wellbeing Response	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	-	10,000	-	-	-
Health Response: Hospital and Specialist Services	<b>Delivering Hospital and Specialist Services</b> Non-Departmental Output Expenses	4,097	4,753	-	-	-
Health Response: Hauora Māori Disaster Response Package	<b>Delivering hauora Māori services</b> Non-Departmental Output Expenses	2,624	5,656	-	-	-
Health Response: Primary, Community, and Residential Care Recovery	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	3,294	2,817	-	-	-
Health Response: Transport and Power	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	579	1,157	-	-	-
<b>Subtotal Budget 2023 Funding for New Initiatives, including North Island Weather Events Response and Recovery</b>		<b>10,594</b>	<b>194,580</b>	<b>174,452</b>	<b>178,813</b>	<b>183,284</b>

Policy Initiative	Appropriation	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
<b>Drawdown of Tagged Contingency Funding</b>						
Addressing Historical and Future Health System Cost Pressures - Drawdown of 2022/23 Tagged Contingency	<b>Delivering Hospital and Specialist Services</b> Non-Departmental Output Expenses	520,793	520,793	520,793	520,793	520,793
Supporting the Establishment of the National Public Health Service and Public Health Agency - Drawdown of Tagged Contingency	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	11,747	18,017	12,376	5,902	5,902
	<b>Stewardship of the New Zealand health system MCA - Public health and population health leadership</b> Departmental Output Expenses	6,000	6,000	6,000	6,000	6,000
BreastScreen Aotearoa Critical Infrastructure Replacement - Drawdown of Tagged Contingency	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	6,735	24,571	18,941	9,750	9,750
Human Papillomavirus Primary Screening for the National Cervical Screening Programme - Drawdown of Tagged Contingency	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	16,503	19,889	5,660	3,621	2,998
Health Sector Agreements and Payments Programme - Drawdown of Tranche Two Funding	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	17,305	15,548	4,157	4,157	4,157
Drawdown from Contingency Funding for Capital Charge on New Capital Projects for Te Whatu Ora	<b>Delivering Hospital and Specialist Services</b> Non-Departmental Output Expenses	4,937	9,874	9,874	9,874	9,874
Southern Digital Transformation Programme - Drawdown of Stage One Funding	<b>Delivering Hospital and Specialist Services</b> Non-Departmental Output Expenses	2,314	4,229	1,760	14,828	14,828
Smokefree Aotearoa 2025 Action Plan - Remaining Implementation Funding - Drawdown of Tagged Contingency	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	250	1,639	2,232	2,485	2,485
	<b>Stewardship of the New Zealand health system MCA - Public health and population health leadership</b> Departmental Output Expenses	1,533	9,211	5,518	4,765	4,765



Policy Initiative	Appropriation	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
HIV Action Plan - Implementation Plan and Drawdown of Tagged Contingency	<b>Delivering hauora Māori services</b>	50	500	450	450	450
	Non-Departmental Output Expenses					
	<b>Delivering Primary, Community, Public and Population Health Services</b>	2,000	5,100	5,250	4,200	4,200
	Non-Departmental Output Expenses					
Investment to Increase Access to Medicines	<b>National Pharmaceuticals Purchasing</b>	-	66,000	-	-	-
	Non-Departmental Output Expenses					
	<b>National Response to COVID-19 Across the Health Sector MCA - COVID-19 Public Health Response</b>	(41,563)	-	-	-	-
	Non-Departmental Output Expenses					
End of Life Choice Act - Additional Drawdown of Tagged Contingency Related to Assisted Dying Services	<b>Stewardship of the New Zealand health system MCA - Regulatory and Enforcement Services</b>	-	-	2,555	2,555	2,555
	Departmental Output Expenses					
Supporting the Infrastructure and Investment Group Work Programme - Drawdown of Tagged Contingency	<b>Delivering Hospital and Specialist Services</b>	2,820	3,710	-	-	-
	Non-Departmental Output Expenses					
<b>Subtotal Drawdown of Tagged Contingency Funding</b>		<b>551,424</b>	<b>705,081</b>	<b>595,566</b>	<b>589,380</b>	<b>588,757</b>
<b>Pay Equity Settlements and Improving Pay Relativities</b>						
Pay Equity Settlements and Improving Pay Relativities	<b>Delivering Hospital and Specialist Services</b>	482,229	406,959	406,959	406,959	406,959
	Non-Departmental Output Expenses					
	<b>Delivering Primary, Community, Public and Population Health Services</b>	91,469	177,357	177,442	177,527	177,580
	Non-Departmental Output Expenses					
<b>Subtotal Pay Equity Settlements and Improving Pay Relativities</b>		<b>573,698</b>	<b>584,316</b>	<b>584,401</b>	<b>584,486</b>	<b>584,539</b>

Policy Initiative	Appropriation	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
<b>COVID-19 Response and Function Transfers</b>						
Funding for COVID-19	<b>Implementing the COVID-19 Vaccine Strategy MCA - Implementing the COVID-19 Immunisation Programme</b>  Non-Departmental Output Expenses	109,978	-	-	-	-
	<b>National Response to COVID-19 Across the Health Sector MCA - COVID-19 Public Health Response</b>  Non-Departmental Output Expenses	268,510	-	-	-	-
Funding for COVID-19 Therapeutics	<b>Implementing the COVID-19 Vaccine Strategy MCA - Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics</b>  Non-Departmental Output Expenses	185,250	-	-	-	-
Purchase of Additional Antivirals, and COVID-19 Response Funding for 2023/24	<b>Implementing the COVID-19 Vaccine Strategy MCA - Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics</b>  Non-Departmental Output Expenses	38,000	165,200	-	-	-
	<b>Implementing the COVID-19 Vaccine Strategy MCA - Implementing the COVID-19 Immunisation Programme</b>  Non-Departmental Output Expenses	(149,210)	129,918	-	-	-
COVID-19 Function Transfers from Department of the Prime Minister and Cabinet	<b>National Response to COVID-19 Across the Health Sector MCA - COVID-19 Public Health Response</b>  Non-Departmental Output Expenses	6,156	-	-	-	-
	<b>National Response to COVID-19 Across the Health Sector MCA - National Health Response to COVID-19</b>  Departmental Output Expenses	2,202	-	-	-	-
COVID-19 Immunisation Communications	<b>Implementing the COVID-19 Vaccine Strategy MCA - Implementing the COVID-19 Immunisation Programme</b>  Non-Departmental Output Expenses	8,000	-	-	-	-

Policy Initiative	Appropriation	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
New Zealand's Future Quarantine and Isolation Capability	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	-	3,323	3,323	-	-
	<b>Stewardship of the New Zealand health system MCA - Public health and population health leadership</b> Departmental Output Expenses	-	356	356	-	-
COVID-19 Vaccine Portfolio Update - Novation and Pharmac Resourcing	<b>National Management of Pharmaceuticals</b> Non-Departmental Output Expenses	475	-	-	-	-
<b>Subtotal COVID-19 Response and Function Transfers</b>		<b>469,361</b>	<b>298,797</b>	<b>3,679</b>	<b>-</b>	<b>-</b>
<b>Health Reform Transfers</b>						
Transfer of Funding for Specific Hauora Māori Services	<b>Delivering hauora Māori services</b> Non-Departmental Output Expenses	-	387,655	387,655	387,655	387,655
	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	-	(387,655)	(387,655)	(387,655)	(387,655)
Ministry ICT and Data & Digital Contracts and Funding Transfer	<b>Delivering Hospital and Specialist Services</b> Non-Departmental Output Expenses	10,763	14,963	14,963	14,963	14,963
	<b>Delivering Primary, Community, Public and Population Health Services</b> Non-Departmental Output Expenses	5,796	8,057	8,057	8,057	8,057
	<b>Stewardship of the New Zealand health system MCA - Regulatory and Enforcement Services</b> Departmental Output Expenses	(5,283)	(7,343)	(7,343)	(7,343)	(7,343)
	<b>Stewardship of the New Zealand health system MCA - Policy Advice and Related Services</b> Departmental Output Expenses	(4,305)	(5,985)	(5,985)	(5,985)	(5,985)
	<b>Stewardship of the New Zealand health system MCA - Public health and population health leadership</b> Departmental Output Expenses	(4,090)	(5,686)	(5,686)	(5,686)	(5,686)

Policy Initiative	Appropriation	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
	<b>Stewardship of the New Zealand health system MCA - Equity, Evidence and Outcomes</b>	(1,490)	(2,072)	(2,072)	(2,072)	(2,072)
	Departmental Output Expenses					
	<b>Stewardship of the New Zealand health system MCA - Sector Performance and Monitoring</b>	(1,391)	(1,934)	(1,934)	(1,934)	(1,934)
	Departmental Output Expenses					
Ministerial Advisory Committee for Health Reform Implementation - Funding Transfer for 2023/24 from Department of the Prime Minister and Cabinet	<b>Stewardship of the New Zealand health system MCA - Regulatory and Enforcement Services</b>	-	900	-	-	-
	Departmental Output Expenses					
<b>Subtotal Health Reform Transfers</b>		-	<b>900</b>	-	-	-
<b>Total Operating Expenditure</b>		<b>1,605,077</b>	<b>1,783,674</b>	<b>1,358,098</b>	<b>1,352,679</b>	<b>1,356,580</b>
<b>Capital Expenditure</b>						
Return of Equity Support for DHB Deficits Funding to the Crown	<b>Equity Support for DHB deficits</b>	(39,211)	(39,211)	(39,211)	(39,211)	(39,211)
	Non-Departmental Capital Expenditure					
Establishing Funding Baselines for Holidays Act Remediation	<b>Remediation and resolution of Holidays Act 2003 historical claims</b>	-	1,642,330	593,200	-	-
	Non-Departmental Capital Expenditure					
Te Whatu Ora Standby Credit Facility	<b>Standby Credit to Support Health System Liquidity</b>	200,000	200,000	200,000	200,000	-
	Non-Departmental Capital Expenditure					
Equity Injection for the New Zealand Blood and Organ Service	<b>Health Capital Envelope</b>	52,000	15,000	-	-	-
	Non-Departmental Capital Expenditure					
Southern Digital Transformation Programme - Drawdown of Stage One Funding	<b>Health Capital Envelope</b>	20,408	24,006	15,525	-	-
	Non-Departmental Capital Expenditure					
State Sector Decarbonisation - Drawdown of Funding from Tagged Capital Contingency	<b>Health Capital Envelope</b>	22,614	39,543	-	-	-
	Non-Departmental Capital Expenditure					
Additional funding for New Dunedin Hospital	<b>New Dunedin Hospital 2021-2026</b>	-	8,000	-	2,000	-
	Non-Departmental Capital Expenditure					

Policy Initiative	Appropriation	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
New Dunedin Hospital Cost Estimation and Value Management	<b>Health Capital Envelope</b>	(110,000)	-	-	-	-
	Non-Departmental Capital Expenditure					
	<b>New Dunedin Hospital 2021-2026</b>	110,000	-	-	-	-
	Non-Departmental Capital Expenditure					
<b>Total Capital Expenditure</b>		<b>255,811</b>	<b>1,889,668</b>	<b>769,514</b>	<b>162,789</b>	<b>(39,211)</b>
<b>Total</b>		<b>1,860,888</b>	<b>3,673,342</b>	<b>2,127,612</b>	<b>1,515,468</b>	<b>1,317,369</b>

## 1.2 - Trends in the Vote

### Summary of Financial Activity

	2018/19	2019/20	2020/21	2021/22	2022/23		2023/24			2024/25	2025/26	2026/27
	Actual \$000	Actual \$000	Actual \$000	Actual \$000	Final Budgeted \$000	Estimated Actual \$000	Departmental Transactions Budget \$000	Non- Departmental Transactions Budget \$000	Total Budget \$000	Estimated \$000	Estimated \$000	Estimated \$000
<b>Appropriations</b>												
Output Expenses	15,669,029	17,024,557	18,411,558	19,469,601	22,867,312	22,866,577	-	22,901,316	22,901,316	22,545,487	22,502,731	22,480,732
Benefits or Related Expenses	-	-	-	-	-	-	N/A	-	-	-	-	-
Borrowing Expenses	-	-	-	-	-	-	-	-	-	-	-	-
Other Expenses	4,901	3,115	4,196	4,791	4,032	4,032	-	3,438	3,438	3,438	3,438	3,438
Capital Expenditure	511,849	728,030	1,234,708	760,837	1,314,665	1,314,665	1,600	3,070,673	3,072,273	2,364,800	2,392,446	917,589
Intelligence and Security Department Expenses and Capital Expenditure	-	-	-	-	-	-	-	N/A	-	-	-	-
Multi-Category Expenses and Capital Expenditure (MCA)												
<i>Output Expenses</i>	145,135	155,434	658,851	4,362,958	3,053,666	3,050,022	237,759	295,118	532,877	220,464	217,325	217,325
<i>Other Expenses</i>	-	-	-	-	-	-	-	-	-	-	-	-
<i>Capital Expenditure</i>	-	-	-	-	-	-	N/A	-	-	-	-	-
<b>Total Appropriations</b>	16,330,914	17,911,136	20,309,313	24,598,187	27,239,675	27,235,296	239,359	26,270,545	26,509,904	25,134,189	25,115,940	23,619,084
<b>Crown Revenue and Capital Receipts</b>												
Tax Revenue	-	-	-	-	-	-	N/A	-	-	-	-	-
Non-Tax Revenue	863,778	875,390	865,530	998,335	1,278,546	1,278,546	N/A	1,344,276	1,344,276	1,390,078	1,433,350	1,477,837
Capital Receipts	24,981	26,138	29,731	26,597	32,499	32,499	N/A	32,499	32,499	32,499	32,499	32,499
<b>Total Crown Revenue and Capital Receipts</b>	888,759	901,528	895,261	1,024,932	1,311,045	1,311,045	N/A	1,376,775	1,376,775	1,422,577	1,465,849	1,510,336

Note - where restructuring of the vote has occurred then, to the extent practicable, prior years information has been restated as if the restructuring had occurred before the beginning of the period covered. In this instance Total Appropriations for the Budgeted and Estimated Actual year may not equal Total Annual Appropriations and Forecast Permanent Appropriations and Multi-Year Appropriations in the Details of Appropriations and Capital Injections.

## Adjustments to the Summary of Financial Activity Table Due to Vote Restructuring

There have been no restructuring adjustments to prior year information in the Summary of Financial Activity Table.

### 1.3 - Analysis of Significant Trends

#### *Output Expenses*

Expenditure has seen significant growth since 2018/19 (refer Part 1.2 - Trends in the Vote). The main drivers for this change have been:

- annual increases to address sector wide demographic and cost pressures, including funding in Budget 2022 to address historic funding shortfalls for services previously funded through or provided by district health boards (DHBs)
- increases aimed at improving or extending the reach of health services such as:
  - primary and community mental health and addiction services particularly through significant investment in Budget 2019
  - public health services including the national rollout of the bowel screening programme, BreastScreen Aotearoa critical infrastructure replacement and the implementation of human papillomavirus (HPV) primary screening under the National Cervical Screening Programme
  - disability support services which received significant funding increases before being transferred to the new Whaikaha - Ministry of Disabled People as part of the health and disability system reforms, which reduced funding in Vote Health in 2022/23 and out-years by approximately \$1,795 million
  - primary care services, ensuring the cost of visiting a GP remains affordable and supporting low-cost visits for community card holders
  - pharmaceutical purchasing to give Te Pātaka Whaioranga - Pharmac additional scope to invest in more new medicines
  - investment across a wide range of health services to address inequity
- responding to the COVID-19 pandemic, which has contributed to a significant increase in the Vote Health funding from 2019/20 although is now reducing reflecting the reduced risks at this stage of the outbreak
- responding to the North Island Weather Events, including funding for psychosocial recovery, hospital and specialist services, hauora Māori disaster response, primary, community and residential care recovery, and transport and power supply
- enabling the health and disability system reform, including digital investment, and additional investment in primary and community care including funding for hauora Māori commissioning, Māori and Pacific provider development, as well as health workforce development in Budget 2022
- wage settlements, including funding to addressing pay equity and improving pay relativities, and
- funding for the support, oversight and governance of the health sector.

### *Other Expenses*

Vote Health also provides funding for Other Expenses, such as funding for international health organisations and legal expenses. This funding has been relatively stable through time.

### *Capital Expenditure*

Appropriations for 2023/24 are \$3,072 million compared to actual expenditure of \$512 million in 2018/19. This increasing trend is mainly a result of increasing demand for remediating and upgrading hospital infrastructure, and from 2023/24 to fund the resolution of claims from historical non-compliance with the Holidays Act 2003. This has included investment in many, often multi-year, projects such as:

- the new Dunedin Hospital development
- digital infrastructure and capability to enable system transformation.

It also includes \$1.600 million of capital expenditure in 2023/24 for Manatū Hauora - Ministry of Health.

### *Multi-Category Expenses and Capital Expenditure*

The main drivers for the changes in multi-category expenses increases are:

- the COVID-19 pandemic response, which has contributed to a significant increase in funding by way of MCAs since 2020/21 but is now reducing reflecting the reduced risks at this stage of the outbreak. This includes significant funding for the national vaccine strategy rollout
- the fiscally neutral transfer of funding, previously held under Departmental Output Expenses, into the Stewardship of the New Zealand health system MCA (from 2022/23).

### *Crown Revenue and Capital Receipts*

The increased income from Crown revenue and capital receipts is attributable to:

- Crown Revenue from ACC for the purchase of public health acute and other services provided by Te Whatu Ora - Health New Zealand. The ACC revenue has increased from \$525 million in 2018/19 to forecast revenue of \$822 million in 2023/24, largely reflecting changes in the price and volume of services provided
- Capital charge revenue from Crown Entities in the health sector. This has grown from \$262 million in 2018/19 to forecast revenue of \$522 million in 2023/24, reflecting the revaluation of assets and new infrastructure projects, and
- Residential care loan repayments which are forecast at \$20 million per annum.



## Part 2 - Details of Departmental Appropriations

### 2.3 - Departmental Capital Expenditure and Capital Injections

#### Ministry of Health - Capital Expenditure PLA (M36) (A21)

##### *Scope of Appropriation*

This appropriation is limited to the purchase or development of assets by and for the use of the Ministry of Health, as authorised by section 24(1) of the Public Finance Act 1989.

##### *Capital Expenditure*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Forests/Agricultural	-	-	-
Land	-	-	-
Property, Plant and Equipment	5,340	5,340	1,500
Intangibles	72	72	100
Other	-	-	-
<b>Total Appropriation</b>	<b>5,412</b>	<b>5,412</b>	<b>1,600</b>

##### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to achieve the renewal, upgrade, or redesign of assets to support the delivery of Manatū Hauora - Ministry of Health's core functions and responsibilities.

##### *How Performance will be Assessed and End of Year Reporting Requirements*

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Expenditure is in accordance with Manatū Hauora - Ministry of Health's capital asset management plan	Achieved	Achieved	Achieved

##### *End of Year Performance Reporting*

Manatū Hauora - Ministry of Health will report performance information for this appropriation in its Annual Report.

##### *Reasons for Change in Appropriation*

The decrease in this appropriation for 2023/24 is due to the transfer of most of Manatū Hauora - Ministry of Health's intangible assets to Te Whatu Ora - Health New Zealand in the health reforms and accounting policy changes for the treatment of software as a service (SaaS).

*Capital Injections and Movements in Departmental Net Assets***Ministry of Health**

Details of Net Asset Schedule	2022/23 Estimated Actual \$000	2023/24 Projected \$000	Explanation of Projected Movements in 2023/24
Opening Balance	22,177	5,606	
Capital Injections	943	-	
Capital Withdrawals	(17,514)	-	
Surplus to be Retained (Deficit Incurred)	-	-	
Other Movements	-	-	
<b>Closing Balance</b>	<b>5,606</b>	<b>5,606</b>	

## Part 3 - Details of Non-Departmental Appropriations

### 3.1 - Non-Departmental Output Expenses

#### Aged Care Commissioner (M61) (A21)

##### *Scope of Appropriation*

This appropriation is limited to the functions of the Aged Care Commissioner
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##### *Expenses*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	2,023	2,023	2,023

##### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to provide greater oversight of the aged care sector, including monitoring and addressing emerging quality and safety issues, and advocating on behalf of consumers and their whānau for better services.

##### *How Performance will be Assessed and End of Year Reporting Requirements*

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Undertake a number of engagements with older consumers and their whānau from all communities in order to reflect their perspectives in the Aged Care Commissioner's work including the Commissioner's monitoring report	N/A	N/A	50

Additional measures relating to the Aged Care Commissioner's role and function will be available in the Health and Disability Commissioner's Statement of Performance Expectations.

##### *End of Year Performance Reporting*

Performance information will be reported in the Health and Disability Commissioner's Annual Report.

##### *Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Addressing Historical and Future Vote Health Cost Pressures	2022/23	78	78	78	78	78
Establishment of an Aged Care Commissioner under the Health and Disability Commissioner	2021/22	2,320	2,320	2,320	2,320	2,320

## Delivering hauora Māori services (M36) (A21)

### Scope of Appropriation

This appropriation is limited to developing, implementing and delivering hauora Māori services, supporting the development of hauora Māori providers, developing partnerships with iwi, commissioning kaupapa Māori services and other services developed for Māori, and other related services.

### Expenses

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	217,572	217,572	615,540

### What is Intended to be Achieved with this Appropriation

This appropriation is intended to secure the development, implementation and delivery of hauora Māori services, development of hauora Māori providers, development of partnerships with iwi, commissioning of kaupapa Māori services and other services developed for Māori, and other related services.

### How Performance will be Assessed and End of Year Reporting Requirements

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
A service commissioning and co-commissioning plan is in place by 30 June 2023	Achieved	Achieved	Discontinued Measure
A plan is in place to support the operation of Iwi-Māori Partnership Boards	Achieved	Achieved	Discontinued Measure
Māori provider development and innovation programmes are delivered to agreed standard	Achieved	Not assessed as no agreed programme standard	Discontinued Measure
Ministry of Health confidence in entity delivery of Whakamaui He Korowai Oranga	Good	Good	Discontinued Measure
Increase number of hauora Māori service providers operating under Te Ao Māori service provision and workforce training compared to the base year of 2021/22	N/A	N/A	Achieved
Hauora Māori service providers are covering a larger geographical area compared to the base year of 2021/22	N/A	N/A	Achieved
Increase number of hauora Māori service providers providing Mātauranga Māori services as part of their overall health service compared to the base year of 2021/22	N/A	N/A	Achieved
Increase wrap-around health support for wāhine hapū antenatal and birthing care that include longer-term intervention and prevention services compared to the base year of 2021/22	N/A	N/A	Achieved
Increase in support for new models of taurite specialist Māori mental health and addiction services compared to the base year of 2021/22	N/A	N/A	Achieved
Māori data sovereignty and data governance from Te Aka Whai Ora - Māori Health Authority will be adopted by 2 or more Health partners compared to the base year of 2021/22	N/A	N/A	Achieved
Iwi Māori Partnership Boards are satisfied that they are fulfilling their role in developing health interventions for Māori based on results from annual survey of Iwi Māori Partnership Boards	N/A	N/A	Very satisfied/satisfied

The performance measures for the 2022/23 year were developed by Manatū Hauora - Ministry of Health, the Treasury and the Transition Unit ahead of accountability documents such as the interim Government Policy Statement (iGPS), Te Pae Tata Interim New Zealand Health Plan and Statement of Intent/Statement of Performance Expectations being prepared. The 2023/24 measures are aligned to Te Aka Whai Ora - Māori Health Authority's core functions and the actions Te Aka Whai Ora - Māori Health Authority are accountable to deliver in Te Pae Tata Interim New Zealand Health Plan.

### *End of Year Performance Reporting*

End of year performance information will be reported in the Annual Report of Te Aka Whai Ora - Māori Health Authority.

### *Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Transfer of Funding for Specific Hauora Māori Services	2023/24	-	387,655	387,655	387,655	387,655
Health Response: Hauora Māori Disaster Response Package	2022/23	2,624	5,656	-	-	-
HIV Action Plan - Implementation Plan and Drawdown of Tagged Contingency	2022/23	50	500	450	450	450
Hauora Māori Commissioning	2022/23	33,069	44,777	45,077	45,077	45,077
Health Workforce Development	2022/23	7,000	8,000	12,000	12,000	12,000
Addressing Historical and Future Vote Health Cost Pressures	2022/23	6,809	6,809	6,809	6,809	6,809
Māori Primary and Community Care Provider Development - Securing Future Capability and Shifting into New Models of Care	2022/23	6,000	8,000	8,000	8,000	8,000
Iwi-Māori Partnership Boards	2022/23	3,660	5,510	5,460	5,460	5,460

### *Reasons for Change in Appropriation*

The increase in this appropriation for 2023/24 is mainly due to:

- \$387.655 million for a transfer of funding from the Delivering Primary, Community, Public and Population Health Services appropriation effective from 2023/24 only to better reflect the funding for Kaupapa Māori health services commissioned by Te Aka Whai Ora - Māori Health Authority as part of the health reforms
- \$11.708 million uplift in 2023/24 for the Budget 2022 initiative Hauora Māori Commissioning targeted at improving primary and community care responsive to Māori and supporting a Māori-led approach to population health and prevention
- \$9.827 million for a fiscally neutral transfer from the Delivering Hospital and Specialist Services appropriation for the hauora Māori teams moved from Te Whatu Ora - Health New Zealand districts to Te Aka Whai Ora - Māori Health Authority
- \$8.559 million for the ongoing impact of a baseline transfer from the previous appropriation structure to reflect the new structure of the Vote Health appropriations from 1 July 2022 to support the health reforms, and

- \$3.032 million of additional funding for the Budget 2023 North Island Weather Events Response and Recovery initiative Health Response: Hauora Māori Disaster Response Package to provide funding for urgent psychosocial response and recovery services that support whānau wellbeing and support the community to recover from the impacts of North Island Weather Events.

This increase was partially offset by:

- \$25.113 million carried forward from 2021/22 to 2022/23 only for the interim Māori Health Authority (iMHA) to meet their commitments in implementing the Day 1 readiness activities.

Vote Health was restructured from 1 July 2022 to reflect the impact of the Health and Disability System reforms. Details of this restructuring can be found in the Estimates of Appropriations 2022/23. The Reasons for Change in Appropriations and Current and Past Policy Initiatives associated with the earlier appropriations can be found in prior years' Estimates of Appropriations (2021/22 and prior years) for Vote Health.

## Delivering Hospital and Specialist Services (M36) (A21)

### *Scope of Appropriation*

This appropriation is limited to hospital and specialist health services (including mental health services).

### *Expenses*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	13,113,854	13,113,854	12,720,434

### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to secure Hospital and Specialist services for the eligible New Zealand population in line with existing service coverage expectations and operating policy requirements and to ensure service and system improvements are continuously progressed as set out in the interim New Zealand Health Plan.

### *How Performance will be Assessed and End of Year Reporting Requirements*

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Actual investment decisions ensure balanced investment across appropriations and time horizons [short (Up to 2 years), medium (3-5 years) and longer-term (5+ years)] to maintain hospital and specialist services	Achieved	Work yet to be completed	Discontinued Measure
The New Zealand Health Plan sets out a path in agreed service areas to improve the consistency of hospital and specialist service provision to align with population need over time	Achieved	Achieved	Discontinued Measure
Audit NZ report rating of entity management controls	Good	Data only available at year end	Discontinued Measure
HNZ hospital and specialist services staff are engaged and have provided feedback on health reform process by 30 June 2023	Achieved	Achieved	Discontinued Measure

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Service coverage expectations (appended to the interim Government Policy Statement) are fully met for hospital and specialist services	100%	100%	Discontinued Measure
All approved NZHP milestones agreed with the Minister for hospital and specialist services are delivered or adjusted milestones are agreed	100%	100%	Discontinued Measure
Improvement plans are in place for the agreed Health System Indicators relevant to annual Ministerial priorities for hospital and specialist services	Achieved	Not achieved	Discontinued Measure
The approved New Zealand Health Plan provides evidence of mechanisms to elevate the voices of people with lived experience in the design of hospital and specialist services	Achieved	Achieved	Discontinued Measure
Percentage of Planned Care Inpatient treatment case mix included elective and arranged discharges from a surgical specialty, or from a medical specialty where a surgical procedure has been provided are no less than the discharges delivered nationally by DHBs in 2021/22	100%	84-86%	Discontinued Measure
Percentage of Planned Care minor Interventions comprised of elective or arranged non-case mix surgical procedures, which are completed in an inpatient setting and coded to NMDS and Outpatient or Community based minor procedures, which are completed in an outpatient or community setting and coded to NNPAC, that are delivered are no less than the interventions planned by DHBs in 2021/22	100%	100%	Discontinued Measure
ESPI 1 - Percentage of services that report that more than 90% of referrals within the service are processed in 15 calendar days or less	100%	84%	Discontinued Measure
ESPI 3 - Percentage of patients in Active Review with a priority score above the actual Treatment Threshold (aTT)	0%	0%	Discontinued Measure
ESPI 8 - Percentage of patients prioritised using an approved national or nationally recognised prioritisation tool	100%	99%	Discontinued Measure
Percentage of patients with accepted referrals for elective coronary angiography who receive their procedure within 3 months (90 days)	95%	77%	Discontinued Measure
Percentage of patients with accepted referrals for CT scans who receive their scan, and the scan results are reported, within 6 weeks (42 days)	95%	74%	Discontinued Measure
Percentage of patients with accepted referrals for MRI scans who receive their scan, and the scan results are reported, within 6 weeks (42 days)	90%	61%	Discontinued Measure
Percentage of ophthalmology patients who wait no more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service	100%	20%	Discontinued Measure
Percentage of patients (both acute and elective) who receive their cardiac surgery within the urgency timeframe based on their clinical urgency	100%	85%	Discontinued Measure
The percentage of patients who were acutely re-admitted post discharge improves from average DHB base level from 2019/20 to 2021/22	improvement from baseline	Achieved	Discontinued Measure
Percentage of patients admitted, discharged or transferred from an emergency department (ED) within six hours	95%	71%	Discontinued Measure

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Percentage of patients who receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks	90%	83%	Discontinued Measure
Percentage of patients who receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat	85%	85%	Discontinued Measure
ESPI 2 - Percentage of patients are waiting over four months for FSA	0%	National 31%	0%
ESPI 5 - Percentage of patients who are waiting over 120 days for treatment	0%	National 46%	0%
Percentage of patients prioritised using approved nationally recognised processes or tools	N/A	N/A	100%
Percentage of women, where the diagnosis is cancer who have their initial treatment performed within 31 calendar days of the final decision to treat	N/A	N/A	Greater than or equal to 90%
Percentage of women, who have evidence of clinical suspicion of invasive carcinoma, or a laboratory report indicating 'features suspicious for invasion', or 'changes consistent with squamous cell carcinoma', or similar, who receive a date for a colposcopy appointment or a gynaecological assessment that is within 10 working days of receipt of the referral	N/A	N/A	Greater than or equal to 95%
Percentage of National Bowel Screening programme participants diagnosed with cancer who are referred for pre-operative presentation at a multidisciplinary meeting within 20 working days of diagnosis	N/A	N/A	95%
Increase in the percentage of rangatahi seen within the three weeks from referral, in the 12 months to 30 June 2022	N/A	N/A	Achieved
Decrease in the percentage of missed first specialist assessment appointments for Māori, compared with the 12 months to 30 June 2022, plus the equity gap between Māori and Pacific people and non-Māori, non-Pacific peoples also reduces	N/A	N/A	Achieved
Decrease in the rate of diabetes complications, from the 12 months to 30 June 2021 for Māori and Pacific people and non-Māori, non-Pacific peoples	N/A	N/A	Achieved
Increase in actual expenditure by kaupapa Māori hospital and specialist health service providers compared with the average of last five financial years	N/A	N/A	Achieved
Decrease in rate of acute readmissions within 28 days of discharge, reported by ethnicity and geographic area, compared with 2022/23	N/A	N/A	Achieved
Increase in the proportion of Māori and other under-represented groups in the regulated health workforce, compared with the proportion of the total population, as compared with 12 months prior to 30 June 2022	N/A	N/A	Achieved
Increase in proportion of Māori and other under-represented groups in the unregulated health workforce employed by Te Whatu Ora - Health New Zealand compared with the proportion of the total population, as compared with 12 months prior to 30 June 2022	N/A	N/A	Achieved
Increase in proportion of Māori and Pacific people in leadership and governance roles in Te Whatu Ora - Health New Zealand, compared with 2022/23	N/A	N/A	Achieved



Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Expenditure is consistent with budget for this appropriation against key line items and overall	N/A	N/A	Achieved
Proportion of total expenditure directed to mental health and addiction meets agreed level	N/A	N/A	Achieved
The proportion of hospital and specialist services within Te Whatu Ora - Health New Zealand that have been assessed against the Consumer Engagement Quality and Safety Marker; and of those, the proportion that have been assessed at Level 3 or 4	N/A	N/A	Achieved
Percentage of patients with accepted referrals for CT scans who receive their scan, and the scan results are reported, within 6 weeks (42 days)	95%	95%	95%
Percentage of patients with accepted referrals for MRI scans who receive their scan, and the scan results are reported, within 6 weeks (42 days)	90%	90%	90%
Percentage of patients (both acute and elective) who receive their cardiac surgery within the urgency timeframe based on their clinical urgency	100%	100%	100%
Percentage of patients admitted, discharged or transferred from an emergency department (ED) within six hours	95%	95%	95%

Where possible, the estimated actual for quantitative measures reflect the most recent weekly, monthly or quarterly data available at time of reporting.

The performance measures for the 2022/23 year were developed by Manatū Hauora - Ministry of Health, the Treasury and the Transition Unit ahead of accountability documents such as the iGPS, Te Pae Tata Interim New Zealand Health Plan and Statement of Intent/Statement of Performance Expectations being prepared. A reduced and revised set of 2023/24 performance measures has been provided to ensure consistency between the current appropriations and the iGPS.

### *End of Year Performance Reporting*

End of year performance information will be reported in the Annual Report of Te Whatu Ora - Health New Zealand.

### *Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Neonatal Retinopathy Screening	2023/24	-	2,332	2,332	2,332	2,332
Pay Equity Settlements and Improving Pay Relativities	2022/23	482,229	406,959	406,959	406,959	406,959
Addressing Historical and Future Health System Cost Pressures - Drawdown of 2022/23 Tagged Contingency	2022/23	520,793	520,793	520,793	520,793	520,793
Ministry ICT and Data & Digital Contracts and Funding Transfer	2022/23	10,763	14,963	14,963	14,963	14,963
Southern Digital Transformation Programme - Drawdown of Stage One Funding	2022/23	2,314	4,229	1,760	14,828	14,828

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Drawdown from Contingency Funding for Capital Charge on New Capital Projects for Te Whatu Ora	2022/23	4,937	9,874	9,874	9,874	9,874
Health Response: Hospital and Specialist Services	2022/23	4,097	4,753	-	-	-
Supporting the Infrastructure and Investment Group Work Programme - Drawdown of Tagged Contingency	2022/23	2,820	3,710	-	-	-
Addressing Historical and Future Vote Health Cost Pressures	2022/23	961,443	961,443	961,443	961,443	961,443
Resourcing Additional Critical Care Beds across Aotearoa New Zealand	2022/23	86,300	140,200	140,200	140,200	140,200
Specialist Mental Health and Addiction Services - Increasing Availability of Focused Supports	2022/23	9,400	14,700	25,900	50,000	50,000
Continuing the Alcohol and Other Drug Treatment Courts: Auckland, Waitākere and the Waikato	2022/23	8,119	8,119	8,119	8,119	8,119
Drawdown of Capital Charge for Taranaki DHB (now part of Te Whatu Ora - Health New Zealand)	2022/23	2,456	2,456	2,456	2,456	2,456
Preventing Family Violence and Sexual Violence: Services for Victims of Non-Fatal Strangulation	2022/23	2,028	2,028	2,028	2,028	2,028
Proceeds of Crime Fund - Pou Oranga Whaiora	2022/23	1,930	-	-	-	-
Meeting the Demand for Organ Donation and Transplantation	2022/23	750	2,750	3,750	3,750	3,750

### *Reasons for Change in Appropriation*

The decrease in this appropriation for 2023/24 is mainly due to:

- \$161.281 million carried forward from 2021/22 to 2022/23 only for the settlement of the Te Whatu Ora - Health New Zealand nurses pay equity claim
- \$99.025 million reduction in funding from the ongoing impact of a baseline transfer from the previous appropriation structure to reflect the new structure of the Vote Health appropriations from 1 July 2022 to support the health reforms
- \$75.270 million reduction in funding for pay equity settlements and improving pay relativities
- \$53.189 million carried forward from 2021/22 to 2022/23 only to meet the commitments for the Regional Hospital Redevelopment Programme and Accelerating Health Capital Project Delivery, reflecting the rephasing of these programmes
- \$42.828 million carried forward from 2021/22 to 2022/23 only to deliver the service improvement programme for Planned Care services, reflecting the rephasing of the programme
- \$12.500 million carried forward from 2021/22 to 2022/23 only to deliver Tranche 1 of the Health Sector Agreements and Payments Programme, reflecting the rephasing of the programme
- \$9.827 million for the net impact of a fiscally neutral transfer to the Delivering hauora Māori services appropriation for the hauora Māori teams moved from Te Whatu Ora - Health New Zealand districts to Te Aka Whai Ora - Māori Health Authority

- \$6 million carried forward from 2021/22 to 2022/23 only to fund the agreed projects for Christchurch earthquake repairs, reflecting the rephasing of the programme
- \$5 million for the net impact of a fiscally neutral transfer between this and various other appropriations to reflect the net impact of the funding and function transfers for the Health and Disability System Reforms, and
- \$3.304 million carried forward from 2021/22 to 2022/23 only for interim Health New Zealand (iHNZ) and the interim Māori Health Authority (iMHA) to meet their commitments in implementing the Day 1 readiness activities.

This decrease was partially offset by:

- \$53.900 million uplift to fund additional critical care beds across Aotearoa New Zealand
- \$11.050 million for the net impact of a fiscally neutral transfer from the Delivering Primary, Community, Public and Population Health Services appropriation to align funding with the reforecast expenses for the Data and Digital Infrastructure and Capability programme
- \$5.300 million of additional funding for the Budget 2022 initiative Specialist Mental Health and Addiction Services - Increasing Availability of Focused Supports
- \$4.937 million of additional funding for Te Whatu Ora - Health New Zealand to meet the increased costs of capital charge arising from contributions for new capital projects, and
- \$4.200 million for the net impact of a fiscally neutral transfer from the Stewardship of the New Zealand health system MCA to reflect the residual transfer of personnel, leased assets and ongoing commitments between agencies for residual IT related projects and programmes as a result of the health reforms.

Vote Health was restructured from 1 July 2022 to reflect the impact of the Health and Disability System reforms. Details of this restructuring can be found in the Estimates of Appropriations 2022/23. The Reasons for Change in Appropriations and Current and Past Policy Initiatives associated with the earlier appropriations can be found in prior years' Estimates of Appropriations (2021/22 and prior years) for Vote Health.

## Delivering Primary, Community, Public and Population Health Services (M36) (A21)

### *Scope of Appropriation*

This appropriation is limited to primary, community (including mental health), public and population health services at international, national, regional, and local levels.

### *Expenses*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	8,248,039	8,248,039	8,158,369

### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to secure Primary, Community, Public and Population Health services at international, national, regional, and local levels in line with existing service coverage expectations and operating policy requirements and to ensure service and system improvements are continuously progressed as set out in the interim New Zealand Health Plan.

### *How Performance will be Assessed and End of Year Reporting Requirements*

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Actual investment decisions ensure balanced investment across appropriations and time horizons [short (Up to 2 years), medium (3-5 years) and longer-term (5+ years)] to shift investment into primary and community care services	Achieved	Data only available at year end	Discontinued Measure
The New Zealand Health Plan sets out a path in agreed service areas to improve the consistency of primary and community care service provision to align with population need over time	Achieved	Achieved	Discontinued Measure
Audit NZ report rating of entity management controls	Good	Data only available at year end	Discontinued Measure
HNZ primary and community care staff provide positive feedback on reform change process, reflected in 80% staff either neutral or positive engagement responses	Achieved	Achieved	Discontinued Measure
Service coverage expectations (appended to the interim Government Policy Statement) are fully met for Primary, Community, Public and Population Health Services	100%	Achieved	Discontinued Measure
All approved NZHP milestones agreed with the Minister for primary, community public and population health services are delivered or adjusted milestones are agreed	100%	100%	Discontinued Measure
Improvement plans are in place for agreed Health System Indicators relevant to annual Ministerial priorities for primary and community care by the date agreed by the Minister of Health	Achieved	Not Achieved	Discontinued Measure
Percentage of PHOs that have implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three-year period	100%	Data not currently collected	Discontinued Measure
Percentage of PHOs with Stage 3 EDAT results that show a level of match in ethnicity data of greater than 90 percent	100%	Data not currently collected	Discontinued Measure
The approved New Zealand Health Plan sets out mechanisms to be developed to elevate the voices of people with lived experience in the design of primary and community care services	Achieved	Achieved	Discontinued Measure
Percentage of infants fully breastfed at three months of age as recorded on the WCTO NHI dataset	70% Māori and Total population	Not Achieved	Discontinued Measure
Percentage of obese children identified in the Before School Check (B4SC) programme offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions	95%	95%	Discontinued Measure
Percentage of women aged 45-69 who have completed breast screening in the previous two years	70% for Māori, Pacific and Total population	59-65%	Discontinued Measure
Percentage of women aged 25-69 who have completed cervical screening in the previous three years	80% coverage for all ethnic groups and overall	54-67%	Discontinued Measure
Percentage of PHO enrolled patients who smoke and have been offered help to quit smoking by a health care practitioner in the last 15 months	90%	64-72%	Discontinued Measure

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Percentage of children aged 0 to 4 years of age inclusive, who are enrolled with HNZ/MHA funded oral health services	95%	Data only available at year end	Discontinued Measure
Percentage of pre-school and primary school children enrolled with HNZ/MHA funded oral health services are overdue for their scheduled examinations	Less than or equals 10%	46%	Discontinued Measure
Percentage of children enrolled with a general practice by 6 weeks of age	55%	58-72%	Discontinued Measure
Percentage of children enrolled with a general practice by 3 months of age	85%	68-87%	Discontinued Measure
Percentage of the Māori population enrolled with a PHO	95%	83%	Discontinued Measure
Percentage of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less	90%	86%	Discontinued Measure
Percentage of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less	70%	45%	Discontinued Measure
Percentage of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less	70%	53%	Discontinued Measure
Percentage of people who returned a positive faecal immunochemical test (FIT) have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP IT system	95%	89%	Discontinued Measure
Percentage of people enrolled with a PHO aged 15-74 with diabetes on the health virtual diabetes register with a most recent HbA1c during the past 12 months of equal to or less than 64 mmol/mol	95-100% for all ethnic groups and overall	Data not currently collected	Discontinued Measure
Percentage of people enrolled with a PHO aged 15-74 with diabetes on the health virtual diabetes register with a most recent HbA1c during the past 12 months of equal to or less than 80mmol/mol	More than 60% for all ethnic groups and overall	Data not currently collected	Discontinued Measure
Percentage of people enrolled with a PHO aged 15-74 with diabetes on the health virtual diabetes register with a most recent HbA1c during the past 12 months of equal to or less than 100mmol/mol; and greater than 100mmol/mol)	Less than or equal to 8% for all ethnic groups	Data not currently collected	Discontinued Measure
Percentage of Acute Coronary Syndrome patients undergoing coronary angiogram meeting ANZACS-QI indicator door to cath timelines of within 3 days	70%	71%	Discontinued Measure
Percentage of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge	95%	92%	Discontinued Measure
Percentage of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 3 months of discharge	99%	84%	Discontinued Measure
Percentage of Acute Coronary Syndrome patients who undergo coronary angiogram and have a pre-discharge echocardiogram or LVgram	85%	88%	Discontinued Measure
Percentage of Acute Coronary Syndrome patients who undergo coronary angiogram and are prescribed a secondary prevention medication at discharge (in the absence of a documented contraindication/intolerance)	85%	84%	Discontinued Measure

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Percentage of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement and have completion of ANZACS-QI Device PPM forms completed within 2 months of the procedure	99%	81%	Discontinued Measure
Percentage of acute stroke patients admitted to a stroke unit or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital	80%	64%	Discontinued Measure
Percentage of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval	12%	15%	Discontinued Measure
Percentage of patients admitted with acute stroke who are transferred to in-patient rehabilitation services within 7 days of acute admission	80%	66%	Discontinued Measure
Percentage of stroke patients referred for community rehabilitation who are seen face to face by a member of the community rehabilitation team (ie, RN/PT/OT/SLT/SW/Dr/Psychologist) within 7 calendar days of hospital discharge	60%	49%	Discontinued Measure
Mental health expenditure ringfence expectations are met	Achieved	This will be reported at year end	Discontinued Measure
Māori access as a percentage of all people accessing primary mental health and addiction: Access and Choice services	20% Māori	Achieved	Discontinued Measure
Percentage of eligible eight-month-olds enrolled on NIR fully immunised - age-appropriate immunisations	95% Māori, Pacific and Total population	84%	95% Māori, Pacific and Total population
Percentage of eligible two-year-olds enrolled on NIR fully immunised - age appropriate immunisations	95% Māori, Pacific and Total population	83%	95% Māori, Pacific and Total population
Percentage of eligible five-year-olds enrolled on NIR fully immunised - age appropriate immunisations	95% Māori Pacific and Total population	82%	95% Māori Pacific and Total population
Percentage of girls and boys born in the relevant birth cohort who have completed their HPV immunisation course as per Schedule and recorded on the NIR fully immunised	75% Māori, Pacific and Total population	54%	75% Māori, Pacific and Total population
Percentage of eligible people aged 65 years and over enrolled on the NIR who have completed at least one influenza vaccination for the given vaccination year	75% Māori, Pacific and Total population	71%	75% Māori, Pacific and Total population
Increase in expenditure by kaupapa Māori primary, community, public and population health service providers, compared with the average of the last five financial years	N/A	N/A	Achieved
Increase in percentage of Māori and Pacific people and non-Māori, non- Pacific peoples who say they receive care from a GP or nurse when they need it, compared with results from June 2021	N/A	N/A	Achieved
Increase in percentage of Māori and Pacific people and non-Māori, non- Pacific peoples who say they feel involved in their own care and treatment with their GP or nurse	N/A	N/A	Achieved
Increase in rongoā consultations for rongoā Māori clients provided in terms of both total volumes and spread across the country	N/A	N/A	Achieved
Improvement in feedback from the Iwi-Māori Partnership Boards on how they are fulfilling their role and whether they are receiving the support they require, compared with baseline established for 2022/23	N/A	N/A	Achieved

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Decrease in proportion of people reporting unmet need for primary health care, reported by ethnicity and geographic area, compared with the 12 months to 30 June 2019	N/A	N/A	Achieved
Decrease in rate of hospital admissions for children under five years of age for an illness that might have been prevented or better managed in the community, compared to results for the 12 months to December 2019	N/A	N/A	Achieved
Decrease in rate of hospital admissions for people aged 45-64 years for an illness that might have been prevented or better managed in the community, compared to results for the 12 months to December 2019	N/A	N/A	Achieved
Number of people who have access to Kaupapa Māori, Pacific and Youth Primary Mental Health and Addiction Services through the Access and Choice programme	N/A	N/A	Meet annual access level established for 2023/24
Increase in percentage of pregnant people who register with an LMC in the first trimester of their pregnancy of all registrations, compared with baseline established for 2022/23	N/A	N/A	Achieved
Expenditure is consistent with budget for the appropriation against key line items and overall	N/A	N/A	Achieved
Proportion of total expenditure directed to mental health and addiction meets agreed level	N/A	N/A	Achieved
The proportion of primary, community, public and population health services hospital and specialist services within Te Whatu Ora - Health New Zealand that have been assessed against the Consumer Engagement Quality and Safety Marker; and of those, the proportion that have been assessed at Level 3 or 4	N/A	N/A	Achieved
Number of people who have access to primary mental health and addiction support services through the Access and Choice programme	N/A	N/A	Meet annual access level established for 2023/24
Percentage of children enrolled with a general practice by 3 months of age	85%	85%	85%

Where possible, the estimated actual for quantitative measures reflect the most recent weekly, monthly or quarterly data available at time of reporting.

The performance measures for the 2022/23 year were developed by Manatū Hauora - Ministry of Health, the Treasury and the Transition Unit ahead of accountability documents such as the iGPS, Te Pae Tata Interim New Zealand Health Plan and Statement of Intent/Statement of Performance Expectations being prepared. A reduced and revised set of 2023/24 performance measures has been provided to ensure consistency between the current appropriations and the iGPS. The iGPS is a public statement of what Government expects the health sector to deliver and achieve in the period 2022 to 2024.

### *End of Year Performance Reporting*

End of year performance information will be reported in the Annual Report of Te Whatu Ora - Health New Zealand.

*Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Transfer of Funding for Specific Hauora Māori Services	2023/24	-	(387,655)	(387,655)	(387,655)	(387,655)
Removing Prescription Co-payments for all New Zealanders	2023/24	-	170,197	174,452	178,813	183,284
Psychosocial Recovery: Mental Health and Wellbeing Response	2023/24	-	10,000	-	-	-
New Zealand's Future Quarantine and Isolation Capability	2023/24	-	3,323	3,323	-	-
Well Child Tamariki Ora - Continuation of the Enhanced Support Pilots	2023/24	-	1,250	2,450	2,450	2,450
Pay Equity Settlements and Improving Pay Relativities	2022/23	91,469	177,357	177,442	177,527	177,580
BreastScreen Aotearoa Critical Infrastructure Replacement - Drawdown of Tagged Contingency	2022/23	6,735	24,571	18,941	9,750	9,750
Supporting the establishment of the National Public Health Service and Public Health Agency - Drawdown of Tagged Contingency	2022/23	11,747	18,017	12,376	5,902	5,902
Human Papillomavirus Primary Screening for the National Cervical Screening Programme - Drawdown of Tagged Contingency	2022/23	16,503	19,889	5,660	3,621	2,998
Health Sector Agreements and Payments Programme - Drawdown of Tranche Two Funding	2022/23	17,305	15,548	4,157	4,157	4,157
Ministry ICT and Data & Digital Contracts and Funding Transfer	2022/23	5,796	8,057	8,057	8,057	8,057
HIV Action Plan - Implementation Plan and Drawdown of Tagged Contingency	2022/23	2,000	5,100	5,250	4,200	4,200
Smokefree Aotearoa 2025 Action Plan - Remaining Implementation Funding - Drawdown of Tagged contingency	2022/23	250	1,639	2,232	2,485	2,485
Health Response: Primary, Community, and Residential Care Recovery	2022/23	3,294	2,817	-	-	-
Health Response: Transport and Power	2022/23	579	1,157	-	-	-
Addressing Historical and Future Vote Health Cost Pressures	2022/23	304,723	304,723	304,723	304,723	304,723
Population Health and Disease Management Digital Capability	2022/23	37,402	29,281	29,316	29,316	29,316
Emergency Road Ambulance Services - Additional Support Funding	2022/23	31,732	44,776	44,776	44,776	44,776
Emergency Air Ambulance Services - Additional Support Funding	2022/23	23,087	22,512	22,550	22,563	22,563
Mana Ake - Continuation and Expansion of Mental Wellbeing Support for Primary and Intermediate School-aged Students	2022/23	14,333	21,817	24,456	28,734	28,734
Primary Care Funding Formula - Equity Adjustments to Capitation	2022/23	12,758	24,414	24,414	24,414	24,414
Allowing Payment to Family Members for Support Services	2022/23	11,000	17,000	22,000	22,000	22,000



Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Pacific Primary and Community Care Provider Development - Securing Future Capability and Shifting into New Models of Care	2022/23	7,768	14,044	14,044	14,044	14,044
Comprehensive Primary Care Teams	2022/23	5,854	61,146	35,000	-	-
Implementing an Enhanced Influenza Immunisation Programme for 2022 in response to COVID-19	2022/23	4,830	-	-	-	-
Service Integration for Locality Provider Networks	2022/23	4,794	27,624	-	-	-
Health Workforce Development	2022/23	4,000	13,000	10,000	10,000	10,000
Extending School Based Health Services	2022/23	3,137	3,137	3,137	3,137	3,137
Addressing the Burden of Diabetes for Pacific Communities	2022/23	3,000	5,000	6,000	6,000	6,000
Dementia Mate Wareware Action Plan - Implementation Support Funding	2022/23	1,820	2,860	3,660	3,660	3,660
Piki - Continuation of Integrated Primary Mental Health and Addiction Support for Young People in Greater Wellington	2022/23	1,750	3,500	3,500	3,500	3,500
Introducing a Rights-based Approach to Health Care for Intersex Children and Young People	2022/23	699	699	684	434	434
Improving Access to Primary Health Care Services for Transgender People	2022/23	589	583	481	529	529
Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25	2022/23	460	460	460	-	-
Preventing the Harm from Serious and Organised Crime in New Zealand	2022/23	94	188	188	188	188

### *Reasons for Change in Appropriation*

The decrease in this appropriation for 2023/24 is mainly due to:

- \$387.655 million for a transfer of funding to the Delivering hauora Māori services appropriation effective from 2023/24 to better reflect the funding for Kaupapa Māori health services commissioned by Te Aka Whai Ora - Māori Health Authority as part of the health reforms
- \$32.343 million carried forward from 2021/22 to 2022/23 only to support various initiatives within the National Immunisation Programme, reflecting the rephasing of the programme
- \$28.500 million carried forward from 2021/22 to 2022/23 only to implement the Cyber Security and Hira tranche 1 of the Data and Digital Infrastructure and Capability programme, reflecting the rephasing of the programme
- \$11.050 million for a fiscally neutral transfer to the Delivering Hospital and Specialist Services appropriation to align funding with reforecast expenses for the Data and Digital Infrastructure and Capability programme
- \$10.580 million for a fiscally neutral transfer in 2022/23 only from the New Zealand Customs Service to reflect the increase in costs related for alcohol-related programmes with associated revenue

- \$10 million for a fiscally neutral transfer in 2022/23 only from the non-departmental capital expenditure Capital investment in Health New Zealand appropriation and the Ministry of Health - Capital Expenditure permanent legislative authority (PLA) to convert the capital funding of the National Cyber Security Uplift Programme into operational funding, reflecting this programme involves Software as a Service (SaaS) arrangements
- \$9.642 million carried forward from 2021/22 to 2022/23 only for interim Health New Zealand (iHNZ) and the interim Māori Health Authority (iMHA) to meet their commitments in implementing the Day 1 readiness activities
- \$8.121 million reduction in funding for the Budget 2022 initiative Population Health and Disease Management Digital Capability
- \$7.161 million carried forward from 2021/22 to 2022/23 only to provide funding for BreastScreen Aotearoa, National Cervical Screening Programme and National Bowel Screening Programme, reflecting the rephasing of the programmes
- \$5.403 million carried forward from 2021/22 to 2022/23 only to continue delivering various technology projects that utilise SaaS arrangements, reflecting the rephasing of the programme, and
- \$5 million carried forward from 2021/22 to 2022/23 only to support the coordination and implementation of the health sector support workers' pay equity process.

This decrease was partially offset by:

- \$170.197 million of additional funding to remove prescription co-payments for all New Zealanders
- \$85.888 million of additional funding for pay equity settlements and improving pay relativities
- \$55.292 million of additional funding for the Budget 2022 initiative Comprehensive Primary Care Teams to provide funding for the establishment of integrated primary care teams
- \$22.830 million of additional funding for the Budget 2022 initiative Service Integration for Locality Provider Networks to enable the delivery of joint, multidisciplinary services within locality provider networks
- \$17.836 million of additional funding to implement the BreastScreen Aotearoa Critical Infrastructure Replacement programme
- \$13.950 million carried forward from 2021/22 to support Kahu Taurima - a joint programme that combines the transformative changes under the Early Years initiative, with the actions and goals of Mokopuna Pae Ora - Early Years work programme
- \$13.044 million of additional funding for the Budget 2022 initiative Emergency Road Ambulance Services - Additional Support Funding to support essential emergency road ambulance services for Aotearoa New Zealand's urban and rural communities
- \$11.656 million of additional funding for the Budget 2022 initiative Primary Care Funding Formula - Equity Adjustments to Capitation to provide additional funding to more equitably allocate primary care funding to general practices on the basis of their enrolled high needs populations
- \$10 million of additional funding for the Budget 2023 North Island Weather Events Response and Recovery initiative Psychosocial Recovery: Mental Health and Wellbeing Response to provide funding for locally-led, community-based mental wellbeing initiatives

- \$9 million of additional funding for the Budget 2022 initiative Health Workforce Development to provide funding for workforce training and development to underpin critical reform initiatives
- \$7.484 million of additional funding for the Budget 2022 initiative Mana Ake - Continuation and Expansion of Mental Wellbeing Support for Primary and Intermediate School-aged Students to provide funding to enable ongoing service delivery of Mana Ake
- \$6.276 million of additional funding for the Budget 2022 initiative Pacific Primary and Community Care Provider Development - Securing Future Capability and Shifting into New Models of Care to secure advanced primary and community care capability
- \$6.270 million of additional funding to support the establishment of the National Public Health Service and Public Health Agency, and
- \$6 million of additional funding for the Budget 2022 initiative Allowing Payment to Family Members for Support Services.

### *Conditions on Use of Appropriation*

Reference	Conditions
Pae Ora (Healthy Futures) Act 2022	Section 94 of the Act sets out the process for giving notice of payment terms or conditions to any person. The Ministry has issued a Notice pursuant to section 94 of the Act, "the Arrangements relating to payments", which sets out terms and conditions.

## **Monitoring and Protecting Health and Disability Consumer Interests (M36) (A21)**

### *Scope of Appropriation*

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

### *Expenses*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	39,296	39,296	39,551

### *What is Intended to be Achieved with this Appropriation*

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

### *How Performance will be Assessed and End of Year Reporting Requirements*

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
<b>Health and Disability Commissioner (HDC)</b>			
Number of complaints closed by HDC	2,400 - 2,600	2,400 - 2,600	2,700 - 3,000
Number of complaints closed by Advocacy	2,600 - 3,000	2,600 - 3,000	2,600 - 3,100
Number of visits carried out by advocates with community groups and provider organisations to provide information about the Code of Health and Disability Services Consumers' Rights, HDC and the Advocacy Service	3,500	3,500	3,500
Number of education sessions HDC provides to consumers to promote awareness of, respect for, and observance of the rights of consumers and how they may be enforced	20	730	1,000
Generate 50 media stories on HDC decision report or other matters of public interest that affect consumer rights, in order to promote the Code of Rights work	50	62	50
<b>Te Tāhū Hauora - Health Quality and Safety Commission</b>			
A publication on the quality of Aotearoa New Zealand's health care is provided by 30 June	Achieved	Achieved	Achieved
Provide tools (for example the atlas of healthcare variation, quality and safety markers, and quality dashboard) to allow the system and public to explore the quality and safety of services by 30 June	4	Achieved	Achieved
Support the health workforce to build capability in quality improvement through provision of a course by 30 June	Achieved	Achieved	Achieved
<b>Te Hiringa Mahara - Mental Health and Wellbeing Commission</b>			
Report on Access and Choice programme prepared and published by 30 June	Achieved	Achieved	Discontinued Measure
He Ara Āwhina monitoring framework has been applied to a publish report on mental health and addiction services (which includes the access and choice programme) by 30 June	Achieved	Achieved	Achieved

Some measures have been discontinued and replaced with measures that more appropriately reflect work of the entities in the reformed system.

The budget standard for Health and Disability Commissioner's education session measure has increased significantly due to HDC introducing an online learning module, which is more accessible by individual consumers and providers therefore increase the quantity of sessions provided.

The Te Tāhū Hauora - Health Quality and Safety Commission measure related to providing tools to explore the quality and safety has been adjusted for 2022/23 financial year. This is to broaden the measure from being too narrow and only measuring Quality Alters when alternative tools are being explored.

The performance measures in this appropriation reflect the indicative information provided in the Statement of Performance Expectations.

### *End of Year Performance Reporting*

Crown entity performance information will be reported in their respective Annual Reports.

*Service Providers*

Provider	2022/23 Final Budgeted \$000	2022/23 Estimated Actual \$000	2023/24 Budget \$000	Expiry of Resourcing Commitment
<b>Crown Entities</b>				
Health and Disability Commissioner	16,920	16,920	Not yet known	Ongoing
Te Tāhū Hauora - Health Quality and Safety Commission	17,305	17,305	Not yet known	Ongoing
Te Hiringa Mahara - Mental Health and Wellbeing Commission	5,071	5,071	Not yet known	Ongoing
<b>Total</b>	<b>39,296</b>	<b>39,296</b>	<b>39,551</b>	

*Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Health Reform - Consumer/Whānau Voice Framework	2022/23	2,130	2,300	2,200	2,200	2,200
Addressing Historical and Future Vote Health Cost Pressures	2022/23	1,429	1,429	1,429	1,429	1,429
Establishment of an Aged Care Commissioner under the Health and Disability Commissioner	2021/22	(1,945)	(1,945)	(1,945)	(1,945)	(1,945)
Health and Disability Commissioner - Sustainability and Expansion of Scope Due to New Legislation	2021/22	2,900	2,900	-	-	-
Establishing an Aged Care Commissioner	2021/22	1,945	1,945	1,945	1,945	1,945
Health Quality and Safety Commission - Additional Resourcing	2021/22	1,400	1,400	-	-	-
Establishing and Operating the Mental Health and Wellbeing Commission	2020/21	2,961	2,961	2,961	2,961	2,961
Establishing a New Mental Health and Wellbeing Commission	2019/20	2,000	2,000	2,000	2,000	2,000

**National Management of Pharmaceuticals (M36) (A21)***Scope of Appropriation*

This appropriation is limited to services relating to the national management of pharmaceuticals.
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*Expenses*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	29,347	29,347	28,372

### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to provide for the operating costs of Te Pātaka Whaioranga - Pharmac to deliver health-related services that align with Government priorities for the strategic direction for health services (see Manatū Hauora - Ministry of Health's Statement of Strategic Intentions) but are out of scope for other national services appropriations in Vote Health.

### *How Performance will be Assessed and End of Year Reporting Requirements*

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Timeliness of funding decisions is improved through a reduction in the average time to assess and rank new applications	Achieved	Achieved	Achieved
Timeliness of Pharmacology and Therapeutics Advisory Committee and sub-committee records is improved through a reduction in the average time to publish records	Achieved	Achieved	Achieved
Proportion of key pharmaceutical decisions consulted on for new proposals	100%	100%	100%

The performance measures in this appropriation reflect the indicative information provided in the Statement of Performance Expectations.

### *End of Year Performance Reporting*

Performance information for this appropriation will be reported by Te Pātaka Whaioranga - Pharmac in its Annual Report.

### *Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
COVID-19 Vaccine Portfolio Update - Novation and Pharmac Resourcing	2022/23	475	-	-	-	-
Addressing Historical and Future Vote Health Cost Pressures	2022/23	1,110	1,110	1,110	1,110	1,110
COVID-19 Therapeutic Strategy - Securing Products for the Treatment of COVID-19	2021/22	500	-	-	-	-
Pharmac - Increase in Operational Budget	2020/21	1,774	1,774	1,774	1,774	1,774

## National Pharmaceuticals Purchasing (M36) (A21)

### Scope of Appropriation

This appropriation is limited to purchasing pharmaceuticals on the national pharmaceutical schedule and subsidising the supply of pharmaceuticals not on the national pharmaceutical schedule.

### Expenses

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,186,000	1,186,000	1,311,000

### What is Intended to be Achieved with this Appropriation

This appropriation is intended to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment from within the amount of funding provided in the appropriation.

### How Performance will be Assessed and End of Year Reporting Requirements

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Timeliness of funding decisions is improved through a reduction in the average time to assess and rank new applications	Achieved	Achieved	Discontinued Measure
Increase in the number of New Zealanders receiving funded medicines	Achieved	Achieved	Achieved
Increase in the number of new medicines funded	Achieved	Achieved	Achieved
Access is widened to an increased number of medicines that are already funded	Achieved	Achieved	Achieved
Increase in the estimated number of people benefitting from new medicines funded	Achieved	Achieved	Achieved

The performance measures in this appropriation reflect the indicative information provided in the Statement of Performance Expectations.

### End of Year Performance Reporting

Performance information for this appropriation will be reported by Te Pātaka Whaioranga - Pharmac in its Annual Report.

### Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Investment to Increase Access to Medicines	2023/24	-	66,000	-	-	-
Increase in the Combined Pharmaceutical Budget	2022/23	71,000	120,000	-	-	-

### *Reasons for Change in Appropriation*

The increase in this appropriation for 2023/24 is due to:

- \$66 million of additional funding in 2023/24 to give Te Pātaka Whaioranga - Pharmac additional scope to invest in more new medicines
- \$49 million of additional funding for the Budget 2022 initiative Increase in the Combined Pharmaceutical Budget to improve patients' access to well-evidenced medical treatments and contribute to improved health outcomes, and
- \$10 million for the ongoing impact of a baseline transfer from the previous appropriation structure to reflect the new structure of the Vote Health appropriations from 1 July 2022 to support the health reforms.

Vote Health was restructured from 1 July 2022 to reflect the impact of the Health and Disability System reforms. Details of this restructuring can be found in the Estimates of Appropriations 2022/23. The Reasons for Change in Appropriations and Current and Past Policy Initiatives associated with the earlier appropriations can be found in prior years' Estimates of Appropriations (2021/22 and prior years) for Vote Health.

### **Problem Gambling Services (M36) (A21)**

#### *Scope of Appropriation*

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

#### *Expenses*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	23,711	22,976	26,027

#### *What is Intended to be Achieved with this Appropriation*

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

#### *How Performance will be Assessed and End of Year Reporting Requirements*

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
The number of people accessing support from problem gambling services	6,750	6,750	6,750
The number of brief only interventions delivered	6,000	6,000	6,000

#### *End of Year Performance Reporting*

End of year performance information will be reported in the Annual Report of Te Whatu Ora - Health New Zealand.



*Service Providers*

Provider	2022/23 Final Budgeted \$000	2022/23 Estimated Actual \$000	2023/24 Budget \$000	Expiry of Resourcing Commitment
<b>Crown Entities</b>				
Te Whatu Ora - Health New Zealand	16,735	16,735	Not yet known	Ongoing
Te Aka Whai Ora - Māori Health Authority	5,621	5,621	Not yet known	Ongoing
<b>Non-Governmental Organisations</b>				
Other NGOs	1,355	620	Not yet known	Ongoing
Total	23,711	22,976	26,027	

*Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25	2022/23	5,990	15,006	13,375	-	-

## 3.4 - Non-Departmental Other Expenses

### International Health Organisations (M36) (A21)

#### *Scope of Appropriation*

This appropriation is limited to the Crown funding New Zealand's World Health Organization (WHO) membership and contributing to specific WHO projects.

#### *Expenses*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	2,230	2,230	2,230

#### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to ensure that New Zealand maintains its membership in the World Health Organisation (WHO) and contributes to specific WHO projects.

#### *How Performance will be Assessed and End of Year Reporting Requirements*

An exemption was granted as the appropriation is one from which resources will be provided to a person or entity other than a department, a functional chief executive, an Office of Parliament, or a Crown entity under s15D(2)(b)(iii) of the Public Finance Act as the amount of this annual appropriation for a non-departmental other expense is less than \$5 million.

### Legal Expenses (M36) (A21)

#### *Scope of Appropriation*

This appropriation is limited to funding the defence and settlement of health-related or disability-related legal claims against the Crown.

#### *Expenses*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,802	1,802	1,208

#### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to enable action to be taken regarding legal claims related to Vote Health, and these are funded and appropriate settlements are made, as appropriate.

### *How Performance will be Assessed and End of Year Reporting Requirements*

An exemption was granted as the appropriation is one from which resources will be provided to a person or entity other than a department, a functional chief executive, an Office of Parliament, or a Crown Entity under s.15D(2)(b)(ii) of the Public Finance Act 1989, as additional performance information is unlikely to be informative because this appropriation is limited to funding the defence and settlement of health-related or disability-related legal claims against the Crown.

### *Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Crown Response to Abuse in Care Inquiry	2022/23	200	-	-	-	-

### *Reasons for Change in Appropriation*

The decrease in this appropriation for 2023/24 is due to:

- \$394,000 for the net impact of funding carried forward from 2021/22 to 2022/23 only and a fiscally neutral transfer to Vote Social Development for Funded Family Care related litigation, and
- \$200,000 for the Budget 2022 initiative Crown Response to Abuse in Care Inquiry to ensure the Crown can continue to engage with the Royal Commission of Inquiry into Historical Abuse in State Care and Faith-Based Institutions.

## 3.5 - Non-Departmental Capital Expenditure

### Capital investment in Health New Zealand (M36) (A21)

#### *Scope of Appropriation*

This appropriation is limited to capital investment to establish Health New Zealand.

#### *Capital Expenditure*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	35,241	35,241	10,800

#### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to provide for Te Whatu Ora - Health New Zealand to be established and operating with appropriate infrastructure in place.

#### *How Performance will be Assessed and End of Year Reporting Requirements*

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Te Whatu Ora - Health New Zealand makes progress towards establishing itself and operating with appropriate infrastructure	New measure	New measure	Achieved

As this appropriation is no longer exempt from providing performance information, the performance measure has been included that reflects the scope and intention of the appropriation. Te Whatu Ora will use the funding to establish itself with appropriate infrastructure.

#### *End of Year Performance Reporting*

Performance information for this appropriation will be reported in Te Whatu Ora - Health New Zealand's Annual Report.

#### *Reasons for Change in Appropriation*

The decrease in this appropriation for 2023/24 is mainly due to:

- \$20.797 million for the ongoing impact of a baseline transfer from the previous appropriation structure to reflect the new structure of the Vote Health appropriations from 1 July 2022 to support the health reforms, and
- \$14.041 million for the transfer of departmental assets from Manatū Hauora - Ministry of Health to Te Whatu Ora - Health New Zealand in 2022/23 only as part of the health reforms.

This decrease was partially offset by:

- \$7.470 million for a fiscally neutral transfer to the non-departmental output expense Delivering Primary, Community, Public and Population Health Services appropriation in 2022/23 only to convert the capital funding of the National Cyber Security Uplift Programme into operational funding to reflect change in the accounting treatment for Software as a Service (SaaS) arrangements.

Vote Health was restructured from 1 July 2022 to reflect the impact of the Health and Disability System reforms. Details of this restructuring can be found in the Estimates of Appropriations 2022/23. The Reasons for Change in Appropriations and Current and Past Policy Initiatives associated with the earlier appropriations can be found in prior years' Estimates of Appropriations (2021/22 and prior years) for Vote Health.

## Health Capital Envelope (M36) (A21)

### *Scope of Appropriation and Expenses*

Type, Title, Scope and Period of Appropriations	Appropriations, Adjustments and Use	\$000
<b>Health Capital Envelope (M36) (A21)</b> This appropriation is limited to the provision or purchase of health sector assets, providing capital to health sector Crown entities or agencies for new investments.  Commences: 01 July 2022  Expires: 30 June 2027	Original Appropriation	4,864,162
	Adjustments to 2021/22	-
	Adjustments for 2022/23	589,071
	Adjusted Appropriation	5,453,233
	Actual to 2021/22 Year End	-
	Estimated Actual for 2022/23	967,701
	Estimate for 2023/24	989,543
	Estimated Appropriation Remaining	3,495,989

### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to provide for the provision or purchase of health sector assets, providing capital to health sector Crown entities or agencies for new investments.

### *How Performance will be Assessed and End of Year Reporting Requirements*

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Te Whatu Ora - Health New Zealand is seen as a high-quality asset manager for the health estate as measured by the Asset Management Maturity index for the health portfolio (see Note 1)	40-60%	40-60%	40-60%
Te Whatu Ora - Health New Zealand provides an annual update to the Ministers of Health and Finance on the improvement programme's enhancement of the asset and investment management framework	Achieved	Achieved	Achieved
The extent to which actual benefits meet the expected benefits from those capital investments as set out in the relevant business case	80%	80%	80%
Develop an Investment Strategy and National Asset Management Strategy by 31 December 2023	N/A	N/A	Achieved
Increased proportion of medical appointments completed through digital channels, as compared with 2021/22 baseline measure	N/A	N/A	Achieved

Note 1 - The Asset Management Maturity index scale is 0-20% Aware, 20-40% Minimum, 40-60% Core, 60-80% Intermediate and 80-100% Advanced on the index criteria established by the Treasury. This will include a continuous improvement programme to achieve 75-85% in future years.

The performance measure information provided support the expectations outlined in the Health Capital Settings Cabinet Paper and subsequent Letter of Expectations.

Two additional measures have been added to capture the development of an investment strategy and asset management strategy to underpin future planning and to reflect a focus on investment in digital channels for medical appointments.

### *End of Year Performance Reporting*

Performance information for this appropriation will be reported in Te Whatu Ora - Health New Zealand's Annual Report.

### *Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Equity Injection for the New Zealand Blood and Organ Service	2022/23	52,000	15,000	-	-	-
Southern Digital Transformation Programme - Drawdown of Stage One Funding	2022/23	20,408	24,006	15,525	-	-
State Sector Decarbonisation	2022/23	22,614	39,543	-	-	-
New Dunedin Hospital Cost Estimation and Value Management	2022/23	(110,000)	-	-	-	-
Capital for Health Sector Infrastructure	2022/23	1,304,530	1,519,600	1,058,032	982,000	-

### *Conditions on Use of Appropriation*

Reference	Conditions
Cabinet Office Circular CO (19) 6: Investment Management and Asset Performance in the State Services Health System: New Capital Settings [SWC-22-MIN-0063]	In Stage One of the new capital settings for the Health system, the following apply: <ul style="list-style-type: none"> <li>Investments up to \$25 million in whole-of-life cost, and are either low or medium risk, may be approved by the Te Whatu Ora - Health New Zealand Board.</li> <li>Investments that are between \$25 million and \$100 million, or are high risk, must be approved by the Minister of Health.</li> <li>Investments that are more than \$100 million, require new Crown funding (over and above existing appropriated funding), or seek to employ alternative financing and/or procurement methods must have Cabinet approval.</li> </ul>

## **New Dunedin Hospital 2021-2026 (M36) (A21)**

### *Scope of Appropriation and Expenses*

Type, Title, Scope and Period of Appropriations	Appropriations, Adjustments and Use	\$000
<b>New Dunedin Hospital 2021-2026 (M36) (A21)</b> This appropriation is limited to capital expenditure on the construction of the new Dunedin Hospital and associated projects.  Commences: 01 November 2021  Expires: 30 June 2026	Original Appropriation	1,327,578
	Adjustments to 2021/22	-
	Adjustments for 2022/23	120,000
	Adjusted Appropriation	1,447,578
	Actual to 2021/22 Year End	32,421
	Estimated Actual for 2022/23	86,311
	Estimate for 2023/24	208,000
Estimated Appropriation Remaining	1,120,846	

### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to provide for capital expenditure on the construction of the New Dunedin Hospital and associated projects.

### *How Performance will be Assessed and End of Year Reporting Requirements*

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Hospital redevelopment project meets project milestones	90%	90%	90%

The performance measure information provided support the expectations outlined in the Health Capital Settings Cabinet Paper and subsequent Letter of Expectations.

The New Dunedin Hospital measure has been included to provide a focus on ensuring the Minister's expectations that critical health infrastructure is delivered in a timely manner and to agreed milestones.

### *End of Year Performance Reporting*

Performance information for this appropriation will be reported in Te Whatu Ora - Health New Zealand's Annual Report.

### *Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Additional Funding for New Dunedin Hospital	2023/24	-	8,000	-	2,000	-
New Dunedin Hospital Cost Estimation and Value Management	2022/23	110,000	-	-	-	-
New Dunedin Hospital - Drawdown of Tagged Contingency Funding	2021/22	150,000	250,000	250,000	496,030	-

### *Conditions on Use of Appropriation*

Reference	Conditions
Cabinet Office Circular CO (19) 6: Investment Management and Asset Performance in the State Services Health System: New Capital Settings [SWC-22-MIN-0063]	In Stage One of the new capital settings for the Health system, the following apply: <ul style="list-style-type: none"> <li>Investments up to \$25 million in whole-of-life cost, and are either low or medium risk, may be approved by the Te Whatu Ora - Health New Zealand Board</li> <li>Investments that are between \$25 million and \$100 million, or are high risk, must be approved by the Minister of Health</li> <li>Investments that are more than \$100 million, require new Crown funding (over and above existing appropriated funding), or seek to employ alternative financing and/or procurement methods must have Cabinet approval</li> </ul>

## Remediation and resolution of Holidays Act 2003 historical claims (M36) (A21)

### Scope of Appropriation

This appropriation is limited to fund Te Whatu Ora (including their subsidiaries and associates) and the New Zealand Blood and Organ Service for resolution of claims from historical non-compliance with the Holidays Act 2003.

### Capital Expenditure

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	-	-	1,642,330

### What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide for working capital on behalf of the Crown, to fund Te Whatu Ora - Health New Zealand (including their subsidiaries and associates) and the New Zealand Blood and Organ Service to meet the costs of rectifying and remediating any liabilities associated with historical non-compliance with the Holidays Act 2003.

### How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Remediate all current employees for each Te Whatu Ora - Health New Zealand District, and the New Zealand Blood and Organs Service, within agreed timelines	N/A	N/A	Completed by 30 June 2024
Establish a national portal to facilitate the identification and remediation of former Te Whatu Ora - Health New Zealand and New Zealand Blood and Organ Service employees, and commence the remediation payments process for former employees by 31 December 2023	N/A	N/A	Achieved

### End of Year Performance Reporting

Performance information for this appropriation will be reported in the respective Annual Reports of Te Whatu Ora - Health New Zealand, and the New Zealand Blood and Organ Service.

### Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Establishing Funding Baselines for Holidays Act Remediation	2023/24	-	1,642,330	593,200	-	-



### *Reasons for Change in Appropriation*

This appropriation is newly established from 1 July 2023 to fund the cost associated with the resolution of claims from historical non-compliance with the Holidays Act 2003. The \$1,642.330 million of funding in 2023/24 reflects the forecast remediation costs in that year.

### **Residential Care Loans - Payments (M36) (A21)**

#### *Scope of Appropriation*

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

#### *Capital Expenditure*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	20,000	20,000	20,000

#### *What is Intended to be Achieved with this Appropriation*

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

#### *How Performance will be Assessed and End of Year Reporting Requirements*

An exemption was granted as the appropriation is one from which resources will be provided to a person or entity other than a department, a functional chief executive, an Office of Parliament, or a Crown Entity under s.15D(2)(b)(ii) of the Public Finance Act 1989, as additional performance information is unlikely to be informative because this appropriation is solely for the provision of interest-free loans for people entering into aged residential care facilities.

### **Standby Credit to Support Health System Liquidity (M36) (A21)**

#### *Scope of Appropriation*

This appropriation is limited to the provision of a revolving standby credit facility to support Te Whatu Ora-Health New Zealand with working capital fluctuations, assist with treasury liquidity management, and maintain health system liquidity.

#### *Capital Expenditure*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	200,000	200,000	200,000

### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended to improve Te Whatu Ora - Health New Zealand's ability to manage short-term working capital fluctuations and other liquidity management needs for its own operations and for those of other health sector agencies it provides treasury services to.

### *How Performance will be Assessed and End of Year Reporting Requirements*

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Percentage of drawdowns repaid in 10 business days or less	N/A	N/A	100%

This measure reflects the maximum drawdown period of this new facility agreement.

### *End of Year Performance Reporting*

End of year performance information will be reported in the Annual Report of Te Whatu Ora - Health New Zealand.

### *Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
Te Whatu Ora Standby Credit Facility	2022/23	200,000	200,000	200,000	200,000	-

### *Conditions on Use of Appropriation*

Reference	Conditions
Final approval of Te Whatu Ora Standby Credit Facility [HNZ00009562]	An appropriation will be required in each year of the term of the facility, and the maximum fiscal implication on net debt at any point in time would only be \$200 million. Any drawn downs need to be repaid within 10 working days.

# Part 4 - Details of Multi-Category Expenses and Capital Expenditure

## 4 - Multi-Category Expenses and Capital Expenditure

### Implementing the COVID-19 Vaccine Strategy (M36) (A21)

#### *Overarching Purpose Statement*

The single overarching purpose of this appropriation is to implement the COVID-19 vaccine strategy so as to minimise the health impacts of COVID-19.

#### *Scope of Appropriation*

##### **Non-Departmental Output Expenses**

##### *Implementing the COVID-19 Immunisation Programme*

This category is limited to delivering approved vaccines through an immunisation programme as part of minimising the health impacts of COVID-19.

##### *Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics*

This category is limited to obtaining potential and proven vaccines and therapeutics as part of minimising the health impacts of COVID-19.

#### *Expenses, Revenue and Capital Expenditure*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
<b>Total Appropriation</b>	<b>1,188,711</b>	<b>1,188,711</b>	<b>295,118</b>
<b>Non-Departmental Output Expenses</b>			
Implementing the COVID-19 Immunisation Programme	301,794	301,794	129,918
Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics	886,917	886,917	165,200

#### *What is Intended to be Achieved with this Appropriation*

This appropriation is intended for the purchase of potential and proven COVID-19 vaccines and other therapeutics and the delivery of COVID-19 vaccines through an immunisation programme.

#### *How Performance will be Assessed for this Appropriation*

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
<b>How performance will be assessed for the MCA as a whole</b>			
Ministerial satisfaction with the implementation of the COVID-19 vaccine strategy	Equal to or greater than 4 out of 5	4 out of 5	Equal to or greater than 4 out of 5

*What is Intended to be Achieved with each Category and How Performance will be Assessed*

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
<b>Non-Departmental Output Expenses</b>			
<b>Implementing the COVID-19 Immunisation Programme</b>			
This category is intended to achieve the following: To implement the Government's COVID-19 Immunisation Strategy by establishing and delivering a national immunisation programme for COVID-19 vaccines.			
Providers are enabled to deliver COVID-19 vaccinations in line with national guidance, operations policies, and service standards (see Note 1)	Achieved	Achieved	Achieved
Number of approved COVID-19 vaccines administered to individuals in line with the policy setting (see Note 2)	Achieved	Achieved	Achieved
<b>Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics</b>			
This category is intended to achieve the following: To implement the Government's COVID-19 Vaccine Strategy including the purchase of a portfolio of potential and proven COVID-19 vaccines and other therapeutics.			
Number of COVID-19 vaccine doses purchased by Te Pātaka Whaioranga - Pharmac and received by Te Whatu Ora - Health New Zealand in central storage facilities	Achieved	Achieved	Achieved
Number of COVID-19 therapeutics purchased by Te Pātaka Whaioranga - Pharmac and available for treatment of COVID-19	N/A	N/A	Achieved

Note 1 - The stock and distribution processes are in place but is heavily reliant on availability of vaccine stock and delivery of selected suppliers to New Zealand. This will be distributed based on the forecast demand as advised by facilities

Note 2 - New Zealand is like the rest of the world responding to the COVID-19 pandemic in an uncertain environment. Te Whatu Ora - Health New Zealand is responsible for ensuring that there is capability and capacity to deliver against the plan. This capacity and capability is heavily reliant on availability of vaccine stock and delivery of selected suppliers to New Zealand. The plan for number of doses administered will be based on forecast demand as advised by facilities.

*End of Year Performance Reporting*

Manatū Hauora - Ministry of Health will report on the Ministerial satisfaction measure in their Annual Report.

All Non-Departmental Expense Measures will be reported on in Te Whatu Ora - Health New Zealand's Annual Report. The only exception is the 'Number of COVID-19 therapeutics purchased by Te Pātaka Whaioranga - Pharmac and available for treatment of COVID-19' will be reported on in Te Pātaka Whaioranga - Pharmac's Annual Report.

*Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
<b>Funding for COVID-19 Therapeutics</b>						
Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics	2022/23	185,250	-	-	-	-
<b>Funding for COVID-19</b>						
Implementing the COVID-19 Immunisation Programme	2022/23	109,978	-	-	-	-
<b>Purchase of Additional Antivirals, and COVID-19 Response Funding for 2023/24</b>						
Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics	2022/23	38,000	165,200	-	-	-
Implementing the COVID-19 Immunisation Programme	2022/23	(149,210)	129,918	-	-	-
<b>COVID-19 Immunisation Communications</b>						
Implementing the COVID-19 Immunisation Programme	2022/23	8,000	-	-	-	-
<b>Funding the National Immunisation Programme in 2022-23</b>						
Implementing the COVID-19 Immunisation Programme	2021/22	284,349	-	-	-	-
Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics	2021/22	1,900	-	-	-	-
Supporting the Implementation of the COVID-19 Vaccine Strategy	2021/22	41,721	-	-	-	-
<b>Purchase of Additional COVID-19 Vaccines from mRNA Vaccine Suppliers</b>						
Purchasing Potential and Proven COVID-19 Vaccines and Other Therapeutics	2021/22	189,215	-	-	-	-

*Reasons for Change in Appropriation*

The decrease in this appropriation for 2023/24 is due to:

- \$479.508 million carried forward from 2021/22 to 2022/23 only to continue the COVID-19 vaccination rollout and to purchase COVID-19 vaccines and therapeutics
- \$327.970 million for the net impact of the uplift in 2022/23 reflecting new funding and funding carried forward from 2021/22 to 2022/23 only to meet the costs of the National Immunisation Programme
- \$189.215 million of additional funding in 2022/23 only for the purchase of mRNA COVID-19 vaccines
- \$185.250 million of additional funding in 2022/23 only for Te Pātaka Whaioranga - Pharmac to secure a portfolio of COVID-19 therapeutics
- \$109.978 million of additional funding in 2022/23 only to provide for the COVID-19 response for the period January to June 2023, and
- \$8 million of additional funding in 2022/23 only to meet the costs of the COVID-19 vaccine communications campaign to September 2022.

This decrease was partially offset by:

- \$406.328 million for the net impact of the uplift in 2023/24 to meet the costs of the COVID-19 Immunisation Programme and the purchase of additional vaccine doses and antiviral treatments, reflecting a partial carry forward of the underspend in the COVID-19 Immunisation Programme from 2022/23 to 2023/24 and reprioritising the remaining underspend to meet costs in 2022/23.

## Stewardship of the New Zealand health system (M36) (A21)

### *Overarching Purpose Statement*

The single overarching purpose of this appropriation is to enable the Ministry of Health to discharge its role as the chief steward of New Zealand's health system and principal advisor to the Minister of Health.

### *Scope of Appropriation*

#### **Departmental Output Expenses**

##### *Equity, Evidence and Outcomes*

This category is limited to health science research, leadership, analysis and publishing quality evidence, data and insights.

##### *Policy Advice and Related Services*

This category is limited to the provision of policy advice (including second opinion advice and contributions to policy advice led by other agencies) and other support to Ministers in discharging their policy decision-making and other portfolio responsibilities relating to health.

##### *Public health and population health leadership*

This category is limited to providing leadership on policy, strategy, regulatory, intelligence, surveillance and monitoring related to public and population health.

##### *Regulatory and Enforcement Services*

This category is limited to implementing, enforcing and administering health-related legislation and regulations, and provision of regulatory advice to the sector and to Ministers, and support services for committees appointed by the Minister under statute.

##### *Sector Performance and Monitoring*

This category is limited to advising and providing assurance on health sector planning and system performance, including the Government Policy Statement and the New Zealand Health Plan; and monitoring and supporting the governance of health sector Crown entities.

*Expenses, Revenue and Capital Expenditure*

	2022/23		2023/24
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
<b>Total Appropriation</b>	<b>252,776</b>	<b>252,302</b>	<b>237,759</b>
<b>Departmental Output Expenses</b>			
Equity, Evidence and Outcomes	16,314	16,314	15,563
Policy Advice and Related Services	37,218	37,218	31,630
Public health and population health leadership	100,130	99,856	107,224
Regulatory and Enforcement Services	61,885	61,885	55,088
Sector Performance and Monitoring	37,229	37,029	28,254
<b>Funding for Departmental Output Expenses</b>			
<b>Revenue from the Crown</b>	<b>230,017</b>	<b>230,017</b>	<b>219,534</b>
Equity, Evidence and Outcomes	16,314	16,314	15,563
Policy Advice and Related Services	37,218	37,218	31,630
Public health and population health leadership	94,910	94,910	106,538
Regulatory and Enforcement Services	44,346	44,346	37,549
Sector Performance and Monitoring	37,229	37,229	28,254
<b>Revenue from Others</b>	<b>22,759</b>	<b>22,759</b>	<b>18,225</b>
Public health and population health leadership	5,220	5,220	686
Regulatory and Enforcement Services	17,539	17,539	17,539

*What is Intended to be Achieved with this Appropriation*

This appropriation is intended to enable Manatū Hauora - Ministry of Health to discharge its role as the chief steward of New Zealand's health system and principal advisor to the Minister of Health.

*How Performance will be Assessed for this Appropriation*

	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Ministerial Advisory Committee (MAC) assessment of Manatū Hauora - Ministry of Health's progress in establishing its role in the reformed system	Equal to or greater than 4 out of 5	N/A	Equal to or greater than 4 out of 5
Ministerial satisfaction with how the Ministry has discharged its role as chief steward of New Zealand's health system and principal advisor to the Minister of Health	Equal to or greater than 4 out of 5	N/A	Equal to or greater than 4 out of 5

The Ministerial Advisory Committee performance measure has been included as it reflects the commitment in the 2022-26 Strategic Intentions that describes the need for an assessment of Manatū Hauora - Ministry of Health's progress in establishing its role in the reformed system.

The estimated actual data for these measures is unavailable due to them being measured once a year in June and July. This is the first year these measures are being reported against so there is no baseline for an estimated actual to be provided.

*What is Intended to be Achieved with each Category and How Performance will be Assessed*

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
<b>Departmental Output Expenses</b>			
<b>Equity, Evidence and Outcomes</b>			
This category is intended to the provision of health science research, equity, leadership, analysis, publishing quality evidence, data and insights.			
Establish with Te Aka Whai Ora - Māori Health Authority and Te Whatu Ora - Health New Zealand cross-agency leadership, governance and a shared work programme for health research system strategic initiatives by December 2023	N/A	N/A	Achieved
Complete scoping and commence baseline research on the Smokefree Aotearoa 2025 action plan by January 2024	N/A	N/A	Achieved
Health and Independence Report is published annually	Achieved	Achieved	Achieved
Health Survey release is published no later than 1 December	Achieved	Achieved	Achieved
Number of page views of the Health Survey web pages	Year on year increase	Achieved	Year on year increase
Health Survey release is free from significant errors	Achieved	Achieved	Achieved
<b>Policy Advice and Related Services</b>			
This category is intended to ensure that Ministers are supported and advised so they can discharge their policy decision-making and other portfolio responsibilities relating to health.			
Percentage of Ministerial letter response provided to the Minister within agreed timeframes (see Note 1)	95%	98.51%	95%
Percentage of Written Parliamentary Question responses provided to the Minister within agreed timeframes (see Note 1)	95%	100%	95%
Percentage of Ministerial Official Information Act request responses provided to the Minister within agreed timeframes (see Note 1)	95%	97.57%	95%
Percentage of Ministerial Letter responses provided to the Minister that required no [substantive] amendments (see Note 1)	95%	99.70%	95%
Percentage of Written Parliamentary Question responses provided to the Minister that required no [substantive] amendments (see Note 1)	95%	100%	95%
Percentage of Ministerial Official Information Act request responses provided to the Minister that required no [substantive] amendments (see Note 1)	95%	100%	95%
Ministerial satisfaction with the policy advice service	Equal to or greater than 4 out of 5	4.27	Equal to or greater than 4 out of 5
Average score attained from a sample of the Ministry's written policy advice as assessed using the agreed DPMC Framework	Greater than 3.2 out of 5	3.62	Greater than 3.2 out of 5
Quality of policy advice papers - 85% score 3 or higher and 25% score 4 or higher	Achieved	N/A	Achieved



Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
<b>Public health and population health leadership</b>			
This category is intended to provide leadership on public health and population health policy, strategy, regulatory, intelligence, surveillance and monitoring.			
Ministerial satisfaction with how the Ministry provided leadership on policy, strategy, regulatory, intelligence, surveillance and monitoring of public and population health	Equal to or greater than 4 out of 5	N/A	Equal to or greater than 4 out of 5
Establish a Pacific Health Chart Book work programme of health outcomes and system performance for Pacific peoples by 30 June 2024	N/A	N/A	Achieved
Annual work programme is developed and agreed with the public health advisory committee chair, Public Health Agency in Manatū Hauora - Ministry of Health and the Minister. All reports are delivered on time	Achieved	Achieved	Achieved
Set the foundations for an effective Intelligence, Surveillance and Knowledge system by: establishing the Public Health Knowledge and Surveillance System (PHKSS) programme alongside Te Aka Whai Ora - Māori Health Authority; and developing frameworks and systems to ensure that Aotearoa's public health system is well supported with evidence, data, and insights	N/A	N/A	Achieved
Set up the Public Health Knowledge and Surveillance System to consistently collect and disaggregate Māori data that demonstrates how public health programmes and activities impact on public health outcomes for Māori by 30 June 2024	N/A	N/A	Achieved
<b>Regulatory and Enforcement Services</b>			
This category is intended to ensure that health and disability services are regulated so that appropriate standards are followed.			
The percentage of high priority incident notifications relating to medicines and medical devices that undergo an initial evaluation within 5 working days	90%	100%	90%
The percentage of all certificates issued to providers under the Health and Disability Services (Safety) Act 2001 within target timeframes	90%	89%	90%
Percentage of licences and authorities issued under the Medicines Act 1981 and Misuse of Drugs Act 1975 within target timeframes	90%	92%	90%
The percentage of all licences and consents issued to radiation users under the Radiation Safety Act 2016 within 10 working days of accepting the application	90%	98%	90%
The percentage of all New Medicines Applications (for ministerial consent to market) that receive an initial assessment within 200 days	80%	84%	80%
The percentage of all Changed Medicines Notifications (for ministerial consent to market) responded to within 45 days	100%	99%	100%
Mean rating for statutory committee satisfaction with secretariat services provided by the Ministry	4 out of 5 or greater	4.6	4 out of 5 or greater
The percentage of District Mental Health Inspectors' monthly reports, on their duties undertaken, sent to the Director of Mental Health, within one month after completion	90%	83.13%	90%
The start of the Mental Health Tribunal reviews are held within 28 days of receipt of the applications	80%	99%	80%

Assessment of Performance	2022/23		2023/24
	Final Budgeted Standard	Estimated Actual	Budget Standard
<b>Sector Performance and Monitoring</b>			
This category is intended to advise and provide assurance on health sector planning and system performance, including the Government Policy Statement and the New Zealand Health Plan; and monitoring and supporting the governance of health sector Crown entities.			
The percentage of quarterly monitoring reports about Crown entities (includes Te Aka Whai Ora - Māori Health Authority and Te Whatu Ora - Health New Zealand) provided to the Minister within agreed timeframes	100%	100%	100%
The percentage of appointments to other health Crown entity boards (includes Te Aka Whai Ora - Māori Health Authority and Te Whatu Ora - Health New Zealand) where advice is presented to the Minister prior to the current appointee's term expiring (see Note 2)	95%	100%	95%

Note 1 - Limited to Manatū Hauora - Ministry of Health developed responses only.

Note 2 - Unexpected resignation or departure prior to the expiration of the term is not included.

The estimated actual data for the 'Quality of policy advice papers - 85% score 3 or higher and 25% score 4 or higher' and 'Ministerial satisfaction with how the Ministry provided leadership on policy, strategy, regulatory, intelligence, surveillance and monitoring of public and population health' measures is unavailable due to them being measured once a year in June and July. This is the first year these measures are being reported against so there is no baseline for an estimated actual to be provided.

### *End of Year Performance Reporting*

Manatū Hauora - Ministry of Health will report performance information for this appropriation in its Annual Report.

### *Current and Past Policy Initiatives*

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
<b>Supporting the establishment of the National Public Health Service and Public Health Agency - Drawdown of Tagged Contingency</b>						
Public health and population health leadership	2022/23	6,000	6,000	6,000	6,000	6,000
<b>Smokefree Aotearoa 2025 Action Plan - Remaining Implementation Funding - Drawdown of Tagged contingency</b>						
Public health and population health leadership	2022/23	1,533	9,211	5,518	4,765	4,765
<b>End of Life Choice Act - Additional Drawdown of Tagged Contingency Related to Assisted Dying Services</b>						
Regulatory and Enforcement Services	2024/25	-	-	2,555	2,555	2,555

Policy Initiative	Year of First Impact	2022/23 Final Budgeted \$000	2023/24 Budget \$000	2024/25 Estimated \$000	2025/26 Estimated \$000	2026/27 Estimated \$000
<b>New Zealand's Future Quarantine and Isolation Capability</b>						
Public health and population health leadership	2023/24	-	356	356	-	-
<b>Ministerial Advisory Committee for Health Reform Implementation - Funding Transfer for 2023/24 from Department of the Prime Minister and Cabinet</b>						
Regulatory and Enforcement Services	2023/24	-	900	-	-	-
<b>Ministry ICT and Data &amp; Digital Contracts and Funding Transfer</b>						
Regulatory and Enforcement Services	2022/23	(5,283)	(7,343)	(7,343)	(7,343)	(7,343)
Policy Advice and Related Services	2022/23	(4,305)	(5,985)	(5,985)	(5,985)	(5,985)
Public health and population health leadership	2022/23	(4,090)	(5,686)	(5,686)	(5,686)	(5,686)
Sector Performance and Monitoring	2022/23	(1,391)	(1,934)	(1,934)	(1,934)	(1,934)
Equity, Evidence and Outcomes	2022/23	(1,490)	(2,072)	(2,072)	(2,072)	(2,072)
<b>Smokefree Aotearoa 2025 Action Plan - Initial Implementation Support Funding</b>						
Regulatory and Enforcement Services	2022/23	3,000	-	-	-	-
Public health and population health leadership	2022/23	500	500	500	500	500
<b>Funding the Health System Response to COVID-19 to December 2022</b>						
Policy Advice and Related Services	2022/23	3,011	-	-	-	-

### *Reasons for Change in Appropriation*

The decrease in this appropriation for 2023/24 is mainly due to:

- \$9.393 million for the net impact of baseline transfers from the previous appropriation structure to reflect the new structure of the Vote Health appropriations to support the health reforms
- \$6.461 million for the net impact of a fiscally neutral transfer to the non-departmental output expense appropriations Delivering Primary, Community, Public and Population Health Services and Delivering Hospital and Specialist Services to reflect the residual transfer of personnel, leased assets and ongoing commitments between agencies for residual IT related projects and programmes as a result of the health reforms
- \$3.500 million carried forward from 2021/22 to 2022/23 only to meet the costs of improvement work and ensure the sustainability of the services in the health sector
- \$3.106 million in 2022/23 only for a fiscally neutral transfer to reflect the expected increase in costs and the corresponding revenue relating to the Polynesian Health Corridors programme
- \$3.011 million of additional funding in 2022/23 only to support the on-going health system response to COVID-19
- \$3 million in 2022/23 only for the Budget 2022 initiative Smokefree Aotearoa 2025 Action Plan - Initial Implementation Support Funding for the establishment of a tobacco products regulator

- \$2 million carried forward from 2021/22 to 2022/23 only to support the residual work in finalising function transfers as part of the health reforms
- \$1.302 million carried forward from 2021/22 to 2022/23 only to continue delivering various technology projects that utilise Software as a Service (SaaS) arrangements, reflecting the rephasing of the programme, and
- \$1 million carried forward from 2021/22 to 2022/23 only to transition and integrate functions previously in DHBs into Te Whatu Ora - Health New Zealand and Te Aka Whai Ora - Māori Health Authority.

This decrease was partially offset by:

- \$9 million for the net impact of a transfer to 2023/24 for the implementation of the fluoridation subsidy scheme, reflecting the rephasing of the programme
- \$7.678 million of additional funding for the implementation and ongoing operation of the tobacco products regulator, the Smokefree Aotearoa 2025 Action Plan, and compliance and enforcement activities under the Smokefree Environments and Regulated Products Act 1990, and
- \$3.059 million for the net impact of fiscally neutral transfers between various other appropriations to reflect the funding and function transfers for the health reforms.

### *Conditions on Use of Appropriation*

Reference	Conditions
2019 Budget: Vote Health [CAB-19-MIN-0174.19]	All expenditure from the funding ring-fenced for improving the financial sustainability and performance of the sector in the Sector Performance and Monitoring category of this multi-category appropriation (\$21.181 million in 2023/24) requires the joint agreement of the Minister of Health and the Minister of Finance.

### *Memorandum Account*

	2022/23		2023/24
	Budgeted \$000	Estimated Actual \$000	Budget \$000
<b>Medicinal Cannabis</b>			
Opening Balance at 1 July	(704)	(704)	(1,059)
Revenue	1,061	534	1,061
Expenses	1,061	889	1,061
<b>Closing Balance at 30 June</b>	<b>(704)</b>	<b>(1,059)</b>	<b>(1,059)</b>

	2022/23		2023/24
	Budgeted \$000	Estimated Actual \$000	Budget \$000
<b>MedSafe</b>			
Opening Balance at 1 July	(3,029)	(3,029)	(2,976)
Revenue	10,891	10,181	10,891
Expenses	10,891	10,128	10,891
<b>Closing Balance at 30 June</b>	<b>(3,029)</b>	<b>(2,976)</b>	<b>(2,976)</b>

	2022/23		2023/24
	Budgeted \$000	Estimated Actual \$000	Budget \$000
<b>Office of Radiation Safety</b>			
Opening Balance at 1 July	(2,151)	(2,151)	(3,095)
Revenue	2,500	937	2,500
Expenses	2,500	1,881	2,500
<b>Closing Balance at 30 June</b>	<b>(2,151)</b>	<b>(3,095)</b>	<b>(3,095)</b>

	2022/23		2023/24
	Budgeted \$000	Estimated Actual \$000	Budget \$000
<b>Providing the functions as the Vaping Regulator</b>			
Opening Balance at 1 July	(748)	(748)	(298)
Revenue	1,250	1,250	1,250
Expenses	1,250	800	1,250
<b>Closing Balance at 30 June</b>	<b>(748)</b>	<b>(298)</b>	<b>(298)</b>