

# **Health and Independence Report 2003**

Director-General's annual report on  
the state of public health

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MANATŪ HAUORA

# Foreword

Every day thousands of New Zealanders have contact with our health and disability support system, whether they are receiving care or treatment for illness or injury, engaging in activities to promote health, or receiving support to live full and independent lives.

Rarely, however, do many people consider such issues as how each individual contact or activity fits within the wider framework of the health and disability support system, the breadth and sheer complexity of services that are delivered, or how the activities of the system are impacting on the health and independence of New Zealanders.

This report provides a context for our individual encounters with the health and disability support system by exploring the strategies that guide the system, the scope of activity across the system, and the outcomes that are being achieved for New Zealanders. In so doing, this report accounts for the considerable investment of taxpayers' money in the health and disability support system.

The 2003 *Health and Independence Report* builds on the approaches developed in reports of previous years. This report is required under section 3C of the Health Act 1956. This year, we have extended discussion of the many services that are delivered through examining four key parts of the health and disability support system: personal health services, public health services, mental health services and disability support services. The 2003 report also provides extensive discussion of outcomes of publicly funded health and disability support services, both in terms of their contribution to the health and independence of New Zealanders, and progress towards key strategic goals.

Two further innovations are notable in this year's report. Firstly, a stand-alone chapter explores Māori health status and the contribution of health services to Māori health. Secondly, the final chapter of this report draws together summarised findings of evaluations and analyses of sector activities. Such evaluations provide critical information and direction to enable ongoing enhancements to the health and disability support system.

I would welcome any comment from readers on the content and direction of this report, and ways in which the report can be further enhanced in future years to maintain its relevance and usefulness. Please address these to:

Health and Independence Report  
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Karen O Poutasi (Dr)  
Director-General of Health

# Acknowledgements

The editors would like to thank the many people both inside and outside the Ministry of Health who have contributed to this report. Thanks are also extended to Associate Professor Chris Cunningham (Director of Health Research, School of Māori Studies, Massey University), and Professor Nicholas Mays (Professor of Health Policy, Health Services Research Unit, Department of Public Health and Policy, London School of Hygiene and Tropical Medicine), both of whom gave their time to peer review the document.

The cover photos represent the four societal outcomes that the Ministry of Health and the health sector contribute to, as detailed in the Ministry's *Statement of Intent*: better participation and independence, trust and security, better health, and reduced inequalities.

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# Introduction

For every dollar that that the New Zealand Government spends, 20 cents will be invested in the health and disability support system. This allocation funds a vast array of services, in both urban and rural settings, delivered by an estimated 67,000 health workers in a variety of fields.

In a typical year, there will be:

- 14 million visits to general practitioners
- 44 million prescriptions dispensed
- 620,000 hospital discharges for medical and surgical treatment
- 88,000 people accessing mental health services
- 414,000 cervical smears taken
- 320,000 free influenza vaccinations
- 53,000 free checks for people with diabetes
- 292,000 assessment, treatment and rehabilitation 'bed days' provided for some 14,000 people with disabilities or age-related disorders.

The *Health and Independence Report 2003* documents the state of public health in New Zealand – how healthy we are and how our health and disability support system enables us to live to the fullest degree possible.

A key focus of this report is the contribution that the health and disability sector makes to the health and independence of New Zealanders. It identifies the successes and achievements of the health and disability support sector, and discusses critical issues and challenges facing the sector. It is intended to be a resource for a wide range of users, including health planners, health service providers, policy analysts, community groups and anyone with an interest in the health and disability support sector.

In a significant sense, this report is a statement of accountability for the health and disability support sector. The *Health and Independence Report 2003* examines:

- how the \$8 billion of taxpayer funding is distributed
- the health and disability support services that are delivered
- the health and independence outcomes that are attributable to the health and disability support system, as well as outcomes that are influenced by social, economic and environmental factors occurring throughout the lifecycle
- progress towards achieving the overarching strategies of the health and disability support system
- aspects of the performance of our health and disability support system alongside those of other countries.

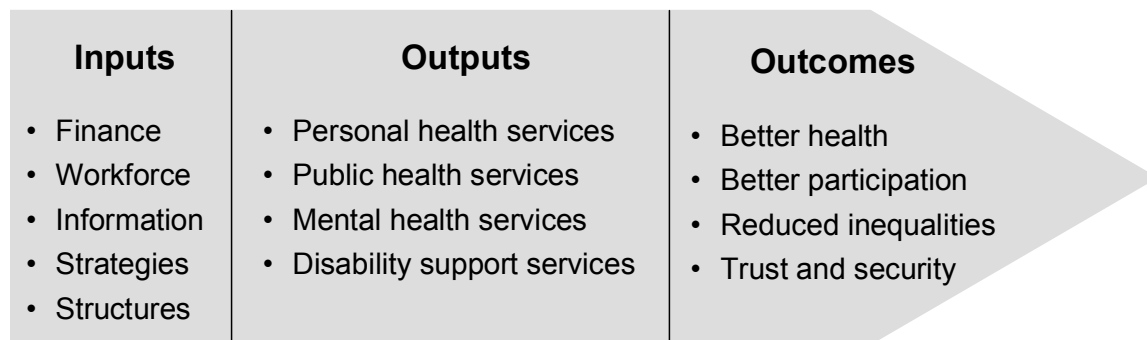
# The health and disability support sector as a system

Throughout this report, the health and disability support sector is presented using an inputs → outputs → outcomes classification.

The **inputs** of the health and disability support system include the policy frameworks, the funding mechanisms for health and disability support services, the structural arrangements, the workforce and the information systems.

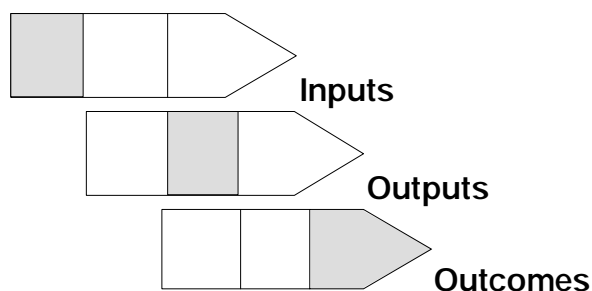
The **outputs** of the system are the actual services delivered to New Zealanders, such as those listed on the previous page.

The Ministry of Health, in its *Statement of Intent*, identifies **societal outcomes** that the health and disability support sector significantly contributes to. These are: better health, better participation, reduced inequalities, and trust and security in the health system. Supporting the societal outcomes are the **system outcomes** of equity and access, effectiveness, quality, efficiency and value for money, and intersectoral focus.



The Minister of Health and the Ministry of Health have the most control over the high-level inputs to the system: the aggregate funding, the policy frameworks and the structures of the system. DHBs (and the Ministry of Health in its funding role) have the most control over inputs such as workforce, the outputs of the system (particularly the services delivered) and the system-level outcomes. Overall, all the entities in the system – government, DHBs, non-governmental organisations (NGOs), primary health care providers, other providers, regulatory agencies, individual practitioners and New Zealanders themselves – have a part to play in achieving the societal outcomes.

Chapters 2, 3 and 4 carry a footer with a summary system diagram indicating whether the material on that page is predominantly about inputs, outputs or outcomes, as indicated below:



## Structure of the report

There are six chapters in the *2003 Health and Independence Report*. The structure of the report follows a path from describing the strategies and structures underpinning the system; to funding and service delivery; to the outcomes achieved; to progress towards achievement of strategic goals; concluding with evaluation, where possible, of the performance of the health and disability support system.

**Chapter 1** examines the health and disability support system, how it functions, and the overarching strategies – the New Zealand Health Strategy and the New Zealand Disability Strategy. This chapter also discusses the means by which the performance of the health system can be considered.

**Chapter 2** describes the inputs of the health and disability support system, primarily workforce, funding and information.

**Chapter 3** discusses the outputs (services) delivered, in terms of personal health services, public health services, mental health services and disability support services.

**Chapter 4** assesses the 'high-level' outcomes that the system achieves in relation to health status and health sector performance, and achievements in relation to the goals or key strategies guiding the sector.

**Chapter 5** specifically examines Māori health status and the contribution of health services to Māori health in the context of the Treaty of Waitangi and in relation to He Korowai Oranga: Māori Health Strategy.

**Chapter 6** examines aspects of the performance of New Zealand's health system against the experiences of other countries' systems, and summarises the findings of in-depth evaluations of components of our health and disability support system.

### Note on data reporting

The *Health and Independence Report* provides an annual compendium of Ministry of Health reports and information, providing or summarising in one place a great deal of statistical and financial information. In all cases, the most recently available data have been used and, wherever possible, these have been for the 2002/03 year. However, in many instances, data collection and reporting processes have meant the most recently available data are for the 2001/02 year or earlier. All information on patients treated in public hospitals, and publicly funded patients treated in private hospitals, are required to be submitted to the National Minimum Data Set within 21 days after the month of discharge. However, due to hardware and software problems, and staff shortages, some hospitals were unable to meet these deadlines for submitting data for 2002/03. As a result, 2002/03 data from the National Minimum Data Set were incomplete at the time of compiling this report (September–October 2003). For these reasons, 2001/02 records have been used as the most complete recent year's data.