

# *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

# Details of Appropriations and Capital Injections

## Annual Appropriations and Forecast Permanent Appropriations

	2024/25		
	Estimates Budget \$000	Supplementary Estimates Budget \$000	Total Budget \$000
Titles and Scopes of Appropriations by Appropriation Type			
<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.	1,600	(1,100)	500
<b>Total Departmental Capital Expenditure</b>	1,600	(1,100)	500
<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	2,104	-	2,104
<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.	749,424	16,742	766,166
<b>Delivering Hospital and Specialist Services (M36) (A21)</b> This appropriation is limited to hospital and specialist health services (including mental health services).	14,610,883	239,136	14,850,019
<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.	9,087,520	25,212	9,112,732
<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.	36,723	3,400	40,123
<b>National Management of Pharmaceuticals (M36) (A21)</b> This appropriation is limited to services relating to the national management of pharmaceuticals.	29,507	2,000	31,507
<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.	1,581,634	108,000	1,689,634
<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.	24,599	(4,576)	20,023
<b>Total Non-Departmental Output Expenses</b>	26,122,394	389,914	26,512,308
<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	787	3,017
<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.	1,208	3,950	5,158
<b>Total Non-Departmental Other Expenses</b>	3,438	4,737	8,175

	2024/25		
	Estimates Budget \$000	Supplementary Estimates Budget \$000	Total Budget \$000
Titles and Scopes of Appropriations by Appropriation Type			
<b>Non-Departmental Capital Expenditure</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.	1,663,216	(40,172)	1,623,044
<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.	35,000	-	35,000
<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>Supporting Pay Equity (M36) (A21)</b> This appropriation is limited to providing equity injections to health entities to contribute towards the costs of pay equity and equivalent settlements.	-	419,516	419,516
<b>Total Non-Departmental Capital Expenditure</b>	1,898,216	379,344	2,277,560
<b>Multi-Category Expenses and Capital Expenditure</b>			
<b>Redress for Abuse in Care MCA (M36) (A21)</b> The single overarching purpose of this appropriation is to enable the Government's response to redress recommendations made by the Royal Commission of Inquiry into Abuse in Care.	-	13,070	13,070
<b>Departmental Output Expenses</b>			
<i>Delivering redress for abuse in care</i> This category is limited to responding to, designing, implementing and delivering redress for abuse in care.	-	497	497
<b>Non-Departmental Other Expenses</b>			
<i>Redress Payments</i> This category is limited to providing financial redress to people who experienced abuse in care.	-	12,573	12,573
<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.	228,563	7,261	235,824
<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.	16,620	23,682	40,302
<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.	39,791	(1,182)	38,609
<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.	103,743	(16,228)	87,515
<i>Regulatory and Enforcement Services</i> 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.	53,274	(6,488)	46,786

	2024/25		
	Estimates Budget \$000	Supplementary Estimates Budget \$000	Total Budget \$000
Titles and Scopes of Appropriations by Appropriation Type			
<i>Sector Performance and Monitoring</i> 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.	15,135	7,477	22,612
<b>Total Multi-Category Expenses and Capital Expenditure</b>	228,563	20,331	248,894
<b>Total Annual Appropriations and Forecast Permanent Appropriations</b>	28,254,211	793,226	29,047,437

## Multi-Year Appropriations

Type, Title, Scope and Period of Appropriations	Appropriations, Adjustments and Use	\$000
<b>Departmental Output Expenses</b>		
<b>Strengthening Pacific Health Systems (M36) (A21)</b> This appropriation is limited to supporting the development of public health systems in the Pacific.  Commences: 01 July 2024  Expires: 30 June 2029	Original Appropriation Adjustments to 2023/24 Adjustments for 2024/25 Adjusted Appropriation  Actual to 2023/24 Year End Estimated Actual for 2024/25 Estimate for 2025/26 Estimated Appropriation Remaining	28,148 - - 28,148  - 5,036 6,823 16,289
<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 2023/24 Adjustments for 2024/25 Adjusted Appropriation  Actual to 2023/24 Year End Estimated Actual for 2024/25 Estimate for 2025/26 Estimated Appropriation Remaining	4,864,162 1,128,576 24,121 6,016,859  2,113,190 1,312,738 1,124,517 1,466,414
<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 2023/24 Adjustments for 2024/25 Adjusted Appropriation  Actual to 2023/24 Year End Estimated Actual for 2024/25 Estimate for 2025/26 Estimated Appropriation Remaining	1,327,578 120,000 - 1,447,578  195,107 190,000 1,062,471 -

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

	2024/25		
	Estimates Budget \$000	Supplementary Estimates Budget \$000	Total Budget \$000
Total Annual Appropriations and Forecast Permanent Appropriations	28,254,211	793,226	29,047,437
Total Forecast MYA Departmental Output Expenses	-	5,036	5,036
Total Forecast MYA Non-Departmental Capital Expenditure	1,382,709	120,029	1,502,738
<b>Total Annual Appropriations and Forecast Permanent Appropriations and Multi-Year Appropriations</b>	<b>29,636,920</b>	<b>918,291</b>	<b>30,555,211</b>

# Capital Injection Authorisations

	2024/25		
	Estimates Budget \$000	Supplementary Estimates Budget \$000	Total Budget \$000
Ministry of Health - Capital Injection (M36) (A21)	-	-	-

# Supporting Information

## Part 1 - Vote as a Whole

### 1.2 - Trends in the Vote

#### Summary of Financial Activity

	2024/25				
	Estimates \$000	Supplementary Estimates			Total \$000
		Departmental Transactions \$000	Non- Departmental Transactions \$000	Total Transactions \$000	
<b>Appropriations</b>					
Output Expenses	26,122,394	5,036	389,914	394,950	26,517,344
Benefits or Related Expenses	-	N/A	-	-	-
Borrowing Expenses	-	-	-	-	-
Other Expenses	3,438	-	4,737	4,737	8,175
Capital Expenditure	3,282,525	(1,100)	499,373	498,273	3,780,798
Intelligence and Security Department Expenses and Capital Expenditure	-	-	N/A	-	-
Multi-Category Expenses and Capital Expenditure (MCA)					
<i>Output Expenses</i>	228,563	7,758	-	7,758	236,321
<i>Other Expenses</i>	-	-	12,573	12,573	12,573
<i>Capital Expenditure</i>	-	N/A	-	-	-
<b>Total Appropriations</b>	<b>29,636,920</b>	<b>11,694</b>	<b>906,597</b>	<b>918,291</b>	<b>30,555,211</b>
<b>Crown Revenue and Capital Receipts</b>					
Tax Revenue	-	N/A	-	-	-
Non-Tax Revenue	1,501,246	N/A	86,839	86,839	1,588,085
Capital Receipts	47,499	N/A	284,831	284,831	332,330
<b>Total Crown Revenue and Capital Receipts</b>	<b>1,548,745</b>	<b>N/A</b>	<b>371,670</b>	<b>371,670</b>	<b>1,920,415</b>

Part 2 - Details of Departmental Appropriations

2.1 - Departmental Output Expenses

Strengthening Pacific Health Systems (M36) (A21)

Scope of Appropriation and Expenses

Type, Title, Scope and Period of Appropriations	Appropriations, Adjustments and Use	\$000
<b>Strengthening Pacific Health Systems (M36) (A21)</b> This appropriation is limited to supporting the development of public health systems in the Pacific.  Commences: 01 July 2024  Expires: 30 June 2029	Original Appropriation	28,148
	Adjustments to 2023/24	-
	Adjustments for 2024/25	-
	Adjusted Appropriation	28,148
	Actual to 2023/24 Year End	-
	Estimated Actual for 2024/25	5,036
	Estimate for 2025/26	6,823
	Estimated Appropriation Remaining	16,289

Revenue

	Budget \$000
Revenue from the Crown to end of 2025/26	-
Revenue from Others to end of 2025/26	11,859
Total Revenue	11,859

What is Intended to be Achieved with this Appropriation

This appropriation is intended to support the development of public health systems in the Pacific.

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2024/25		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
Annual costed workplan activities for the Polynesian Health Corridors Programme are delivered to an acceptable standard as agreed by the New Zealand Ministry of Foreign Affairs and Trade and Public Health Agency Programme Delivery Steering Committee	New measure	Achieved	Achieved

The performance measure in the Strengthening Pacific Health Systems appropriation reflects the Ministry's role in the delivery of a five-year programme focused on supporting the development of public health systems in the Pacific.

### *End of Year Performance Reporting*

Performance information for this appropriation will be reported by the Ministry of Health in its Annual Report.

### *Reasons for Change in Appropriation*

This appropriation is newly established in 2024/25. The \$28.148 million of funding in 2024/25 includes:

- \$27.915 million for a transfer to reflect the expected increase in costs with corresponding revenue from the Ministry of Foreign Affairs and Trade relating to the Polynesian Health Corridors programme, and
- \$233,000 for a transfer from the Stewardship of the New Zealand health system MCA to utilise the remaining Phase 1 funding to cover the costs of the remainder of the Polynesian Health Corridors programme in 2024/25 only.



## 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.

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

	2024/25		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
Assessment of Performance			
Expenditure is in accordance with Manatū Hauora - Ministry of Health's capital asset management plan	100%	100%	Measure removed
Expenditure is in accordance with the Ministry of Health's Annual Capital Plan	Replacement measure	Replacement measure	100%

#### Capital Expenditure

	2024/25		
	Estimates \$000	Supplementary Estimates \$000	Total \$000
Forests/Agricultural	-	-	-
Land	-	-	-
Property, Plant and Equipment	1,500	(1,000)	500
Intangibles	100	(100)	-
Other	-	-	-
<b>Total Appropriation</b>	<b>1,600</b>	<b>(1,100)</b>	<b>500</b>

#### Reasons for Change in Appropriation

This appropriation decreased by \$1.100 million to \$500,000 for 2024/25 due to the change in the nature of the Ministry of Health's asset needs. Approximately \$1 million of the forecast reduction is due to certain functions being transferred to Health New Zealand following the health reforms, and the remaining reduction of approximately \$100,000 is resulted from the utilisation of the software as a service (SaaS), which is largely expensed for the majority of the Ministry of Health's ongoing technology needs.

*Capital Injections and Movements in Departmental Net Assets*

**Ministry of Health**

Details of Net Asset Schedule	2024/25 Main Estimates Projections \$000	2024/25 Supplementary Estimates Projections \$000	Explanation of Projected Movements in 2024/25
Opening Balance	4,116	3,069	Supplementary Estimates opening balance reflects the audited results as at 30 June 2024.
Capital Injections	-	-	
Capital Withdrawals	-	-	
Surplus to be Retained (Deficit Incurred)	-	-	
Other Movements	-	-	
<b>Closing Balance</b>	4,116	3,069	

# Part 3 - Details of Non-Departmental Appropriations

## 3.1 - Non-Departmental Output Expenses

### 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.

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

Assessment of Performance	2024/25		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
Draw on Te Ao Māori to enhance the pathways into, and strengths of, the Māori Health workforce	Achieved	Measure removed	Measure removed
Whānau accessing Te Ao Māori services commissioned through this appropriation report an improved wellbeing experience	Satisfied	Measure removed	Measure removed
Percentage of people reporting that their family/whānau or someone close to them were involved in discussions about the care received (see Note 1)	New measure	Improve from baseline May 2024 Overall 90.3%	Achieved
Percentage of people reporting that they had trust and confidence in their treatment provider (see Note 2)	New measure	Improve from baseline May 2024 Overall 88.4%	Achieved
Percentage of Hauora Māori partners that are meeting their contracted outcome targets as defined in the new outcomes-based contracts	New measure	50%	50%

The discontinued measures in the Delivering hauora Māori services appropriation have been replaced with more informative performance measures that align with Health New Zealand's other accountability documents.

Note 1 - May 2024 baseline: Māori 88.9%, Pacific 89.2%, Asian 90.5%, European/Other 90.6%, Overall 90.3%.

Note 2 - May 2024 baseline: Māori 86.8%, Pacific 87.7%, Asian 89.9%, European/Other 88.5%, Overall 88.4%.

#### Reasons for Change in Appropriation

This appropriation increased by \$16.742 million to \$766.166 million for 2024/25 due to:

- \$6.349 million for a transfer to reflect the expected increase in costs with corresponding revenue from New Zealand Customs Service relating to alcohol-related programmes funded from alcohol levies
- \$5.611 million for a transfer from the Delivering Primary, Community, Public and Population Health Services appropriation to reflect the transfer of the general practices of Green Cross Health from the ProCare primary health organisation (PHO) to the National Hauora Coalition PHO, which is a Māori-led, whānau-informed and outcomes-focussed organisation

- \$2.163 million for a transfer from the Delivering Primary, Community, Public and Population Health Services appropriation to extend the school-based health services into Kura Kaupapa Māori
- \$1.300 million for a transfer from the Delivering Primary, Community, Public and Population Health Services appropriation to enable the Hauora Māori Services to directly commission the identified hauora Māori partners and deliver the maternal mental health and wellbeing assessment tool
- \$860,000 for a transfer from the Delivering Primary, Community, Public and Population Health Services appropriation to fund Māori Mental Health services in the South Island as part of Te Hurihanga, a mental health and addiction review and implementation plan
- \$244,000 for a transfer from the Delivering Hospital and Specialist Services appropriation relating to advisory services on cultural competency and tikanga, which were transferred to Hauora Māori Services at the start of the 2024/25 financial year
- \$175,000 for a transfer from the Delivering Hospital and Specialist Services appropriation to support the regional Hauora Māori Services to provide community transport for east coast whānau to access dialysis and other specialist support services, and
- \$40,000 for a transfer from Vote Māori Development for the pay equity extension for social workers in community and Iwi organisations.

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

### *Scope of Appropriation*

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

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

	2024/25		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
Assessment of Performance			
95% of patients wait less than four months for a first specialist appointment	Improve from baseline as at June 2024	Measure removed	Measure removed
Percentage of patients who wait less than four months for a first specialist appointment (2030 target is 95%) (see Note 1)	Replacement measure	62%	62%
95% of patients wait less than four months for elective treatment	Improve from baseline as at June 2024	Measure removed	Measure removed
Percentage of patients who wait less than four months for elective treatment (2030 target is 95%) (see Note 1)	Replacement measure	63%	63%
95% of patients admitted, discharged or transferred from an emergency department within six hours	Improve from baseline as at June 2024	Measure removed	Measure removed
Percentage of patients admitted, discharged or transferred from an emergency department within six hours (2030 target is 95%) (see Note 1)	Replacement measure	74%	74%
90% of patients receive cancer management within 31 days of the decision to treat	Improve from baseline as at June 2024	Measure removed	Measure removed
Percentage of patients receive cancer management within 31 days of the decision to treat (2030 target is 90%) (see Note 1)	Replacement measure	86%	86%
Percentage of young people seen within three weeks from a mental health referral	Improve from baseline as at June 2024	72%	72%

Assessment of Performance	2024/25		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
Decrease the percentage of cardiac patients (both acute and elective) who are waiting for treatment beyond 120 days	25%	Measure removed	Measure removed
Percentage of cardiac patients who wait less than four months for elective treatment	Replacement measure	75%	75%
Percentage of people accessing specialist mental health and addiction services are seen within three weeks	Improve from baseline as at June 2024	Measure removed	Measure removed
Percentage of people accessing specialist mental health and addiction services who are seen within three weeks (2030 target is 80%) (see Note 2)	Replacement measure	80%	80%
Train additional mental health and addiction professionals each year	Improve from baseline as at June 2024	Measure removed	Measure removed
Train additional mental health and addiction professionals each year (2030 target is 500) (see Note 2)	Replacement measure	500	500
Percentage of mental health and addiction-related emergency department presentations are admitted, discharged, or transferred from an emergency department within six hours (2030 target is 95%) (see Note 2)	New measure	74%	74%
Decrease in the percentage of missed first specialist assessment appointments for Māori, Pacific, Non-Māori/Non-Pacific people	Achieved	Measure removed	Measure removed
Percentage of missed first specialist assessment appointments	Replacement measure	Decrease from baseline as at June 2024 (7.1%)	Decrease from baseline as at June 2024 (7.1%)
Decrease in the rate of diabetes complications for Māori, Pacific, Asian, and other people	Improve from baseline (trend to decrease)	Measure removed	Measure removed
Rate of renal failure hospitalisations, age-standardised per 100,000 people with diabetes (see Note 3)	Replacement measure	Improve from baseline as at June 2022	Improve from baseline as at June 2022
The proportion of hospital and specialist services within Health New Zealand - Te Whatu Ora 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	Achieved	Measure removed	Measure removed
Health New Zealand has self-assessed all regions against the Consumer Engagement Quality and Safety Marker at a minimum of Level 3 (see Note 4)	Replacement measure	Replacement measure	Achieved

Changes have been made to the set of performance measures in the Delivering Hospital and Specialist Services appropriation to align with the health targets, Government Statement on Health and Health New Zealand's accountability documents.

Note 1 - There are five health targets of which two (shorter stays in emergency departments and shorter wait times for elective treatment) form part of the set of nine Government Targets.

Note 2 - This measure is a mental health and addiction target.

Note 3 - June 2022 baseline (trend to decrease): Māori 10,965.5, Pacific 9,954.8, Non-Māori Non-Pacific 3,579.5. An updated baseline and target are to be determined.

Note 4 - This measure is in both the Delivering Primary, Community, Public and Population Health Services appropriation and the Delivering Hospital and Specialist Services appropriation because it relates to both appropriations.

### *Reasons for Change in Appropriation*

This appropriation increased by \$239.136 million to \$14,850.019 million for 2024/25 due to:

- \$214.301 million of additional funding to meet the ongoing costs of implementing the Health New Zealand's allied, scientific, and technical new pay equity rates
- \$38 million of additional funding in 2024/25 only for Health New Zealand's implementation costs for increasing access to cancer treatments and other medicines
- \$11.717 million of additional funding to meet the increases in capital charge associated with the impact of capital contributions for the new capital projects for Health New Zealand
- \$7.632 million of additional funding to meet the ongoing costs of implementing the Health New Zealand's midwifery new pay equity rates, and
- \$5 million carried forward from 2023/24 to support the Regional Hospital Redevelopment programme, reflecting the rephasing of the programme.

This increase was partly offset by:

- \$16.194 million for the partial return of funding for the implementation of increased access to cancer treatments and other medicines
- \$8 million for a transfer to 2025/26 to continue the implementation of increased access to cancer treatments and other medicines in 2025/26
- \$5 million for a transfer to 2025/26 for the Regional Hospital Redevelopment Programme, reflecting the rephasing of the programme
- \$3 million for an operating to capital swap to the non-departmental Health Capital Envelope MYA to enable the Health New Zealand's Payroll System Remediation and Stabilisation work to align with the operating and capital funding allocation in the revised delivery plan
- \$2.900 million for a transfer to the Monitoring and Protecting Health and Disability Consumer Interests appropriation to meet output delivery for the Health and Disability Commissioner in 2024/25 only
- \$1.800 million for a transfer to the Stewardship of the New Zealand health system MCA to reflect Health New Zealand's responsibility on the Child and youth mental health and addiction prevalence study being transferred to the Ministry of Health
- \$244,000 for a transfer to the Delivering hauora Māori services appropriation relating to advisory services on cultural competency and tikanga, which were transferred to Hauora Māori Services at the start of the 2024/25 financial year
- \$201,000 for a transfer to the Stewardship of the New Zealand health system MCA to reflect Health New Zealand's responsibility on the new contract with Infonetica relating to the software for the Ethics Research Manager tool being transferred to the Ministry of Health, and
- \$175,000 for a transfer to the Delivering Hauora Māori Services appropriation to support the regional Hauora Māori Services to provide community transport for east coast whānau to access dialysis and other specialist support services.

## 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.

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

Assessment of Performance	2024/25		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
Increase the percentage of eligible eight-month-olds enrolled on the Aotearoa Immunisation Register that are fully immunised with age-appropriate immunisations	95% Māori, Pacific and Total population	Measure removed	Measure removed
Percentage of children fully immunised at eight months of age	Replacement measure	95%	95%
95% of children fully immunised at 24 months of age	95% Māori, Pacific and Total population	Measure removed	Measure removed
Percentage of children fully immunised at 24 months of age (2030 target is 95%) (see Note 1)	Replacement measure	84%	84%
Increase the percentage of eligible five-year-olds enrolled on the Aotearoa Immunisation Register that are fully immunised with age-appropriate immunisations	95% Māori Pacific and Total population	Measure removed	Measure removed
Percentage of children fully immunised at five years of age	Replacement measure	95%	95%
Increase the percentage of eligible people aged 65 years and over enrolled on the Aotearoa Immunisation Register who have completed at least one influenza vaccination for the given vaccination year	75% Māori, Pacific and Total population	Measure removed	Measure removed
Increase in percentage of Māori, Pacific, Asian, and other people who say they receive care from a GP or nurse when they need it	Achieved	Measure removed	Measure removed
Increase in percentage of people who say they receive care from a GP or nurse when they need it	Replacement measure	Achieved	Achieved
Increase in percentage of Māori, Pacific, Asian, and other people who say they feel involved in their own care and treatment with their GP or nurse	At least 86%	Measure removed	Measure removed
Increase in percentage of people who say they feel involved in their own care and treatment with their GP or nurse	Replacement measure	At least 86%	At least 86%
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	Achieved	Measure removed	Measure removed
Decrease in rate (per 100,000) of hospital admissions for children under five years of age for an illness that might have been prevented or better managed in the community	Achieved	Measure removed	Measure removed
Rate of hospital admissions (per 100,000) for children aged 0-4 years for an illness that might have been prevented or better managed in the community (see Note 2)	Replacement measure	Improve from baseline as at June 2024	Improve from baseline as at June 2024
Decrease in rate of hospital admissions (per 100,000) for people aged 45-64 years for an illness that might have been prevented or better managed in the community	Achieved	Measure removed	Measure removed
Rate of hospital admissions (per 100,000) for people aged 45-64 years for an illness that might have been prevented or better managed in the community (see Note 3)	Replacement measure	Improve from baseline as at June 2024	Improve from baseline as at June 2024

Assessment of Performance	2024/25		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
Number of people who have access to primary mental health and addiction support services through the Access and Choice programme	Meet annual access level established for 2024/25	Measure removed	Measure removed
Number of people who accessed primary mental health and addiction services through the Access and Choice programme	Replacement measure	Meet annual access level established for 2024/25	Meet annual access level established for 2024/25
80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week	Improve from baseline as at June 2024	Measure removed	Measure removed
Percentage of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week (2030 Target is 80%) (see Note 4)	Replacement measure	Improve from baseline as at Feb 2025	Improve from baseline as at Feb 2025
Percentage of mental health and addiction investment allocated towards prevention and early intervention (2030 target is 25%) (see Note 4)	New measure	23.9%	23.9%
Number of people who have access to Kaupapa Māori, Pacific and Youth Primary Mental Health and Addiction Services through the Access and Choice programme	Meet annual access level established for 2024/25	Measure removed	Measure removed
Increase in percentage of pregnant people who register with a Lead Maternity Carer in the first trimester of their pregnancy of all registrations	Achieved	Measure removed	Measure removed
Increase in percentage of pregnant women who register with a Primary Maternity Carer in the first trimester of their pregnancy of all registrations	Replacement measure	Achieved	Achieved
Increase the proportion of primary, community, public and population health, and hospital and specialist services within Health New Zealand   Te Whatu Ora 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	Achieved	Measure removed	Measure removed
Health New Zealand has self-assessed all regions against the Consumer Engagement Quality and Safety Marker at a minimum of Level 3 (see Note 5)	Replacement measure	Achieved	Achieved

Changes have been made to the set of performance measures in the Delivering Primary, Community, Public and Population Health Services appropriation to align with the health targets, Government Statement on Health and Health New Zealand's accountability documents.

Note 1 - This measure is a health target. For the health targets, the agreed milestones to achieve the 2030 target are used for the Budget Standard. The milestones are established in agreement with the Minister of Health as outlined in the Health Target Implementation Plan.

Note 2 - June 2024 baseline: 7,486 (trend to decrease).

Note 3 - June 2024 baseline: 3,865 (trend to decrease).

Note 4 - This measure is a mental health and addiction target.

Note 5 - This measure is in both the Delivering Primary, Community, Public and Population Health Services appropriation and the Delivering Hospital and Specialist Services appropriation because it relates to both appropriations.



### *Reasons for Change in Appropriation*

This appropriation increased by \$25.212 million to \$9,112.732 million for 2024/25 due to:

- \$17.912 million of additional funding for the implementation of the Primary Care Tactical Action Plan initiatives to deliver quality and timely primary care
- \$16.620 million for a transfer to reflect the expected increase in costs with corresponding revenue from New Zealand Customs Service relating to alcohol-related programmes funded from alcohol levies
- \$8 million for the funding brought forward from the out years for the Health Sector Agreements and Payments (HSAAP) programme reflecting the reduced implementation period of the new system by two years, reduce risks and operating costs, and to bring forward benefit realisation
- \$6.560 million of additional funding for the national bowel screening programme, including lowering the eligibility age from 60 to 58, and lifting the screening participation among populations with low screening rates, and
- \$1.214 million of additional funding for the projected growth in service access and resources for practitioner support during an assisted death to improve the quality and safety of the service.

This increase was partly offset by:

- \$7.769 million for a transfer to the Stewardship of the New Zealand health system MCA and the Delivering hauora Māori services appropriation to reflect the current funding allocation for alcohol-related programmes
- \$5.611 million for a transfer to the Delivering hauora Māori services appropriation to reflect the transfer of the general practices of Green Cross Health from the ProCare primary health organisation (PHO) to the National Hauora Coalition PHO, which is a Māori-led, whānau-informed and outcomes-focussed organisation
- \$4.752 million for a transfer to 2026/27 and 2027/28 for the BreastScreen Aotearoa Age Extension programme, reflecting the rephasing of the programme
- \$2.163 million for a transfer to the Delivering hauora Māori services appropriation to extend the school-based health services into Kura Kaupapa Māori
- \$1.500 million for a transfer to 2025/26 for the development of Aotearoa-wide Public Health Operational System and the Intelligence product development to support National Public Health Service, reflecting the rephasing of the programme
- \$1.300 million for a transfer to the Delivering hauora Māori services appropriation to enable the Hauora Māori Services to directly commission the identified hauora Māori partners and deliver the maternal mental health and wellbeing assessment tool
- \$939,000 for a reduction in the funding for the alcohol levy in 2024/25 to offset the deficit in 2023/24 due to the actual revenue received being lower than the funding provided to Health New Zealand
- \$860,000 for a transfer to the Delivering hauora Māori services appropriation to fund Māori Mental Health services in the South Island as part of Te Hurihanga, a mental health and addiction review and implementation plan, and
- \$200,000 for a transfer to the Stewardship of the New Zealand health system MCA to reflect Health New Zealand's responsibility on the Child and youth mental health and addiction prevalence study being transferred to the Ministry of Health.

## 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.

### *End of Year Performance Reporting*

Performance information for this appropriation will be consolidated and appended to the Ministry of Health's Annual Report in a Non-Departmental Appropriations report.

### *Reasons for Change in Appropriation*

This appropriation increased by \$3.400 million to \$40.123 million for 2024/25 due to:

- \$2.900 million for a transfer from the Delivering Hospital and Specialist Services appropriation to meet output delivery for the Health and Disability Commissioner in 2024/25 only, and
- \$500,000 for a transfer from the Stewardship of the New Zealand health system MCA, to enable Health and Disability Commissioner to upgrade its document management system.

## National Management of Pharmaceuticals (M36) (A21)

### *Scope of Appropriation*

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

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

	2024/25		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
Assessment of Performance			
A reduction in the average time to assess and rank new applications (average number of months)	Achieved	Achieved	Measure removed
A reduction in the average time to assess and rank new applications (average number of months) across a 5-year average	Replacement measure	Replacement measure	Less than 21.5 months
A reduction in the average time to assess and rank new applications (average number of months) - all proposals	Replacement measure	Replacement measure	Less than 38.4 months
A reduction in average time to publish Pharmacology and Therapeutics Advisory Committee (PTAC) and sub committee records	Achieved	Achieved	Measure removed
A reduction in average time to publish Pharmacology and Therapeutics Advisory Committee records	Replacement measure	Replacement measure	Less than 70 days (14 weeks)
A reduction in average time to publish subcommittee records	Replacement measure	Replacement measure	Less than 108 days (22 weeks)

The change to the Budget Standards in the National Management of Pharmaceuticals appropriation reflect the Treasury's guidance to use comparative or trend-based performance indicators and align with Pharmac's accountability documents.

*Reasons for Change in Appropriation*

This appropriation increased by \$2 million to \$31.507 million for 2024/25 due to additional funding being provided for Pharmac's implementation costs for increasing access to cancer treatments and other medicines.

**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.

*Reasons for Change in Appropriation*

This appropriation increased by \$108 million to \$1,689.634 million for 2024/25 due to additional funding for the purchasing and provision of an estimated 26 additional cancer treatments for a range of cancer types, and an estimated 28 other medicines that add substantially to the health and life outcomes of New Zealanders with a wide range of health conditions.

**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.

*Reasons for Change in Appropriation*

This appropriation decreased by \$4.576 million to \$20.023 million for 2024/25 due to:

- \$5.235 million for a transfer to 2025/26 to contribute to the cost of implementing the Strategy to Prevent and Minimise Gambling Harm 2025/26 - 2027/28.

This decrease was partly offset by:

- \$659,000 carried forward from 2023/24 to support research related investment for problem gambling services.

## 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.

#### *Reasons for Change in Appropriation*

This appropriation increased by \$787,000 to \$3.017 million for 2024/25 reflecting transfers from the Stewardship of the New Zealand health system MCA to cover the increase in assessable contribution for WHO.

### 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.

#### *Reasons for Change in Appropriation*

This appropriation increased by \$3.950 million to \$5.158 million for 2024/25 due to:

- \$2.600 million of additional funding in 2024/25 only, to provide funding for the legal fees reimbursement for Lake Alice survivors who were part of the first-round settlement in 2001 to address the parity issue, and to enable the Crown to settle the current 10 historic abuse claims at Lake Alice
- \$1.200 million for a transfer from the Stewardship of the New Zealand health system MCA to cover the cost pressures for legal expenses resulting from new proceedings, ongoing historic abuse claims and COVID-19 litigation, and
- \$150,000 of additional funding to process abuse claims.

## 3.5 - Non-Departmental Capital Expenditure

### 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 2023/24	1,128,576
	Adjustments for 2024/25	24,121
	Adjusted Appropriation	6,016,859
	Actual to 2023/24 Year End	2,113,190
	Estimated Actual for 2024/25	1,312,738
	Estimate for 2025/26	1,124,517
	Estimated Appropriation Remaining	1,466,414

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

	2024/25		
Assessment of Performance	Estimates Standard	Supplementary Estimates Standard	Total Standard
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%
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	Measure removed	Measure removed
Increased proportion of medical appointments completed through digital channels, as compared with 2021/22 baseline measure	At least 10%	Measure removed	Measure removed
Proportion of medical appointments completed through digital channels	Replacement measure	At least 10%	At least 10%

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. The index criteria is established by the Treasury. This measure will include a continuous improvement programme to achieve 75-85% in future years.

#### *Reasons for Change in Appropriation*

This appropriation increased by \$24.121 million to \$6,016.859 million for 2024/25 due to:

- \$21.121 million of additional funding to provide digital access to primary care, and
- \$3 million for an operating to capital swap from the non-departmental output expense Delivering Hospital and Specialist Services appropriation to enable the Health New Zealand's Payroll System Remediation and Stabilisation work to align with the operating and capital funding allocation in the revised delivery plan.

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.

Reasons for Change in Appropriation

This appropriation decreased by \$40.172 million to \$1,623.044 million for 2024/25 due to:

- \$325 million for a transfer to 2025/26 to reflect the expected timing to settle the tail of remediation settlements for former staff as this will depend on when they register and the validation process before payments can be made, and
- \$1.650 million for a transfer to the Stewardship of the New Zealand health system MCA in 2024/25 only to enable the Ministry of Health to secure the expert resources to provide assurance on Holidays Act remediation issues.

This decrease was partly offset by:

- \$286.478 million for a transfer from 2023/24 reflecting the expected phasing of remediation payments in 2024/25 associated with historical non-compliance with the Holidays Act 2003.

Supporting Pay Equity (M36) (A21)

Scope of Appropriation

This appropriation is limited to providing equity injections to health entities to contribute towards the costs of pay equity and equivalent settlements.

Capital Expenditure

	2024/25		
	Estimates \$000	Supplementary Estimates \$000	Total \$000
Total Appropriation	-	419,516	419,516

What is Intended to be Achieved with this Appropriation

This appropriation is intended to fund equity injections to health entities to contribute towards the costs of pay equity and equivalent settlements.

End of Year Performance Reporting

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)(ii) of the Public Finance Act 1989. Additional performance information is unlikely to be informative.

*Reasons for Change in Appropriation*

This appropriation is newly established in 2024/25. The \$419.516 million of funding in 2024/25 includes:

- \$390.309 million of additional funding for the lump sum payments and backpay to settle the Health New Zealand allied, scientific, and technical pay equity claim, and
- \$29.207 million of additional funding for the lump sum payments and backpay to settle the Health New Zealand midwifery pay equity claim.

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

## 4 - Multi-Category Expenses and Capital Expenditure

### Redress for Abuse in Care (M36) (A21)

#### *Overarching Purpose Statement*

The single overarching purpose of this appropriation is to enable the Government's response to redress recommendations made by the Royal Commission of Inquiry into Abuse in Care.

#### *Scope of Appropriation*

##### **Departmental Output Expenses**

##### *Delivering redress for abuse in care*

This category is limited to responding to, designing, implementing and delivering redress for abuse in care.

##### **Non-Departmental Other Expenses**

##### *Redress Payments*

This category is limited to providing financial redress to people who experienced abuse in care.

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

	2024/25		
	Estimates \$000	Supplementary Estimates \$000	Total \$000
<b>Total Appropriation</b>	-	<b>13,070</b>	<b>13,070</b>
<b>Departmental Output Expenses</b>			
Delivering redress for abuse in care	-	497	497
<b>Non-Departmental Other Expenses</b>			
Redress Payments	-	12,573	12,573
<b>Funding for Departmental Output Expenses</b>			
Revenue from the Crown	-	<b>497</b>	<b>497</b>
Delivering redress for abuse in care	-	497	497

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

This appropriation is intended to enable the Government's response to redress recommendations made by the Royal Commission of Inquiry into Abuse in Care.



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

	2024/25		
Assessment of Performance	Estimates Standard	Supplementary Estimates Standard	Total Standard
Institute an updated redress process by June 2026 for people who report harm while in care	New measure	New measure	Achieved

  

	2024/25		
Assessment of Performance	Estimates Standard	Supplementary Estimates Standard	Total Standard
<b>Departmental Output Expenses</b>			
<b>Delivering redress for abuse in care</b>			
This category is intended to fund the Ministry of Health to deliver a well-functioning redress system relating to allegations of abuse in state-run psychiatric facilities and psychopaedic hospitals before 1 July 1993			
The percentage of claimants who receive a settlement offer to 30 June 2025 following submission of a claim for a decision (see Note 1)	New measure	New measure	80%
<b>Non-Departmental Other Expenses</b>			
<b>Redress Payments</b>			
This category is intended to provide consistent and timely payments to people who have experienced abuse in care (see Note 2)	Exempt	Exempt	Exempt

Note 1 - The submission of a claim for a decision is the point where the Ministry of Health receives the relevant records either from Health New Zealand or the claimant themselves.

Note 2 - An exemption was granted as the Redress Payments category within the multi-category 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)(ii) of the Public Finance Act 1989 as end-of-year performance information for the category is not likely to be informative in the light of the nature of the transaction giving rise to the expenses.

### *End of Year Performance Reporting*

The Ministry of Health will report on the Departmental Output Expense performance information for this appropriation in its Annual Report.

### *Reasons for Change in Appropriation*

This appropriation is newly established in 2024/25. The \$13.070 million of funding in 2024/25 is for the Ministry of Health to enable the Government's response to redress recommendations made by the Royal Commission of Inquiry into Abuse in Care.

## 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

	2024/25		
	Estimates \$000	Supplementary Estimates \$000	Total \$000
<b>Total Appropriation</b>	<b>228,563</b>	<b>7,261</b>	<b>235,824</b>
<b>Departmental Output Expenses</b>			
Equity, Evidence and Outcomes	16,620	23,682	40,302
Policy Advice and Related Services	39,791	(1,182)	38,609
Public health and population health leadership	103,743	(16,228)	87,515
Regulatory and Enforcement Services	53,274	(6,488)	46,786
Sector Performance and Monitoring	15,135	7,477	22,612

	2024/25		
	Estimates \$000	Supplementary Estimates \$000	Total \$000
<b>Funding for Departmental Output Expenses</b>			
<b>Revenue from the Crown</b>	<b>206,261</b>	<b>3,636</b>	<b>209,897</b>
Equity, Evidence and Outcomes	16,309	23,435	39,744
Policy Advice and Related Services	38,898	(1,480)	37,418
Public health and population health leadership	101,672	(18,808)	82,864
Regulatory and Enforcement Services	34,637	(6,826)	27,811
Sector Performance and Monitoring	14,745	7,315	22,060
<b>Revenue from Others</b>	<b>22,302</b>	<b>3,625</b>	<b>25,927</b>
Equity, Evidence and Outcomes	311	247	558
Policy Advice and Related Services	893	298	1,191
Public health and population health leadership	2,071	2,580	4,651
Regulatory and Enforcement Services	18,637	338	18,975
Sector Performance and Monitoring	390	162	552

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

	2024/25		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
Assessment of Performance			
<b>Departmental Output Expenses</b>			
<b>Equity, Evidence and Outcomes</b>			
The number of cross-agency engagements convened with clinical, quality and safety leaders, that inform policy, strategy and legislation	At least 6 per year	Measure removed	Measure removed
Health and Independence Report is published annually	Achieved	Measure removed	Measure removed
Health and Independence Report is published annually by December	Replacement measure	Achieved	Achieved
Health Survey release is published no later than 1 December	Achieved	Measure removed	Measure removed
The New Zealand Health Survey, which is used in the Ministry's monitoring function, and supports the development of health policy and strategy, and design of health services is published no later than 1 December, free from significant error	Replacement measure	Achieved	Achieved
Ensuring the representativeness of the sample for the New Zealand Health Survey aligns with Statistics New Zealand population data	Achieved	Measure removed	Measure removed
Health Survey release is free from significant errors	Achieved	Measure removed	Measure removed
Number of times the Research and Evaluation Fund runs each year	2	Measure removed	Measure removed
Applicants will be informed of the outcome of their application within eight weeks of the completion of each round	100%	Measure removed	Measure removed
Number of horizon scanning projects completed annually	2	Measure removed	Measure removed
Child and Youth Mental Health and Addiction Prevalence Survey project meets project milestones, including setting up governance and advisory arrangements and commencing the tender process by June 2025	New measure	Achieved	Achieved

	2024/25		
Assessment of Performance	Estimates Standard	Supplementary Estimates Standard	Total Standard
<b>Policy Advice and Related Services</b>			
Minister for Mental Health: Ministerial satisfaction with the policy advice service	Equal to or greater than 4 out of 5	Equal to or greater than 4 out of 5	Equal to or greater than 4 out of 5
Percentage of Ministerial Letter responses provided to the Minister that required no substantive amendments	95%	95%	95%
Percentage of Written Parliamentary Question responses provided to the Minister that required no substantive amendments	95%	95%	95%
Percentage of Ministerial Official Information Act request responses provided to the Minister that required no substantive amendments	95%	95%	95%
<b>Regulatory and Enforcement Services</b>			
The percentage of all Changed Medicines Notifications (for ministerial consent to market) responded to within 45 days	100%	Measure removed	Measure removed
Number of regulatory stewardship projects completed annually	2	Measure removed	Measure removed
Annual Ministry of Health Regulatory Maturity Assessment reflects improved maturity	New measure	Baseline score 96	Baseline score 96
<b>Sector Performance and Monitoring</b>			
Develop a monitoring plan for Health New Zealand by 30 June 2025 that assures progress against the Health Delivery Plan and other key Ministerial priorities and keep this updated over time	New measure	Achieved	Achieved

The discontinued performance measures in the Equity, Evidence and Outcomes category have been replaced with more informative performance measures to provide an appropriate balance and coverage of the Ministry's key areas of work within this category.

The discontinued performance measures in the Regulatory and Enforcement Services category have been replaced with more informative performance measures to provide an appropriate balance and coverage of key areas of work within this category and better reflect the Ministry of Health's regulatory stewardship function.

The new performance measure in the Sector Performance and Monitoring category reflects the Ministry of Health's role in monitoring Health New Zealand.

### *Reasons for Change in Appropriation*

This appropriation increased by \$7.261 million to \$235.824 million for 2024/25 due to:

- \$6.700 million carried forward from 2023/24 for the Sanitary Works Subsidy Scheme, reflecting the rephasing of the programme
- \$2 million for a transfer from the non-departmental output expense, \$1.800 million from the Delivering Hospital and Specialist Services appropriation and \$200,000 from the Delivering Primary, Community, Public and Population Health Services appropriation, to reflect Health New Zealand's responsibility on the Child and youth mental health and addiction prevalence study being transferred to the Ministry of Health

- \$1.650 million for a transfer from the non-departmental capital expenditure Remediation and resolution of Holidays Act 2003 historical claims appropriation in 2024/25 only to enable the Ministry of Health to continue to provide assurance on Holidays Act remediation issues
- \$1.632 million for a transfer to reflect the additional IT and facilities expenses incurred by the Ministry of Health on behalf of Health New Zealand and the Health Quality and Safety Commission and the corresponding revenue recovery received
- \$1.420 million for a transfer to reflect the expected increase in costs with corresponding revenue from New Zealand Customs Service relating to alcohol-related programmes funded from alcohol levies
- \$1.200 million carried forward from 2023/24 to enable the development of a detailed business case for the programme of work to support regulatory reform of medical products
- \$600,000 carried forward from 2023/24 to support the public consultation on the next suicide prevention action plan taking place in 2024/25
- \$521,000 carried forward from 2023/24 to contribute to the Alcohol Harm Reduction work programme in 2024/25
- \$500,000 carried forward from 2023/24 to provide assurance and project support for the care and support workers' pay equity claims
- \$428,000 for a transfer to reflect the expected increase in costs with corresponding revenue from Ministry of Foreign Affairs and Trade relating to the deployment costs of the New Zealand Medical Assistance Team for health-related emergency in the south-west Pacific regions
- \$378,000 for a transfer to reflect the expected increase in costs with corresponding revenue from Ministry of Foreign Affairs and Trade relating to the Polynesian Health Corridors programme
- \$300,000 carried forward from 2023/24 to complete the analysis and interim fix phase for the development and migration of the Public Health Agency's regulatory IT platform
- \$250,000 carried forward from 2023/24 to enable the Ministry of Health to develop the detailed business case and undertake an independent cost benefit analysis and independent quality assessment for the establishment of a new medical school
- \$201,000 for a transfer from the non-department output expense Delivering Hospital and Specialist Services appropriation to reflect Health New Zealand's responsibility on the new contract with Infonetica relating to the software for the Ethics Research Manager tool being transferred to the Ministry of Health
- \$70,000 of additional funding in 2024/25 only for the Ministry of Health's administration costs for the settlement of the abuse claims at Lake Alice, and
- \$31,000 carried forward from 2023/24 for the implementation of the fluoridation subsidy scheme, reflecting the rephasing of the programme.

This increase was partly offset by:

- \$6.700 million for a transfer to 2025/26 to continue the Sanitary Works Subsidy Scheme once the consent has been granted
- \$1.200 million for a transfer to the non-departmental other expense Legal Expense appropriation to cover the cost pressures resulting from new proceedings, ongoing historic abuse claims, and COVID-19 litigation
- \$1.200 million for a transfer to 2025/26 for the mental health and addiction initiatives, reflecting the rephasing of the programme
- \$787,000 for transfers to the non-departmental other expense International Health Organisations appropriation to address New Zealand's commitment to increase the accessible contributions to the WHO
- \$500,000 for a transfer to the non-departmental output expense Monitoring and Protecting Health and Disability Consumer Interests appropriation to enable Health and Disability Commissioner to upgrade its document management systems, and
- \$233,000 for a transfer to the Strengthening Pacific Health Systems MYA to utilise the remaining Phase 1 funding to cover the costs of the remainder of the Polynesian Health Corridors programme in 2024/25 only.