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21 APRIL 2021

Major reforms will make healthcare accessible for all NZers



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- All DHBs will be replaced by one national organisation, Health New Zealand

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- A new Māori Health Authority will have the power to commission health services, monitor the state of Māori health and develop policy
- New Public Health Agency will be created
- Strengthened Ministry of Health will monitor performance and advise Government

Putting a greater emphasis on primary healthcare and ensuring fairer access for all New Zealanders are two of the main drivers of health sector reforms announced today by Health Minister Andrew Little.

“We are going to put the emphasis squarely on primary and community healthcare and will do away with duplication and unnecessary bureaucracy between regions, so that our health workers can do what they do best – keep people well.

“The reforms will mean that for the first time, we will have a truly national health system, and the kind of treatment people get will no longer be determined by where they live,” Andrew Little said.

The reforms will see:

- All 20 district health boards replaced with a new Crown entity, Health New Zealand, which will be responsible for running hospitals and commissioning primary and community health services. It will have four regional divisions.
- Responsibility for public health issues will rest with a new Public Health Authority, and a new Māori Health Authority will monitor the state of Māori health and have the ability to commission services directly.

The system will be overseen by a strengthened Ministry of Health, which will also advise the Government on policy matters.

The changes are in response to the Health and Disability System Review (HDSR), which found the public health system was under stress and that a greater emphasis on primary healthcare had the greatest potential to improve New Zealanders’ health.

“The reforms herald a change in focus for the health system – we will treat people before they get sick so they don’t need to go to hospital, thereby taking the pressure off hospitals,” Andrew Little said.

“We all know how stretched our hospitals and specialist services are, and that’s largely because people are not getting the healthcare they need, when they need it, to stop them becoming seriously unwell.

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“The reforms will also ensure the system is able to cope with the effects of an ageing population and respond more quickly to public health crises like the COVID-19 pandemic,” Andrew Little said.

Associate Health Minister (Māori Health) Peeni Henare said while New Zealand’s health system performs well overall against most international comparisons, it has significant issues delivering for Māori who continue to lag behind in key health status indicators.

“Māori health has suffered under the current system for too long,” Peeni Henare said.

“We will legislate for a new independent voice – the Māori Health Authority – to drive hauora Māori and lead the system to make real change.

“It will have joint decision-making rights to agree national strategies, policies and plans that affect Māori at all levels of the system and it will work in partnership with Health New Zealand to ensure that service plans and the commissioning of health services drives improvement,” Peeni Henare said.

Associate Health Minister Ayesha Verrall said it is important to shift the focus of the health system to prevention.

“A Ministry of Health with strengthened expertise and a strategic focus will mean we can address our long-standing challenges like diabetes, cancer and heart disease.”

“We are also building on the lessons learnt from COVID-19 with a new Public Health Agency providing the technical expertise in the Ministry, and Public Health Units acting as a joined-up national service, so we are better equipped to fight future outbreaks and pandemics,” Ayesha Verrall said.

Andrew Little says the changes are the first phase in the Government’s response to the HDSR.

“We know there is more to do – particularly around Disability Support Services and we have asked for more advice on that – and we are committed to working with the sector as we continue to update our health system,” Andrew Little said.

“New Zealand has an ageing and increasingly diverse population and our health system must change to reflect that and to meet the challenges it will bring.”

The reforms will be phased in over three years, to make sure existing services - including the rollout of the COVID-19 vaccination programme - are not disrupted.

See here for full documents about the reforms <https://dpmc.govt.nz/our-business-units/transition-unit/response-health-and-disability-system-review/information>

(<https://web.archive.org/web/20210429235117/https://dpmc.govt.nz/our-business-units/transition-unit/response-health-and-disability-system-review/information>)



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