

Vote Health

APPROPRIATION MINISTER(S): Minister of Health (M36)

APPROPRIATION ADMINISTRATOR: Ministry of Health

RESPONSIBLE MINISTER FOR MINISTRY OF HEALTH: Minister of Health

Overview of the Vote

Vote Health (\$16,142 million in 2016/17) is the primary source of funding for New Zealand's health and disability system (ACC is the other major source of public funding). It is a significant investment for the Crown, typically making up around a fifth of government expenditure. The services funded are intended to support all New Zealanders to live well, stay well, and get well, in a health system that is people-powered, provides services closer to home, is designed for value and high performance, and works as one team in a smart system. The Vote comprises:

- \$12,220 million (75.7% of the Vote) is provided to 20 district health boards (DHBs) for services to meet the needs of each district's population, taking into account regional considerations, government priorities, and the strategic direction set for the health sector. Among the many services provided or funded by DHBs are hospital care; most aged care, mental health, and primary care services; the combined pharmaceuticals budget; and some public health services, including those provided by Public Health Units
- \$2,659 million (16.5% of the Vote) funds health and disability services, funded at a national level, and managed by the Ministry of Health, comprising:
 - National Disability Support Services (\$1,165 million or 7.2% of the Vote)
 - Public Health Service Purchasing (\$401 million or 2.5% of the Vote)
 - National Elective Services (\$356 million or 2.2% of the Vote)
 - Primary Health Care Strategy (\$186 million or 1.2% of the Vote)
 - National Maternity Services (\$147 million or 0.9% of the Vote)
 - National Personal Health Services (\$99 million or 0.6% of the Vote)
 - National Emergency Services (\$100 million or 0.6% of the Vote)
 - National Child Health Services (\$85 million or 0.5% of the Vote)
 - National Mental Health Services (\$59 million or 0.4% of the Vote)
 - Other national services (\$61 million or 0.4% of the Vote)
- \$459 million (2.8% of the Vote) for the support, oversight, governance, and development of the health and disability sectors, comprising:
 - Ministry of Health operating costs (\$195 million or 1.1% of the Vote) and capital investment (\$15 million or 0.1% of the Vote)
 - Health Workforce Training and Development (\$180 million or 1.1% of the Vote)
 - Monitoring and protecting health and disability consumer interests (\$28 million or 0.2% of the Vote)
 - National Health Information Systems (\$13 million or 0.1% of the Vote)
 - Other expenses (\$28 million or 0.2% of the Vote)

- \$803 million (5.0% of the Vote) for capital investment, comprising: sector capital investment (\$678 million or 4.2% of the Vote), technical expenditure (\$75 million or 0.5% of the Vote), and a provision for deficit support for DHBs (\$50 million or 0.3% of the Vote).

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

Details of Appropriations and Capital Injections

Annual and Permanent Appropriations

Titles and Scopes of Appropriations by Appropriation Type	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Departmental Output Expenses			
Health Sector Information Systems (M36) This appropriation is limited to the provision of information technology services and the publication of data and information derived from these services to the health and disability system.	50,661	50,661	52,128
Managing the Purchase of Services (M36) This appropriation is limited to purchasing services for the public and health and disability sector on behalf of the Crown, for those services where the Ministry has responsibility for the purchasing function (i.e. funding is not devolved to another entity).	32,626	32,626	33,539
Payment Services (M36) This appropriation is limited to the administration and audit of contracts and payments on behalf of the Crown and Crown agencies.	17,677	17,677	17,646
Regulatory and Enforcement Services (M36) This appropriation is limited to implementing, enforcing and administering health- and disability-related legislation and regulations, and provision of regulatory advice to the sector and to Ministers, and support services for committees established under statute or appointed by the Minister pursuant to legislation.	23,180	23,180	23,377
Sector Planning and Performance (M36) This appropriation is limited to advising on and co-ordinating health sector planning and performance improvement; and funding, monitoring, and supporting the governance of, health sector Crown entities, and sector co-ordination.	47,541	47,541	47,915
Total Departmental Output Expenses	171,685	171,685	174,605
Departmental Capital Expenditure			
Ministry of Health - Capital Expenditure PLA (M36) 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.	16,291	16,291	15,010
Total Departmental Capital Expenditure	16,291	16,291	15,010
Non-Departmental Output Expenses			
Health and Disability Support Services - Auckland DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Auckland DHB.	1,118,297	1,118,297	1,168,145
Health and Disability Support Services - Bay of Plenty DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Bay of Plenty DHB.	638,061	638,061	670,326
Health and Disability Support Services - Canterbury DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Canterbury DHB.	1,317,045	1,317,045	1,326,373
Health and Disability Support Services - Capital and Coast DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Capital and Coast DHB.	690,915	690,915	708,924
Health and Disability Support Services - Counties-Manukau DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Counties-Manukau DHB.	1,274,349	1,274,349	1,329,104

Titles and Scopes of Appropriations by Appropriation Type	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Health and Disability Support Services - Hawkes Bay DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Hawkes Bay DHB.	461,348	461,348	469,504
Health and Disability Support Services - Hutt DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Hutt DHB.	365,331	365,331	375,024
Health and Disability Support Services - Lakes DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Lakes DHB.	284,778	284,778	300,118
Health and Disability Support Services - MidCentral DHB (M36) This appropriation is limited to personal and public health services, and management outputs from MidCentral DHB.	467,257	467,257	484,891
Health and Disability Support Services - Nelson-Marlborough DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Nelson-Marlborough DHB.	394,740	394,740	405,579
Health and Disability Support Services - Northland DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Northland DHB.	511,786	511,786	539,583
Health and Disability Support Services - South Canterbury DHB (M36) This appropriation is limited to personal and public health services, and management outputs from South Canterbury DHB.	167,795	167,795	172,374
Health and Disability Support Services - Southern DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Southern DHB.	791,730	791,730	822,938
Health and Disability Support Services - Tairāwhiti DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Tairāwhiti DHB.	147,136	147,136	154,899
Health and Disability Support Services - Taranaki DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Taranaki DHB.	318,644	318,644	327,231
Health and Disability Support Services - Waikato DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Waikato DHB.	1,042,741	1,042,741	1,096,798
Health and Disability Support Services - Wairarapa DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Wairarapa DHB.	128,179	128,179	131,668
Health and Disability Support Services - Waitemata DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Waitemata DHB.	1,349,321	1,349,321	1,399,525
Health and Disability Support Services - West Coast DHB (M36) This appropriation is limited to personal and public health services, and management outputs from West Coast DHB.	121,929	121,929	125,017
Health and Disability Support Services - Whanganui DHB (M36) This appropriation is limited to personal and public health services, and management outputs from Whanganui DHB.	206,465	206,465	211,894

Titles and Scopes of Appropriations by Appropriation Type	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Non-Departmental Output Expenses - cont'd			
Health Workforce Training and Development (M36) This appropriation is limited to the provision, purchase, and support of workforce development for people working in the health and disability sector and of services that support those workforces to be sustainable, flexible, and fit-for-purpose.	175,302	175,302	180,014
Monitoring and Protecting Health and Disability Consumer Interests (M36) This appropriation is limited to the provision, purchase, and support of services that monitor and protect health and disability consumer interests.	27,596	27,596	27,596
National Child Health Services (M36) This appropriation is limited to the provision, purchase, and support of child health services.	85,249	85,249	85,001
National Contracted Services - Other (M36) This appropriation is limited to the purchase of other services directly by the Crown to support the health and disability services sector, including the national management of pharmaceuticals, and health research.	27,170	25,670	37,155
National Disability Support Services (M36) This appropriation is limited to the provision, purchase, and support of disability support services.	1,167,018	1,167,018	1,165,888
National Elective Services (M36) This appropriation is limited to the provision, purchase, and support of elective surgery services.	324,367	323,367	355,517
National Emergency Services (M36) This appropriation is limited to the provision, purchase, and support of emergency services.	95,559	95,559	99,946
National Health Information Systems (M36) This appropriation is limited to the provision of information technology services for the New Zealand health and social sectors.	12,646	11,646	13,065
National Māori Health Services (M36) This appropriation is limited to the provision, purchase, and support of health and disability services that are either for Māori or by Māori.	4,517	4,517	6,828
National Maternity Services (M36) This appropriation is limited to the provision, purchase, and support of maternity services.	144,657	144,657	146,767
National Mental Health Services (M36) This appropriation is limited to the provision, purchase, and support of mental health services.	53,482	53,482	58,962
National Personal Health Services (M36) This appropriation is limited to personal healthcare and support services purchased directly by the Crown, including mobile surgical services, telephone and online advice services, hospice services, sexual and reproductive health services, and services associated with the implementation of the Oral Health and Cancer Control Strategies.	107,428	104,428	98,694
Primary Health Care Strategy (M36) This appropriation is limited to services to implement and deliver the Primary Health Care Strategy.	179,974	179,974	186,019
Problem Gambling Services (M36) 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.	20,630	17,630	17,440
Public Health Service Purchasing (M36) This appropriation is limited to the provision, purchase, and support of public health services.	376,602	374,602	400,644
Total Non-Departmental Output Expenses	14,600,044	14,588,544	15,099,451

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Titles and Scopes of Appropriations by Appropriation Type			
Non-Departmental Other Expenses			
International Health Organisations (M36)	1,650	1,650	2,030
This appropriation is limited to the Crown funding New Zealand's World Health Organization (WHO) membership and contributing to specific WHO projects.			
Legal Expenses (M36)	1,028	1,028	1,028
This appropriation is limited to funding the defence and settlement of health-related or disability-related legal claims against the Crown.			
Provider Development (M36)	22,975	22,975	25,414
This appropriation is limited to supporting the development of health or disability service providers, in particular, those supporting vulnerable populations, such as Māori and Pacific peoples.			
Total Non-Departmental Other Expenses	25,653	25,653	28,472
Non-Departmental Capital Expenditure			
Deficit Support for DHBs (M36)	38,624	38,624	50,000
This appropriation is limited to equity injections to District Health Boards to address deficits.			
Equity for Capital Projects for DHBs and Health Sector Crown Agencies (M36)	71,949	71,949	185,299
This appropriation is limited to providing capital contributions to health sector Crown entities or agencies for new investments and reconfiguration of their balance sheets.			
Health Sector Projects (M36)	240,716	174,552	402,397
This appropriation is limited to the provision or purchase of health sector assets.			
Loans for Capital Projects (M36)	23,345	23,345	90,000
This appropriation is limited to the provision of loans to health sector Crown entities or agencies for new investments and reconfiguration of their balance sheets.			
Refinance of Crown Loans (M36)	210,824	210,824	60,500
This appropriation is limited to refinancing existing Crown loans made to DHBs for the purpose of facilities redevelopment and other purposes agreed by the Crown including balance sheet reconfiguration.			
Residential Care Loans - Payments (M36)	15,000	15,000	15,000
This appropriation is limited to the provision of interest-free loans to people entering into aged residential care facilities.			
Refinance of DHB Private Debt (M36)	50,000	50,000	-
This appropriation is limited to the provision of funding to DHBs to replace their current debts held by private banking institutions as they become due for refinancing.			
Total Non-Departmental Capital Expenditure	650,458	584,294	803,196
Multi-Category Expenses and Capital Expenditure			
Policy Advice and Ministerial Servicing MCA (M36)	20,768	20,768	21,072
The overarching purpose of this appropriation is to provide policy advice and other support to Ministers in discharging their policy decision-making and other portfolio responsibilities.			
<i>Departmental Output Expenses</i>			
<i>Ministerial Servicing</i>	4,620	4,620	4,720
This category is limited to the provision of services to Ministers to enable them to discharge their portfolio responsibilities other than policy decision-making.			
<i>Policy Advice</i>	16,148	16,148	16,352
This category is limited to the provision of advice (including second opinion advice and contributions to policy advice led by other agencies) to support decision-making by Ministers on government policy matters.			
Total Multi-Category Expenses and Capital Expenditure	20,768	20,768	21,072
Total Annual and Permanent Appropriations	15,484,899	15,407,235	16,141,806

Capital Injection Authorisations

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Ministry of Health - Capital Injection (M36)	315	315	-

Supporting Information

Part 1 - Vote as a Whole

1.1 - New Policy Initiatives

Policy Initiative	Appropriation	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
District Health Boards - Additional Support	Health and Disability Support Services - DHBs Non-departmental output expense	-	400,000	400,000	400,000	400,000
Disability Support Services - Additional Support	National Disability Support Services Non-departmental output expense	-	42,296	42,296	42,296	42,296
More Publically Funded Medicines	Health and Disability Support Services - DHBs Non-departmental output expenses	-	39,000	29,000	29,000	27,000
Elective Surgery - Government's Health Target	National Elective Services Non-departmental output expense	-	24,000	24,000	24,000	24,000
Primary Health Care - Additional Support	Primary Health Care Strategy Non-departmental output expense	-	14,329	14,329	14,329	14,329
Problem Gambling Services - Continued Support	Problem Gambling Services Non-departmental output expense	-	6,913	6,994	6,914	-
	Managing the Purchase of Services Departmental output expense	-	260	293	293	-
Supporting Health Services in Canterbury	Health and Disability Support Services - Canterbury DHB Non-departmental output expense	1,370	5,480	5,480	5,480	-
	National Mental Health Services Non-departmental output expense	-	1,000	1,000	1,000	-
Healthy Homes Initiative - Expansion	National Contracted Services - Other Non-departmental output expense	-	4,500	4,500	4,500	4,500
National Bowel Screening Programme Establishment	Public Health Service Purchasing Non-departmental output expense	-	6,456	6,616	3,072	2,820
	Managing the Purchase of Services Departmental output expense	-	2,945	2,645	2,415	2,340
	Health Sector Information Systems Departmental output expense	-	2,500	2,500	2,500	2,500
Primary Care Services	Public Health Service Purchasing Non-departmental output expense	1,952	3,904	3,904	3,904	3,904

Policy Initiative	Appropriation	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Ambulance Services - Additional Support	National Emergency Services Non-departmental output expense	-	3,711	3,711	3,711	3,711
Intensive Alcohol and Drug Support for Pregnant Women - Extension of Services	Public Health Service Purchasing Non-departmental output expense	-	3,000	3,000	3,000	3,000
Responding to Mental Health Concerns at an Earlier Stage	National Mental Health Services Non-departmental output expense	-	3,000	3,000	3,000	3,000
Health Workforce Training and Development - Additional Support	Health Workforce Training and Development Non-departmental output expense	-	2,765	2,695	2,695	2,695
Public Health Services - Additional Support	Public Health Service Purchasing Non-departmental output expense	-	1,559	1,559	1,559	1,559
Other Nationally Purchased Health Services - Additional Support	National Contracted Services - Other Non-departmental output expense	-	400	400	400	400
School-Based Health Services - Additional Support	National Child Health Services Non-departmental output expense	-	70	70	70	70
Total new operating expenditure		3,322	568,088	557,992	554,138	538,124
Social Sector Trials - Beyond 30 June 2016	National Mental Health Services Non-departmental output expense		(197)	-	-	-
Total reprioritised savings			(197)	-	-	-
Net total operating and capital		3,322	567,891	557,992	554,138	538,124

1.2 - Trends in the Vote

Summary of Financial Activity

	2011/12	2012/13	2013/14	2014/15	2015/16		2016/17			2017/18	2018/19	2019/20
	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
Appropriations												
Output Expenses	13,206,512	13,564,860	14,002,497	14,297,234	14,771,729	14,760,229	174,605	15,099,451	15,274,056	15,200,599	15,181,071	15,162,513
Benefits or Related Expenses	-	-	-	-	-	-	N/A	-	-	-	-	-
Borrowing Expenses	-	-	-	-	-	-	-	-	-	-	-	-
Other Expenses	31,772	26,100	27,873	26,480	25,653	25,653	-	28,472	28,472	27,347	27,347	27,347
Capital Expenditure	296,900	259,582	336,432	689,136	666,749	600,585	15,010	803,196	818,206	502,464	319,221	319,221
Intelligence and Security Department Expenses and Capital Expenditure	-	-	-	-	-	-	-	N/A	-	-	-	-
Multi-Category Expenses and Capital Expenditure (MCA)												
<i>Output Expenses</i>	14,065	15,750	20,036	20,878	20,768	20,768	21,072	-	21,072	21,072	21,072	21,072
<i>Other Expenses</i>	-	-	-	-	-	-	-	-	-	-	-	-
<i>Capital Expenditure</i>	-	-	-	-	-	-	N/A	-	-	-	-	-
Total Appropriations	13,549,249	13,866,292	14,386,838	15,033,728	15,484,899	15,407,235	210,687	15,931,119	16,141,806	15,751,482	15,548,711	15,530,153
Crown Revenue and Capital Receipts												
Tax Revenue	-	-	-	-	-	-	N/A	-	-	-	-	-
Non-Tax Revenue	603,624	625,524	655,187	669,571	689,188	689,188	N/A	716,810	716,810	733,565	749,437	765,798
Capital Receipts	24,112	25,645	375,698	147,800	27,499	27,499	N/A	27,499	27,499	27,499	27,499	27,499
Total Crown Revenue and Capital Receipts	627,736	651,169	1,030,885	817,371	716,687	716,687	N/A	744,309	744,309	761,064	776,936	793,297

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 Appropriations in the Details of Appropriations and Capital Injections.

1.3 - Analysis of Significant Trends

Total Vote: All Appropriations

Vote Health has grown from actual expenditure in 2011/12 of \$13,549 million to budgeted expenditure in 2016/17 of \$16,142 million, an increase of \$2,593 million over five years (around 3.6 percent per annum). This has mainly been driven by increases to the Vote's operating expenses, which were \$13,252 million in 2011/12 and are budgeted at \$15,324 million in 2016/17 - an increase of \$2,072 million.

Output Expenses

The growth in the Vote's operating expenses is driven mainly by additional funding provided to district health boards towards demographic and cost pressures. Their appropriations for 2016/17 are budgeted at \$12,220 million, an increase of \$1,721 million over the actual expenditure in 2011/12. Note: in addition to this expenditure, district health boards are typically contracted by the Ministry of Health for additional national services of around \$1000 million per annum. In some cases, funding has also been devolved to district health boards, making them responsible for services previously administered nationally.

Also contributing to the growth in operating expenses are increases in funding for national services administered by the Ministry of Health, such as disability support services and various public and personal health services. The 2016/17 appropriations for these national services are budgeted for \$2,659 million, which is \$299 million greater than the actual expenditure in 2011/12 (an increase of about 2.5 percent per annum). The main drivers of the increase are the Crown's ongoing investment in:

- additional elective surgeries, which has increased by \$90 million (almost 34 percent) since 2011/12
- disability support services, which has increased by nearly \$137 million (or 13 percent) since 2011/12.

Funding for the support, oversight, governance, and development of the health and disability sectors has also grown, from actual expenditure of \$407 million in 2011/12 to budgeted expenditure in 2016/17 of \$460 million. The increase has been driven mainly by additional funding for the training and development of the health workforce.

Capital Expenditure

The Crown continues to invest in sector capital. Appropriations for 2016/17 are \$678 million, however, as in previous years, this includes funding for multi-year projects and provision for some future expenses or risks. Actual expenditure has typically been between \$150 million and \$200 million per annum.

There is \$126 million of other capital expenditure appropriated in the 2016/17 budget, comprising provisions for deficit support and for the rollover of Crown loans to district health boards (the latter being technical expenditure).

Part 2 - Details of Departmental Appropriations

2.1 - Departmental Output Expenses

Health Sector Information Systems (M36)

Scope of Appropriation

This appropriation is limited to the provision of information technology services and the publication of data and information derived from these services to the health and disability system

Expenses and Revenue

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	50,661	50,661	52,128
Revenue from the Crown	50,661	50,661	52,128
Revenue from Others	-	-	-

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide information technology services and infrastructure to support the operation of New Zealand's health services.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
The percentage of time for which key sector- and public-facing systems are available (see Note 1)	99%	99.5%	99%
The forecast number of active user logins to National Systems (see Note 2)	10,000	15,500	15,000
The number of National Collection reports produced annually	10	13	10
The percentage of data submitted by DHBs that is processed within two working days (see Note 3)	97%	97%	97%
The forecast number of requests, for data and/or analysis, responded to in respect of information held within the national collections datasets	2,900	2,900	2,900

Note 1: Key sector- and public-facing systems are National Health Index (NHI), National Immunisation Register (NIR), Online Pharmacy, Special Authorities, Oracle Financials, and Web Access.

Note 2: An active user is either an individual user or an organisation. Each login by an active user is counted.

Note 3: This measure relates to the national minimum dataset and the national booking reporting systems only.

End of Year Performance Reporting

The 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	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
National Bowel Screening Programme Rollout	2016/17	-	2,500	2,500	2,500	2,500
Electronic oral health record	2014/15	740	340	340	340	340
Population Health Data Warehouse	2014/15	491	136	136	136	136
Whānau Ora IT System - transfer to departmental expenses	2014/15	350	350	-	-	-

Managing the Purchase of Services (M36)

Scope of Appropriation

This appropriation is limited to purchasing services for the public and health and disability sector on behalf of the Crown, for those services where the Ministry has responsibility for the purchasing function (i.e. funding is not devolved to another entity).

Expenses and Revenue

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	32,626	32,626	33,539
Revenue from the Crown	32,626	32,626	33,539
Revenue from Others	-	-	-

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve the administration of health and disability services, purchased on behalf of the Crown in line with Government priorities and the Ministry of Health's strategic intentions (as outlined in the Ministry of Health's Statement of Intent).

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Total number of contracts held by the Ministry for the purpose of purchasing goods and services on behalf of the Crown	4,300	4,300	4,300
The Ministry procurement process is assessed and confirmed to be in line with government standards	Achieved	Achieved	Achieved
The ratio of departmental expenditure for the output class against relevant non-departmental expenditure	1:80	1:80	1:80

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Social agencies are required to move contracts with NGOs to the streamlined contract framework as they are renewed. The Ministry will move the following numbers of contracts	320	325	800 (Note 1)
The percentage of Ministry feedback to Crown Funding Agreement Variation (CFAV) monitoring reports that are supplied to DHBs within agreed timeframes (Note 2)	90%	90%	95%
The percentage of complaints that receive a timely initial response from the Ministry	95%	95%	95%

Note 1: Targets increased as follows; 2015/16 320; 2016/17 800; 2017/18 840; 2018/19 900.

Note 2: When a monitoring report is received at the Ministry, it is logged into an electronic system. This generates an automated letter to say it has been received. The 'formal response' is the next contact the Ministry has with the provider when necessary. The formal response could be a phone call, email, formal letter or an actual visit.

End of Year Performance Reporting

The 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	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
National Bowel Screening Programme Rollout	2016/17	-	2,945	2,645	2,415	2,340
Problem Gambling Services - Continued Support	2016/17	-	260	293	293	-
Better Public Services seed funding: social bonds pilots	2014/15	360	360	-	-	-
Healthy Families NZ	2014/15	1,000	1,000	1,000	1,000	1,000
Problem Gambling 3-Year Service Plan	2013/14	304	-	-	-	-

Memorandum Account

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Problem Gambling			
Opening Balance as at 1 July	(516)	(516)	(530)
Revenue (funded by Problem Gambling Levy)	1,001	1,001	957
Expenses	1,001	1,015	957
Transfers and Adjustments	-	-	-
Closing Balance at 30 June	(516)	(530)	(530)

Payment Services (M36)

Scope of Appropriation

This appropriation is limited to the administration and audit of contracts and payments on behalf of the Crown and Crown agencies.

Expenses and Revenue

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	17,677	17,677	17,646
Revenue from the Crown	17,677	17,677	17,424
Revenue from Others	-	-	222

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide for timely and appropriate payments to be made to eligible parties (including eligible health service providers and consumers) and contracts to be audited and processed efficiently and effectively.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
The forecast number of claims processed per annum	1.800 million	1.700 million	1.700 million
The percentage of claims paid on time	95%	99%	95%
The percentage of claims processed accurately	95%	99%	95%
The forecast number of agreements processed per annum	9,400	9,200	9,400
The percentage of all draft agreements prepared for funders within target timeframes	95%	80%	95%
The percentage of agreements prepared accurately (see Note 1)	95%	95%	95%
The forecast number of contact centre calls per annum	500,000	450,000	500,000
The percentage of calls to contact centres answered within service specifications for timeliness (20 seconds)	80%	80%	90%
The percentage of calls abandoned by callers prior to being answered by the contact centre	less than 5%	3%	less than 5%
The percentage of enquiries resolved in under 10 business working days	95%	98%	95%
The total dollar value of payments made to those primary health and disability providers who have been subject to audit and compliance activities during the year, expressed as a percentage of the budget for those providers (see Note 2)	70%	93%	80%
The percentage of Ministry prosecuted cases that contain adverse judicial comments	less than 10%	0%	less than 10%

Note 1: All information is deemed to be processed accurately if agreements are legally binding and purchase order information is correctly entered.

Note 2: Total dollar value of payments to primary healthcare and disability providers is approximately \$6,400 million.

End of Year Performance Reporting

The 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	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Free under 13s - Ministry payment system changes	2015/16	223	223	223	223	223

Regulatory and Enforcement Services (M36)

Scope of Appropriation

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

Expenses and Revenue

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	23,180	23,180	23,377
Revenue from the Crown	10,341	10,341	10,732
Revenue from Others	12,839	12,839	12,645

What is Intended to be Achieved with this Appropriation

This appropriation is intended to ensure that health and disability services are regulated so that appropriate standards are followed.

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
The number of quality audits of providers conducted or assessed:			
• HealthCert	267	267	267
• Medicines Control	360	360	360
The percentage of medium and high priority quality incident notifications relating to medicines and medical devices that undergo an initial review within 5 working days	90%	95%	90%
The percentage of all certificates issued to providers under the Health and Disability Services (Safety) Act 2001 within target timeframes	90%	90%	90%
The percentage of all licences and authorities issued to providers under the Medicines Act 1981 and Misuse of Drugs Act 1975 within target timeframes	90%	90%	90%
The percentage of all licences and consents issued to radiation users under the Radiation Protection Act 1965 within 10 working days of the receipt of all information and payment of the required fee	90%	100%	90%
The percentage of all New Medicines Applications (for ministerial consent to market) that receive an initial assessment within 200 days	80%	80%	80%
The percentage of all Changed Medicines Notifications (for ministerial consent to market) responded to within 45 days	100%	100%	100%
All statutory officers appointed by the Ministry meet the criteria set by the Director-General of Health and any statutory prerequisites for appointment	Achieved	Achieved	Achieved
All recommendations for appointments meet the requirements of health legislation	100%	100%	100%
The number of appointments to statutory committees and regulatory authorities	107	171	55 (Note 1)
The percentage of recommendations for appointments where recommendations are presented to the Minister prior to expiration of term for the current appointee	95%	100%	95%
Average rating for statutory committee satisfaction with secretariat services provided by the Ministry	greater than 4 out of 5	4.1 (2014/15 actual)	greater than 4 out of 5

Note 1: Expected appointments vary over a three-year cycle (55 - 2016/17; 42 - 2017/18; 103 - 2018/19).

End of Year Performance Reporting

The 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	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Regulation of Psychoactive Substances	2013/14	1,260	1,800	1,800	1,800	1,800

Conditions on Use of Appropriation

Reference	Conditions
Medicines Act 1981 and the Misuse of Drugs Act 1975	The Ministry conducts quality audits of pharmacies and premises regulated under these Acts.
Health and Disability Services (Safety) Act 2001	The Ministry reviews surveillance audits performed by Designated Auditing Agencies for providers certified under this Act.
Medicines Act 1981	The Ministry responds to incident notifications regarding the quality of medicines, medical devices and advertising.
All statutory officers appointed by the Ministry meet the criteria set by the Director-General of Health and any statutory prerequisites for appointment	<ul style="list-style-type: none"> • Hazardous Substances and New Organisms (Act) 1996 • Health Act 1956 • Biosecurity Act 1993 • Mental Health (Compulsory Assessment and Treatment) Act 1992
All recommendations for appointments meet the requirements of health legislation	<ul style="list-style-type: none"> • Crown Entities Act 2004 • New Zealand Public Health and Disability Act 2000 • Health Research Council Act 1990 • Health and Disability Commissioner Act 1994. <p>For regulatory authorities and committees:</p> <ul style="list-style-type: none"> • Health Practitioners Competence Assurance Act 2003 • New Zealand Public Health and Disability Act 2000 • Human Assisted Reproductive Technology Act 2004.

Memorandum Account

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Office of Radiation Safety			
Opening Balance as at 1 July	973	973	943
Revenue	925	895	925
Expenses	925	925	925
Transfers and Adjustments	-	-	-
Closing Balance at 30 June	973	943	943

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Medsafe			
Opening Balance as at 1 July	2,635	2,635	1,367
Revenue	9,305	7,637	9,305
Expenses	9,305	8,905	9,305
Transfers and Adjustments	-	-	-
Closing Balance at 30 June	2,635	1,367	1,367

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Psychoactive Substances			
Opening Balance as at 1 July	-	-	-
Revenue	772	-	-
Expenses	772	-	-
Transfers and Adjustments	-	-	-
Closing Balance at 30 June	-	-	-

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Natural Health and Supplementary Products			
Opening Balance as at 1 July	-	-	-
Revenue	-	-	800
Expenses	-	-	800
Transfers and Adjustments	-	-	-
Closing Balance at 30 June	-	-	-

Sector Planning and Performance (M36)

Scope of Appropriation

This appropriation is limited to advising on and co-ordinating health sector planning and performance improvement; and funding, monitoring, and supporting the governance of, health sector Crown entities, and sector co-ordination.

Expenses and Revenue

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	47,541	47,541	47,915
Revenue from the Crown	46,847	46,847	47,766
Revenue from Others	694	694	149

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve: health sector services are appropriately planned, funded, and monitored; health sector Crown entities, agencies, and companies are appropriately governed; and sector co-ordination is encouraged and assisted.

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Planning and funding advice for the financial year is provided to Crown entities by 31 December	Achieved	Achieved	Achieved
The Ministry provides the Minister with advice on agreement of all DHB annual plans by 30 June	Achieved	Achieved	Achieved
The percentage of monitoring feedback reports about performance supplied to DHBs within agreed timeframes	90%	95%	100%
The percentage of all letters to DHBs with Health Target performance tables and supporting information, provided to the Minister within 5 working days of the date for publication	100%	100%	100%
The percentage of quarterly and monthly monitoring reports about DHBs provided to the Minister within agreed timeframes	100%	70%	100%
The percentage of quarterly and monthly monitoring reports about Crown entities (excluding DHBs) provided to the Minister within agreed timeframes	100%	100%	100%
Maintain the capability to respond to national emergencies and emerging health threats within 2 hours	100%	100%	Achieved
Quarterly regional or national health sector emergency planner meetings held in each region	Achieved	Achieved	100%
The percentage of appointments to DHBs and other health Crown entity boards where advice is presented to the Minister prior to the current appointee's term expiring (see Note 1)	100%	100%	100%
The number of appointments to DHBs and other health Crown entity boards (see Note 2)	15	15	137

Note 1: Unexpected resignation or departure prior to the expiration of the term is not included.

Note 2: The number of appointments varies over a three year cycle. A Bill before Parliament, to exempt Southern DHB from holding an election, may reduce the 2016/17 number down to 131.

End of Year Performance Reporting

The 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	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Cancer: next phase of Faster Cancer Treatment	2014/15	293	330	330	-	-

2.3 - Departmental Capital Expenditure and Capital Injections

Ministry of Health - Capital Expenditure PLA (M36)

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

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Forests/Agricultural	-	-	-
Land	-	-	-
Property, Plant and Equipment	8,000	7,000	7,010
Intangibles	8,291	9,291	8,000
Other	-	-	-
Total Appropriation	16,291	16,291	15,010

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 the Ministry of Health's core functions and responsibilities (refer to Part 2.1).

How Performance will be Assessed and End of Year Reporting Requirements

Expenditure is in accordance with the Ministry of Health's capital asset management plan.

End of Year Performance Reporting

The Ministry of Health will report performance information for its departmental outputs in its Annual Report.

Capital Injections and Movements in Departmental Net Assets

Ministry of Health

Details of Net Asset Schedule	2015/16 Estimated Actual \$000	2016/17 Projected \$000	Explanation of Projected Movements in 2016/17
Opening Balance	35,294	35,219	
Capital Injections	315	-	
Capital Withdrawals	-	-	
Surplus to be Retained (Deficit Incurred)	-	-	
Other Movements	(390)	-	
Closing Balance	35,219	35,219	

Part 3 - Details of Non-Departmental Appropriations

3.1 - Non-Departmental Output Expenses

Health and Disability Support Services - Auckland DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Auckland DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,118,297	1,118,297	1,168,145

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Each DHB has a statutory responsibility to prepare:

- an Annual Plan for approval by the Minister of Health (Section 38 of the New Zealand Public Health and Disability Act 2000) - providing accountability to the Minister of Health
- a Statement of Performance Expectations (Section 149C of the Crown Entities Act 2004 as amended by the Crown Entities Amendment Act 2013) - providing financial accountability to Parliament and the public annually
- a Statement of Intent (Section 139 of the Crown Entities Act) - providing accountability to Parliament and the public at least triennially.

In 2010 Cabinet determined that the documents could be brought together into a single DHB Annual Plan with Statement of Intent and Statement of Performance Expectations, to be known as the 'Annual Plan'.

The Statement of Performance Expectations provides specific measures/targets for the coming year, with comparative prior year and current year forecast (at a minimum).

Four Output Classes are used by all DHBs to reflect the nature of services provided:

- Prevention
- Early Detection and Management
- Intensive Assessment and Treatment
- Rehabilitation and Support.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(874)	(874)	(874)
District Health Boards - Additional Support	2016/17	-	45,255	45,255	45,255	45,255
More Publically Funded Medicines	2016/17	-	3,650	2,714	2,714	2,527
In-between Travel - Devolution	2015/16	789	2,438	2,438	2,438	2,438
District Health Board (DHB) Additional Funding for Pressures	2015/16	36,417	36,417	36,417	36,417	36,417
Improving Hospice Community Palliative Care Services	2015/16	1,211	1,211	1,211	1,211	1,211
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(1,217)	(1,217)	(1,217)	(1,217)	(1,217)
DHB Demographics	2014/15	13,199	13,199	13,199	13,199	13,199
Contribution to DHB cost pressures	2014/15	8,745	8,745	8,745	8,745	8,745
Aged Residential Care - subsidy increase	2014/15	881	881	881	881	881
DHB Demographics	2013/14	12,068	12,068	12,068	12,068	12,068
Contribution to DHB cost pressures	2013/14	9,368	9,368	9,368	9,368	9,368
Aged Care and Dementia	2013/14	736	736	736	736	736
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	305	402	402	402	402
DHB Demographics	2012/13	17,070	17,070	17,070	17,070	17,070
Contribution to DHB cost pressures	2012/13	15,160	15,160	15,160	15,160	15,160
Aged care savings through changing the assessment level	2012/13	(1,292)	(1,619)	(1,619)	(1,619)	(1,619)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(3,700)	(3,700)	(3,700)	(3,700)	(3,700)

Reasons for Change in Appropriation

This appropriation increased by \$49.848 million to \$1,168.145 million for 2016/17 mainly due to:

- \$45.255 million of new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$3.650 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Bay of Plenty DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Bay of Plenty DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	638,061	638,061	670,326

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(524)	(524)	(524)
District Health Boards - Additional Support	2016/17	-	28,836	28,836	28,836	28,836
More Publically Funded Medicines	2016/17	-	2,188	1,627	1,627	1,515
In-between Travel - Devolution	2015/16	-	688	2,126	2,126	2,126
District Health Board (DHB) Additional Funding for Pressures	2015/16	19,107	19,107	19,107	19,107	19,107
Improving Hospice Community Palliative Care Services	2015/16	722	722	722	722	722
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(631)	(631)	(631)	(631)	(631)
DHB Demographics	2014/15	14,657	14,657	14,657	14,657	14,657
Contribution to DHB cost pressures	2014/15	4,985	4,985	4,985	4,985	4,985
Aged Residential Care - subsidy increase	2014/15	530	530	530	530	530
Contribution to DHB cost pressures	2013/14	5,199	5,199	5,199	5,199	5,199
DHB Demographics	2013/14	5,133	5,133	5,133	5,133	5,133
Aged Care and Dementia	2013/14	441	441	441	441	441

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	84	111	111	111	111
Contribution to DHB cost pressures	2012/13	8,441	8,441	8,441	8,441	8,441
DHB Demographics	2012/13	7,758	7,758	7,758	7,758	7,758
Aged care savings through changing the assessment level	2012/13	(769)	(964)	(964)	(964)	(964)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(2,204)	(2,204)	(2,204)	(2,204)	(2,204)

Reasons for Change in Appropriation

This appropriation increased by \$32.265 million to \$670.326 million for 2016/17 mainly due to:

- \$28.836 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$2.188 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Canterbury DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Canterbury DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,317,045	1,317,045	1,326,373

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(1,055)	(1,055)	(1,055)
District Health Boards - Additional Support	2016/17	-	32,125	32,125	32,125	32,125
More Publically Funded Medicines	2016/17	-	4,232	3,147	3,147	2,930
In-between Travel - devolution	2015/16	1,152	3,558	3,558	3,558	3,558
Improving Hospice Community Palliative Care Services	2015/16	1,422	1,422	1,422	1,422	1,422
Supporting Health Services in Canterbury	2015/16	1,370	5,480	5,480	5,480	-
District Health Board (DHB) Additional Funding for Pressures	2015/16	21,533	21,533	21,533	21,533	21,533
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(670)	(670)	(670)	(670)	(670)
DHB Demographics	2014/15	18,889	18,889	18,889	18,889	18,889
Contribution to DHB cost pressures	2014/15	10,236	10,236	10,236	10,236	10,236
Aged Residential Care - subsidy increase	2014/15	1,067	1,067	1,067	1,067	1,067
DHB Demographics	2013/14	23,899	23,899	23,899	23,899	23,899
Contribution to DHB cost pressures	2013/14	10,579	10,579	10,579	10,579	10,579
Aged Care and Dementia	2013/14	886	886	886	886	886
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	147	194	194	194	194
Contribution to DHB cost pressures	2012/13	17,384	17,384	17,384	17,384	17,384
DHB Demographics	2012/13	344	344	344	344	344
Aged care savings through changing the assessment level	2012/13	(1,546)	(1,937)	(1,937)	(1,937)	(1,937)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(4,427)	(4,427)	(4,427)	(4,427)	(4,427)

Reasons for Change in Appropriation

This appropriation increased by \$9.328 million to \$1,326.373 million for 2016/17 mainly due to:

- \$32.125 million due to new funding provided in the Budget 2016 initiative District Health Boards - Additional Support
- \$4.232 million due to the Budget 2016 initiative More Publically Funded Medicines
- \$4.110 million due to the Budget 2016 initiative 'Support Health Services in Canterbury', which included funding in 2015/16 of \$1.370 million and in 2016/17 of \$5.480 million.

This was partly offset by:

- \$16.376 million due to a transfer of revenue support from the Capital appropriation Deficit Support for DHBs, which was \$16.376 million in 2015/16 and had no effect on 2016/17
- \$12.449 million due to Earthquake repairs funding, which increased 2015/16 by \$12.449 million and had no impact on 2016/17.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Capital and Coast DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Capital and Coast DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	690,915	690,915	708,924

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(558)	(558)	(558)
District Health Boards - Additional Support	2016/17	-	15,060	15,060	15,060	15,060
More Publically Funded Medicines	2016/17	-	2,227	1,656	1,656	1,542

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
In-between Travel - devolution	2015/16	532	1,644	1,644	1,644	1,644
District Health Board (DHB) Additional Funding for Pressures	2015/16	11,547	11,547	11,547	11,547	11,547
Improving Hospice Community Palliative Care Services	2015/16	749	749	749	749	749
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(360)	(360)	(360)	(360)	(360)
DHB Demographics	2014/15	9,068	9,068	9,068	9,068	9,068
Contribution to DHB cost pressures	2014/15	5,531	5,531	5,531	5,531	5,531
Aged Residential Care - subsidy increase	2014/15	564	564	564	564	564
DHB Demographics	2013/14	7,649	7,649	7,649	7,649	7,649
Contribution to DHB cost pressures	2013/14	5,783	5,783	5,783	5,783	5,783
Aged Care and Dementia	2013/14	470	470	470	470	470
Contribution to DHB cost pressures	2012/13	9,307	9,307	9,307	9,307	9,307
DHB Demographics	2012/13	8,062	8,062	8,062	8,062	8,062
Aged care savings through changing the assessment level	2012/13	(820)	(1,027)	(1,027)	(1,027)	(1,027)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(2,350)	(2,350)	(2,350)	(2,350)	(2,350)

Reasons for Change in Appropriation

This appropriation increased by \$18.009 million to \$708.924 million for 2016/17 mainly due to:

- \$15.060 million due to new funding provided in the Budget 2016 initiative District Health Boards - Additional Support
- \$2.227 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Counties-Manukau DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Counties-Manukau DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,274,349	1,274,349	1,329,104

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(1,044)	(1,044)	(1,044)
District Health Boards - Additional Support	2016/17	-	49,009	49,009	49,009	49,009
More Publically Funded Medicines	2016/17	-	4,271	3,176	3,176	2,957
In-between Travel - devolution	2015/16	899	2,776	2,776	2,776	2,776
District Health Board (DHB) Additional Funding for Pressures	2015/16	21,486	21,486	21,486	21,486	21,486
Improving Hospice Community Palliative Care Services	2015/16	1,405	1,405	1,405	1,405	1,405
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(669)	(669)	(669)	(669)	(669)
DHB Demographics	2014/15	26,485	26,485	26,485	26,485	26,485
Contribution to DHB cost pressures	2014/15	10,083	10,083	10,083	10,083	10,083
Aged Residential Care - subsidy increase	2014/15	1,055	1,055	1,055	1,055	1,055
DHB Demographics	2013/14	21,616	21,616	21,616	21,616	21,616
Contribution to DHB cost pressures	2013/14	10,461	10,461	10,461	10,461	10,461
Aged Care and Dementia	2013/14	874	874	874	874	874

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	131	172	172	172	172
DHB Demographics	2012/13	35,705	35,705	35,705	35,705	35,705
Contribution to DHB cost pressures	2012/13	16,683	16,683	16,683	16,683	16,683
Aged care savings through changing the assessment level	2012/13	(1,525)	(1,911)	(1,911)	(1,911)	(1,911)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(4,368)	(4,368)	(4,368)	(4,368)	(4,368)

Reasons for Change in Appropriation

This appropriation increased by \$54.755 million to \$1,329.104 million for 2016/17 mainly due to:

- \$49.009 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$4.271 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(i)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Hawkes Bay DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Hawkes Bay DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	461,348	461,348	469,504

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(370)	(370)	(370)
District Health Boards - Additional Support	2016/17	-	10,842	10,842	10,842	10,842
More Publically Funded Medicines	2016/17	-	1,521	1,131	1,131	1,053
In-between Travel - devolution	2015/16	442	1,364	1,364	1,364	1,364
District Health Board (DHB) Additional Funding for Pressures	2015/16	17,053	17,053	17,053	17,053	17,053
Improving Hospice Community Palliative Care Services	2015/16	515	515	515	515	515
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(572)	(572)	(572)	(572)	(572)
DHB Demographics	2014/15	4,092	4,092	4,092	4,092	4,092
Contribution to DHB cost pressures	2014/15	3,590	3,590	3,590	3,590	3,590
Aged Residential Care - subsidy increase	2014/15	373	373	373	373	373
DHB Demographics	2013/14	4,142	4,142	4,142	4,142	4,142
Contribution to DHB cost pressures	2013/14	3,731	3,731	3,731	3,731	3,731
Aged Care and Dementia	2013/14	315	315	315	315	315
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	94	125	125	125	125
DHB Demographics	2012/13	6,199	6,199	6,199	6,199	6,199
Contribution to DHB cost pressures	2012/13	6,048	6,048	6,048	6,048	6,048
Aged care savings through changing the assessment level	2012/13	(549)	(688)	(688)	(688)	(688)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(1,571)	(1,571)	(1,571)	(1,571)	(1,571)

Reasons for Change in Appropriation

This appropriation increased by \$8.156 million to \$469.504 million for 2016/17 mainly due to:

- \$10.842 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$1.521 million due to the Budget 2016 initiative More Publically Funded Medicines.

This was partly offset by:

- \$5 million due to a revenue banking arrangement, which increased 2015/16 by \$5 million and had no impact on 2016/17.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Hutt DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Hutt DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	365,331	365,331	375,024

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(302)	(302)	(302)
District Health Boards - Additional Support	2016/17	-	7,980	7,980	7,980	7,980
More Publically Funded Medicines	2016/17	-	1,174	873	873	813
In-between Travel - devolution	2015/16	306	944	944	944	944
District Health Board (DHB) Additional Funding for Pressures	2015/16	6,138	6,138	6,138	6,138	6,138
Improving Hospice Community Palliative Care Services	2015/16	402	402	402	402	402
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(191)	(191)	(191)	(191)	(191)
DHB Demographics	2014/15	4,365	4,365	4,365	4,365	4,365

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Contribution to DHB cost pressures	2014/15	2,922	2,922	2,922	2,922	2,922
Aged Residential Care - subsidy increase	2014/15	305	305	305	305	305
Contribution to DHB cost pressures	2013/14	3,044	3,044	3,044	3,044	3,044
DHB Demographics	2013/14	2,092	2,092	2,092	2,092	2,092
Aged Care and Dementia	2013/14	256	256	256	256	256
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	105	138	138	138	138
Contribution to DHB cost pressures	2012/13	4,956	4,956	4,956	4,956	4,956
DHB Demographics	2012/13	2,927	2,927	2,927	2,927	2,927
Aged care savings through changing the assessment level	2012/13	(447)	(560)	(560)	(560)	(560)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(1,278)	(1,278)	(1,278)	(1,278)	(1,278)

Reasons for Change in Appropriation

This appropriation increased by \$9.693 million to \$375.024 million for 2016/17 mainly due to:

- \$7.980 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$1.174 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Lakes DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Lakes DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	284,778	284,778	300,118

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(236)	(236)	(236)
District Health Boards - Additional Support	2016/17	-	13,935	13,935	13,935	13,935
More Publically Funded Medicines	2016/17	-	983	731	731	680
In-between Travel - devolution	2015/16	252	777	777	777	777
District Health Board (DHB) Additional Funding for Pressures	2015/16	5,519	5,519	5,519	5,519	5,519
Improving Hospice Community Palliative Care Services	2015/16	322	322	322	322	322
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(162)	(162)	(162)	(162)	(162)
DHB Demographics	2014/15	2,411	2,411	2,411	2,411	2,411
Contribution to DHB cost pressures	2014/15	2,296	2,296	2,296	2,296	2,296
Aged Residential Care - subsidy increase	2014/15	238	238	238	238	238
DHB Demographics	2013/14	2,665	2,665	2,665	2,665	2,665
Contribution to DHB cost pressures	2013/14	2,375	2,375	2,375	2,375	2,375
Aged Care and Dementia	2013/14	202	202	202	202	202

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Contribution to DHB cost pressures	2012/13	3,864	3,864	3,864	3,864	3,864
DHB Demographics	2012/13	3,772	3,772	3,772	3,772	3,772
Aged care savings through changing the assessment level	2012/13	(352)	(441)	(441)	(441)	(441)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(1,006)	(1,006)	(1,006)	(1,006)	(1,006)

Reasons for Change in Appropriation

This appropriation increased by \$15.340 million to \$300.118 million for 2016/17 mainly due to:

- \$13.935 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$983,000 due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - MidCentral DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from MidCentral DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	467,257	467,257	484,891

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(389)	(389)	(389)
District Health Boards - Additional Support	2016/17	-	15,229	15,229	15,229	15,229
More Publically Funded Medicines	2016/17	-	1,587	1,180	1,180	1,099
In-between Travel - devolution	2015/16	495	1,530	1,530	1,530	1,530
District Health Board (DHB) Additional Funding for Pressures	2015/16	7,894	7,894	7,894	7,894	7,894
Improving Hospice Community Palliative Care Services	2015/16	526	526	526	526	526
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(245)	(245)	(245)	(245)	(245)
DHB Demographics	2014/15	5,282	5,282	5,282	5,282	5,282
Contribution to DHB cost pressures	2014/15	3,765	3,765	3,765	3,765	3,765
Aged Residential Care - subsidy increase	2014/15	393	393	393	393	393
Contribution to DHB cost pressures	2013/14	3,909	3,909	3,909	3,909	3,909
DHB Demographics	2013/14	2,653	2,653	2,653	2,653	2,653
Aged Care and Dementia	2013/14	331	331	331	331	331
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	42	55	55	55	55
DHB Demographics	2012/13	9,031	9,031	9,031	9,031	9,031
Contribution to DHB cost pressures	2012/13	6,316	6,316	6,316	6,316	6,316
Aged care savings through changing the assessment level	2012/13	(578)	(725)	(725)	(725)	(725)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(1,658)	(1,658)	(1,658)	(1,658)	(1,658)

Reasons for Change in Appropriation

This appropriation increased by \$17.634 million to \$484.891 million for 2016/17 mainly due to:

- \$15.229 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$1.587 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(i)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Nelson-Marlborough DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Nelson-Marlborough DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	394,740	394,740	405,579

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(320)	(320)	(320)
District Health Boards - Additional Support	2016/17	-	8,783	8,783	8,783	8,783
More Publically Funded Medicines	2016/17	-	1,318	980	980	913
In-between Travel - devolution	2015/16	407	1,258	1,258	1,258	1,258
District Health Board (DHB) Additional Funding for Pressures	2015/16	15,315	15,315	15,315	15,315	15,315
Improving Hospice Community Palliative Care Services	2015/16	445	445	445	445	445
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(515)	(515)	(515)	(515)	(515)
DHB Demographics	2014/15	5,887	5,887	5,887	5,887	5,887
Contribution to DHB cost pressures	2014/15	3,093	3,093	3,093	3,093	3,093
Aged Residential Care - subsidy increase	2014/15	324	324	324	324	324
DHB Demographics	2013/14	6,474	6,474	6,474	6,474	6,474
Contribution to DHB cost pressures	2013/14	3,190	3,190	3,190	3,190	3,190
Aged Care and Dementia	2013/14	269	269	269	269	269

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	72	95	95	95	95
DHB Demographics	2012/13	7,112	7,112	7,112	7,112	7,112
Contribution to DHB cost pressures	2012/13	5,142	5,142	5,142	5,142	5,142
Aged care savings through changing the assessment level	2012/13	(468)	(586)	(586)	(586)	(586)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(1,342)	(1,342)	(1,342)	(1,342)	(1,342)

Reasons for Change in Appropriation

This appropriation increased by \$10.839 million to \$405.579 million for 2016/17 mainly due to:

- \$8.783 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$1.318 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(i)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Northland DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Northland DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	511,786	511,786	539,583

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(409)	(409)	(409)
District Health Boards - Additional Support	2016/17	-	25,022	25,022	25,022	25,022
More Publically Funded Medicines	2016/17	-	1,790	1,331	1,331	1,239
In-between Travel - devolution	2015/16	526	1,625	1,625	1,625	1,625
District Health Board (DHB) Additional Funding for Pressures	2015/16	21,713	21,713	21,713	21,713	21,713
Improving Hospice Community Palliative Care Services	2015/16	584	584	584	584	584
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(734)	(734)	(734)	(734)	(734)
DHB Demographics	2014/15	6,203	6,203	6,203	6,203	6,203
Contribution to DHB cost pressures	2014/15	3,989	3,989	3,989	3,989	3,989
Aged Residential Care - subsidy increase	2014/15	414	414	414	414	414
DHB Demographics	2013/14	6,173	6,173	6,173	6,173	6,173
Contribution to DHB cost pressures	2013/14	4,113	4,113	4,113	4,113	4,113
Aged Care and Dementia	2013/14	346	346	346	346	346
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	194	255	255	255	255
DHB Demographics	2012/13	7,087	7,087	7,087	7,087	7,087
Contribution to DHB cost pressures	2012/13	6,662	6,662	6,662	6,662	6,662
Aged care savings through changing the assessment level	2012/13	(603)	(756)	(756)	(756)	(756)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(1,730)	(1,730)	(1,730)	(1,730)	(1,730)

Reasons for Change in Appropriation

This appropriation increased by \$27.797 million to \$539.583 million for 2016/17 mainly due to:

- \$25.022 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$1.790 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - South Canterbury DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from South Canterbury DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	167,795	167,795	172,374

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(140)	(140)	(140)
District Health Boards - Additional Support	2016/17	-	3,695	3,695	3,695	3,695
More Publically Funded Medicines	2016/17	-	558	415	415	386
In-between Travel - devolution	2015/16	186	573	573	573	573
District Health Board (DHB) Additional Funding for Pressures	2015/16	2,836	2,836	2,836	2,836	2,836
Improving Hospice Community Palliative Care Services	2015/16	189	189	189	189	189
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(88)	(88)	(88)	(88)	(88)
DHB Demographics	2014/15	1,436	1,436	1,436	1,436	1,436
Contribution to DHB cost pressures	2014/15	1,356	1,356	1,356	1,356	1,356
Aged Residential Care - subsidy increase	2014/15	141	141	141	141	141
DHB Demographics	2013/14	3,768	3,768	3,768	3,768	3,768
Contribution to DHB cost pressures	2013/14	1,389	1,389	1,389	1,389	1,389
Aged Care and Dementia	2013/14	118	118	118	118	118

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Contribution to DHB cost pressures	2012/13	2,271	2,271	2,271	2,271	2,271
DHB Demographics	2012/13	1,433	1,433	1,433	1,433	1,433
Aged care savings through changing the assessment level	2012/13	(205)	(257)	(257)	(257)	(257)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(589)	(589)	(589)	(589)	(589)

Reasons for Change in Appropriation

This appropriation increased by \$4.579 million to \$172.374 million for 2016/17 mainly due to:

- \$3.695 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$558,000 due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Southern DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Southern DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	791,730	791,730	822,938

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(651)	(651)	(651)
District Health Boards - Additional Support	2016/17	-	27,256	27,256	27,256	27,256
More Publically Funded Medicines	2016/17	-	2,656	1,975	1,975	1,839
In-between Travel - devolution	2015/16	747	2,309	2,309	2,309	2,309
District Health Board (DHB) Additional Funding for Pressures	2015/16	13,329	13,329	13,329	13,329	13,329
Improving Hospice Community Palliative Care Services	2015/16	882	882	882	882	882
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(415)	(415)	(415)	(415)	(415)
DHB Demographics	2014/15	7,369	7,369	7,369	7,369	7,369
Contribution to DHB cost pressures	2014/15	6,363	6,363	6,363	6,363	6,363
Aged Residential Care - subsidy increase	2014/15	658	658	658	658	658
DHB Demographics	2013/14	8,641	8,641	8,641	8,641	8,641
Contribution to DHB cost pressures	2013/14	6,623	6,623	6,623	6,623	6,623
Aged Care and Dementia	2013/14	550	550	550	550	550
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	84	110	110	110	110
Contribution to DHB cost pressures	2012/13	10,750	10,750	10,750	10,750	10,750
DHB Demographics	2012/13	9,442	9,442	9,442	9,442	9,442
Aged care savings through changing the assessment level	2012/13	(961)	(1,204)	(1,204)	(1,204)	(1,204)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(2,753)	(2,753)	(2,753)	(2,753)	(2,753)

Reasons for Change in Appropriation

This appropriation increased by \$31.208 million to \$822.938 million for 2016/17 mainly due to:

- \$27.256 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$2.656 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(i)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Tairāwhiti DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Tairāwhiti DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	147,136	147,136	154,899

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(120)	(120)	(120)
District Health Boards - Additional Support	2016/17	-	7,054	7,054	7,054	7,054
More Publically Funded Medicines	2016/17	-	503	374	374	348
In-between Travel - devolution	2015/16	119	367	367	367	367
District Health Board (DHB) Additional Funding for Pressures	2015/16	2,487	2,487	2,487	2,487	2,487
Improving Hospice Community Palliative Care Services	2015/16	164	164	164	164	164
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(77)	(77)	(77)	(77)	(77)
DHB Demographics	2014/15	1,221	1,221	1,221	1,221	1,221
Contribution to DHB cost pressures	2014/15	1,185	1,185	1,185	1,185	1,185
Aged Residential Care - subsidy increase	2014/15	121	121	121	121	121
DHB Demographics	2013/14	2,934	2,934	2,934	2,934	2,934
Contribution to DHB cost pressures	2013/14	1,214	1,214	1,214	1,214	1,214
Aged Care and Dementia	2013/14	102	102	102	102	102

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	37	48	48	48	48
Contribution to DHB cost pressures	2012/13	1,990	1,990	1,990	1,990	1,990
DHB Demographics	2012/13	885	885	885	885	885
Aged care savings through changing the assessment level	2012/13	(179)	(224)	(224)	(224)	(224)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(512)	(512)	(512)	(512)	(512)

Reasons for Change in Appropriation

This appropriation increased by \$7.763 million to \$154.899 million for 2016/17 mainly due to:

- \$7.054 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$503,000 due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(i)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Taranaki DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Taranaki DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	318,644	318,644	327,231

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(258)	(258)	(258)
District Health Boards - Additional Support	2016/17	-	6,998	6,998	6,998	6,998
More Publically Funded Medicines	2016/17	-	1,041	774	774	721
In-between Travel - devolution	2015/16	308	952	952	952	952
District Health Board (DHB) Additional Funding for Pressures	2015/16	13,610	13,610	13,610	13,610	13,610
Improving Hospice Community Palliative Care Services	2015/16	362	362	362	362	362
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(460)	(460)	(460)	(460)	(460)
DHB Demographics	2014/15	3,208	3,208	3,208	3,208	3,208
Contribution to DHB cost pressures	2014/15	2,496	2,496	2,496	2,496	2,496
Aged Residential Care - subsidy increase	2014/15	261	261	261	261	261
DHB Demographics	2013/14	3,405	3,405	3,405	3,405	3,405
Contribution to DHB cost pressures	2013/14	2,596	2,596	2,596	2,596	2,596
Aged Care and Dementia	2013/14	219	219	219	219	219
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	53	69	69	69	69
DHB Demographics	2012/13	4,312	4,312	4,312	4,312	4,312
Contribution to DHB cost pressures	2012/13	4,202	4,202	4,202	4,202	4,202
Aged care savings through changing the assessment level	2012/13	(383)	(480)	(480)	(480)	(480)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(1,097)	(1,097)	(1,097)	(1,097)	(1,097)

Reasons for Change in Appropriation

This appropriation increased by \$8.587 million to \$327.231 million for 2016/17 mainly due to:

- \$6.998 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$1.041 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Waikato DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Waikato DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,042,741	1,042,741	1,096,798

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(827)	(827)	(827)
District Health Boards - Additional Support	2016/17	-	49,121	49,121	49,121	49,121
More Publically Funded Medicines	2016/17	-	3,498	2,601	2,601	2,422
In-between Travel - devolution	2015/16	962	2,972	2,972	2,972	2,972
District Health Board (DHB) Additional Funding for Pressures	2015/16	43,957	43,957	43,957	43,957	43,957
Improving Hospice Community Palliative Care Services	2015/16	1,158	1,158	1,158	1,158	1,158
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(1,474)	(1,474)	(1,474)	(1,474)	(1,474)
DHB Demographics	2014/15	14,770	14,770	14,770	14,770	14,770
Contribution to DHB cost pressures	2014/15	8,096	8,096	8,096	8,096	8,096
Aged Residential Care - subsidy increase	2014/15	835	835	835	835	835
DHB Demographics	2013/14	17,670	17,670	17,670	17,670	17,670
Contribution to DHB cost pressures	2013/14	8,404	8,404	8,404	8,404	8,404
Aged Care and Dementia	2013/14	694	694	694	694	694

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	292	384	384	384	384
DHB Demographics	2012/13	13,599	13,599	13,599	13,599	13,599
Contribution to DHB cost pressures	2012/13	13,559	13,559	13,559	13,559	13,559
Aged care savings through changing the assessment level	2012/13	(1,212)	(1,519)	(1,519)	(1,519)	(1,519)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(3,472)	(3,472)	(3,472)	(3,472)	(3,472)

Reasons for Change in Appropriation

This appropriation increased by \$54.057 million to \$1,096.798 million for 2016/17 mainly due to:

- \$49.121 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$3.498 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Wairarapa DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Wairarapa DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	128,179	128,179	131,668

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(104)	(104)	(104)
District Health Boards - Additional Support	2016/17	-	2,826	2,826	2,826	2,826
More Publically Funded Medicines	2016/17	-	425	316	316	294
In-between Travel - devolution	2015/16	136	419	419	419	419
District Health Board (DHB) Additional Funding for Pressures	2015/16	5,462	5,462	5,462	5,462	5,462
Improving Hospice Community Palliative Care Services	2015/16	145	145	145	145	145
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(185)	(185)	(185)	(185)	(185)
DHB Demographics	2014/15	1,431	1,431	1,431	1,431	1,431
Contribution to DHB cost pressures	2014/15	1,003	1,003	1,003	1,003	1,003
Aged Residential Care - subsidy increase	2014/15	105	105	105	105	105
DHB Demographics	2013/14	2,670	2,670	2,670	2,670	2,670
Contribution to DHB cost pressures	2013/14	1,031	1,031	1,031	1,031	1,031
Aged Care and Dementia	2013/14	88	88	88	88	88
DHB Demographics	2012/13	1,948	1,948	1,948	1,948	1,948
Contribution to DHB cost pressures	2012/13	1,676	1,676	1,676	1,676	1,676
Aged care savings through changing the assessment level	2012/13	(152)	(191)	(191)	(191)	(191)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(435)	(435)	(435)	(435)	(435)

Reasons for Change in Appropriation

This appropriation increased by \$3.489 million to \$131.668 million for 2016/17 mainly due to:

- \$2.826 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$425,000 due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Waitemata DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Waitemata DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,349,321	1,349,321	1,399,525

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(1,072)	(1,072)	(1,072)
District Health Boards - Additional Support	2016/17	-	43,950	43,950	43,950	43,950
More Publically Funded Medicines	2016/17	-	4,372	3,251	3,251	3,027
In-between Travel - devolution	2015/16	1,083	3,344	3,344	3,344	3,344
District Health Board (DHB) Additional Funding for Pressures	2015/16	29,893	29,893	29,893	29,893	29,893
Improving Hospice Community Palliative Care Services	2015/16	1,462	1,462	1,462	1,462	1,462
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(965)	(965)	(965)	(965)	(965)
DHB Demographics	2014/15	38,661	38,661	38,661	38,661	38,661
Contribution to DHB cost pressures	2014/15	10,407	10,407	10,407	10,407	10,407
Aged Residential Care - subsidy increase	2014/15	1,083	1,083	1,083	1,083	1,083
DHB Demographics	2013/14	17,689	17,689	17,689	17,689	17,689
Contribution to DHB cost pressures	2013/14	10,943	10,943	10,943	10,943	10,943
Aged Care and Dementia	2013/14	888	888	888	888	888

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	218	287	287	287	287
DHB Demographics	2012/13	25,201	25,201	25,201	25,201	25,201
Contribution to DHB cost pressures	2012/13	17,453	17,453	17,453	17,453	17,453
Aged care savings through changing the assessment level	2012/13	(1,549)	(1,941)	(1,941)	(1,941)	(1,941)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(4,436)	(4,436)	(4,436)	(4,436)	(4,436)

Reasons for Change in Appropriation

This appropriation increased by \$50.204 million to \$1399.525 million for 2016/17 mainly due to:

- \$43.950 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$4.372 million due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(i)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - West Coast DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from West Coast DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	121,929	121,929	125,017

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(86)	(86)	(86)
District Health Boards - Additional Support	2016/17	-	2,608	2,608	2,608	2,608
More Publically Funded Medicines	2016/17	-	355	264	264	246
In-between Travel - devolution	2015/16	78	242	242	242	242
District Health Board (DHB) Additional Funding for Pressures	2015/16	2,019	2,019	2,019	2,019	2,019
Improving Hospice Community Palliative Care Services	2015/16	116	116	116	116	116
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(64)	(64)	(64)	(64)	(64)
DHB Demographics	2014/15	1,843	1,843	1,843	1,843	1,843
Contribution to DHB cost pressures	2014/15	937	937	937	937	937
Aged Residential Care - subsidy increase	2014/15	87	87	87	87	87
Contribution to DHB cost pressures	2013/14	1,022	1,022	1,022	1,022	1,022
DHB Demographics	2013/14	726	726	726	726	726
Aged Care and Dementia	2013/14	73	73	73	73	73
Contribution to DHB cost pressures	2012/13	1,681	1,681	1,681	1,681	1,681
DHB Demographics	2012/13	8	8	8	8	8
Aged care savings through changing the assessment level	2012/13	(127)	(159)	(159)	(159)	(159)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(365)	(365)	(365)	(365)	(365)

Reasons for Change in Appropriation

This appropriation increased by \$3.088 million to \$125.017 million for 2016/17 mainly due to:

- \$2.608 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$355,000 due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health and Disability Support Services - Whanganui DHB (M36)

Scope of Appropriation

This appropriation is limited to personal and public health services, and management outputs from Whanganui DHB.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	206,465	206,465	211,894

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve services provided by the DHB that align with: Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district's population; and regional considerations.

How Performance will be Assessed and End of Year Reporting Requirements

Please refer to Health and Disability Support Services - Auckland DHB.

End of Year Performance Reporting

The DHB will report performance information in its Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
DHB Efficiency Savings	2017/18	-	-	(161)	(161)	(161)
District Health Boards - Additional Support	2016/17	-	4,416	4,416	4,416	4,416
More Publically Funded Medicines	2016/17	-	651	484	484	449
In-between Travel - devolution	2015/16	203	627	627	627	627
District Health Board (DHB) Additional Funding for Pressures	2015/16	3,405	3,405	3,405	3,405	3,405
Improving Hospice Community Palliative Care Services	2015/16	219	219	219	219	219
Reprioritising DHB Savings Delivered by PHARMAC	2015/16	(106)	(106)	(106)	(106)	(106)
DHB Demographics	2014/15	1,798	1,798	1,798	1,798	1,798
Contribution to DHB cost pressures	2014/15	1,647	1,647	1,647	1,647	1,647
Aged Residential Care - subsidy increase	2014/15	165	165	165	165	165
Contribution to DHB cost pressures	2013/14	1,743	1,743	1,743	1,743	1,743
DHB Demographics	2013/14	1,216	1,216	1,216	1,216	1,216
Aged Care and Dementia	2013/14	142	142	142	142	142

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	42	55	55	55	55
Contribution to DHB cost pressures	2012/13	2,844	2,844	2,844	2,844	2,844
DHB Demographics	2012/13	1,716	1,716	1,716	1,716	1,716
Aged care savings through changing the assessment level	2012/13	(247)	(311)	(311)	(311)	(311)
Pharmaceutical Co-Payment Increase to \$5	2012/13	(707)	(707)	(707)	(707)	(707)

Reasons for Change in Appropriation

This appropriation increased by \$5.429 million to \$211.894 million for 2016/17 mainly due to:

- \$4.416 million due to new funding in the Budget 2016 initiative District Health Boards - Additional Support
- \$651,000 due to the Budget 2016 initiative More Publically Funded Medicines.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2004	Part 3 establishes DHBs, including (section 23 (1)(l)) to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004

Health Workforce Training and Development (M36)

Scope of Appropriation

This appropriation is limited to the provision, purchase, and support of workforce development for people working in the health and disability sector and of services that support those workforces to be sustainable, flexible, and fit-for-purpose.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	175,302	175,302	180,014

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve the following: the New Zealand health sector is supported to develop a sustainable, flexible, and fit-for-purpose workforce through the funding of clinical training and other initiatives.

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Workforce Investment Programmes			
The number of funded trainees:			
Medical workforce	2,204	2,169	2,204
Sufficient numbers: the percentage of uptake nationally compared to contract volumes	New	100%	100%
Nursing workforce	3,064	3,064	3,064
Sufficient numbers: the percentage of uptake nationally compared to contract volumes	New	100%	100%
Allied health workforce	362	387	362
Sufficient numbers: the percentage of uptake nationally compared to contract volumes	New	100%	100%
Midwifery workforce	170	170	170
Sufficient numbers: the percentage of uptake nationally compared to contract volumes	New	100%	100%
Kaiawhina workforce	706	836	706
Sufficient numbers: the percentage of uptake nationally compared to contract volumes	New	100%	100%
Multi-disciplinary workforce	300	300	300
Sufficient numbers: the percentage of uptake nationally compared to contract volumes	New	100%	100%
Voluntary Bonding Scheme (VBS)			
<ul style="list-style-type: none"> New graduates are successfully being brought into the scheme: The total number of enrollees per annum 	New	350	350
<ul style="list-style-type: none"> People are being retained in the scheme: The percentage of registrants who applied for payment in the previous year who applied for payment in the current academic year, where this is allowable under the terms of the scheme 	New	75%	75%
<ul style="list-style-type: none"> Ministry is actively managing the scheme: The number of bulk contacts with Voluntary Bonding Scheme participants 	New (Note 1)	3	3

Note 1: There are 3 mandatory points of contact as follows: confirmation of registration, 18 month check and payment reminder.

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
DHBs	113,578	113,578	Net yet known	See above	Ongoing
Royal New Zealand College of General Practitioners	21,398	21,398	Net yet known	See above	Ongoing
Te Pou Limited	18,311	18,311	Net yet known	See above	Ongoing
New Zealand College of Midwives	4,023	4,023	Net yet known	See above	Ongoing
Te Rau Matatini Limited	3,530	3,530	Net yet known	See above	Ongoing
Auckland University	3,068	3,068	Net yet known	See above	Ongoing
Auckland UniServices Limited	2,280	2,280	Net yet known	See above	Ongoing
Otago University	2,247	2,247	Net yet known	See above	Ongoing
Other NGO	6,866	6,866	Net yet known	See above	Ongoing
Total	175,302	175,302	180,014		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Health Workforce Training and Development - Additional Support	2016/17	-	2,765	2,695	2,695	2,695
Workforce: Post-Graduate Education And Training of Doctors	2014/15	3,105	5,314	7,658	7,658	7,658
Train 18 More GPs	2012/13	1,764	1,764	1,764	1,764	1,764
Expand Voluntary Bonding Scheme	2012/13	1,000	1,000	1,000	1,000	1,000

Conditions on Use of Appropriation

Reference	Conditions
Health Practitioners Competence Assurance Act 2003	Section 4 (6)(b)(v) Part 6, sets out the functions of health professions for setting programmes to ensure the ongoing competence of health practitioners. Section 118 (k) the functions of each authority appointed in the health profession includes promoting education and training in the profession. The quality of the services provided is shown by the accreditation process.

Monitoring and Protecting Health and Disability Consumer Interests (M36)

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

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	27,596	27,596	27,596

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 appropriately investigating alleged breaches of patients' rights.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Health and Disability Commissioner			
The performance measures are those contained in the Crown entity's Statement of Performance Expectations			
Health Quality and Safety Commission			
The performance measures are those contained in the Crown entity's Statement of Performance Expectations			
Mental health reviews and inquiries			
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%	70%	90%
The annual report by the Mental Health Review Tribunal, on their duties undertaken, to the Director of Mental Health by the due date	31 Oct 2015	11 Sep 2015	31 Oct 2016
The six monthly reports, administered by the Tribunal's secretariat, to the Director of Mental Health by the due dates:			
• report one	20 Nov 2015	Achieved	20 Nov 2016
• report two	20 May 2016	Not yet due	20 May 2017
The start of the Mental Health Tribunal review held within 28 days of receipt of the application	75%	70%	75%

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
Quality & Safety Commission	13,301	13,301	Net yet known	See above	Ongoing
Health & Disability Commissioner	10,920	10,920	Net yet known	See above	Ongoing
Mental Health District Inspectors	3,375	3,375	Net yet known	See above	Ongoing
Total	27,596	27,596	27,596		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
District Health Inspectors - cost pressures	2014/15	500	500	500	500	500
Health Quality and Safety Commission funding (technical change)	2013/14	12,976	12,976	12,976	12,976	12,976
Health and Disability Commission services	2013/14	750	750	750	750	750
Disestablish Mental Health Commission	2012/13	(1,116)	(1,116)	(1,116)	(1,116)	(1,116)

Conditions on Use of Appropriation

Reference	Conditions
Health and Disability Commissioner Act 1994	Section 8 provides for the appointment of a Health and Disability Commissioner
New Zealand Public Health and Disability Act 2000	The Health Quality and Safety Commission (HQSC) is established under Part 4 (section 59A) of the Act
Mental Health (Compulsory Assessment and Treatment) Act 1992	Section 102, The Mental Health Review Tribunal's primary function is to consider whether patients subject to compulsory treatment orders are mentally disordered as defined by the Act
Mental Health (Compulsory Assessment and Treatment) Act 1992	Section 94, District Inspectors are barristers and solicitors appointed by the Minister of Health to uphold the rights of patients as set out in the Act and under s 98A they report monthly to the Director of Mental Health

National Child Health Services (M36)*Scope of Appropriation*

This appropriation is limited to the provision, purchase, and support of child health services.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	85,249	85,249	85,001

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide services that support the development of New Zealand children and establish a foundation for those children to live longer, healthier, and more independent lives.

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Infants receive their full Well Child/Tamariki Ora (WCTO) Entitlement			
Percent of enrolled infants (0-12 months) who receive all core WCTO contacts (see Note 1)	85%	85%	85%
Telephone information and advisory services to support the Well Child/Tamaki Ora Framework are delivered (PlunketLine):			
• Phone line service is available 24/7	99%	100%	99%
• Call abandonment rate (percentage less than)	less than 10%	10%	less than 10%
B4 School Checks			
Percentage of the population delivered B4SCs	90%	89.1%	90%
Percentage of the high deprivation population delivered B4SCs	90%	90.2%	90%
DHBs that provide the volumes of checks as specified in funding arrangements	20	19	20

Note 1: Enrolling with a WCTO provider at birth or as soon as possible thereafter allows sufficient time for WCTO providers to deliver the first core contact on time at around 6 weeks and therefore meet the quality indicator of delivering the full entitlement to children in the first year of life (if core 1 is missed, they are unable to meet the full entitlement measure).

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
Royal New Zealand Plunket Society	53,598	53,598	Net yet known	See above	Ongoing
DHBs	26,060	27,610	Net yet known	See above	Ongoing
Other NGOs (301)	5,591	4,041	Net yet known	See above	Ongoing
Total	85,249	85,249	85,001		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
School-Based Health Services - Additional Support	2016/17	-	70	70	70	70
National Child Health Services - Pressure	2015/16	2,961	2,961	2,961	2,961	2,961
Demographic and cost pressures	2014/15	1,645	1,645	1,645	1,645	1,645
B4 School Checks - increase target coverage	2013/14	1,748	1,748	1,748	1,748	1,748
Children's Action Plan	2013/14	700	700	700	700	700
Well Child	2013/14	30	30	30	30	30
PlunketLine and Well Child Services	2012/13	1,723	1,723	1,723	1,723	1,723

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Section 3 The Act provides for the provision of health and disability services including child health services.

National Contracted Services - Other (M36)

Scope of Appropriation

This appropriation is limited to the purchase of other services directly by the Crown to support the health and disability services sector, including the national management of pharmaceuticals, and health research.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	27,170	25,670	37,155

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide health-related services that align with Government priorities or the strategic direction for health services (see the Ministry of Health's Statement of Intent) but are out of scope for other national services appropriations in Vote Health. Examples include: funding for the basic operating costs of PHARMAC and the Health Research Council.

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
PHARMAC			
The performance measures are those contained in the Crown entity's Statement of Performance Expectations			
Health Research Council			
The performance measures are those contained in the Crown entity's Statement of Performance Expectations			
Pacific Innovation Fund			
All Pacific Innovation contracts deliver an evaluation of their project to the Ministry	100%	100%	100%

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
PHARMAC	21,988	21,988	Net yet known	See above	Ongoing
Health Research Council	3,347	3,347	Net yet known	See above	Ongoing
Other Crown Entities	4,364	4,364	Net yet known	See above	Ongoing
NGOs	818	818	Net yet known	See above	Ongoing
Total	27,170	27,170	37,155		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Healthy Homes Initiative - Expansion	2016/17	-	4,500	4,500	4,500	4,500
Other Nationally Purchased Health Services - Additional Support	2016/17	-	400	400	400	400
Palliative Care Community Service Support Roles	2015/16	3,100	7,000	7,000	7,000	7,000
Pressures funding for contract lens and chaplaincy services	2014/15	22	22	22	22	22
Establish National Health Information System appropriation (technical change)	2013/14	(7,023)	(5,356)	(5,356)	(5,356)	(5,356)
Health Quality and Safety Commission (technical change)	2013/14	(12,976)	(12,976)	(12,976)	(12,976)	(12,976)
Establish National Personal Health Services appropriation	2013/14	(77,760)	(74,710)	(74,710)	(74,710)	(74,710)

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Access to diagnostics to support cancer, cardiac, and elective services	2012/13	4,000	4,000	4,000	4,000	4,000
Pacific Innovation Fund	2012/13	1,500	1,500	1,500	1,500	1,500
National cardiac surgical, acute coronary syndrome, and interventional cardiology registers	2012/13	750	750	750	750	750

Reasons for Change in Appropriation

This appropriation increased by \$9.985 million to \$37.155 million for 2016/17 mainly due to:

- \$4.500 million due to funding agreed in the Budget 2016 initiative Healthy Homes Initiative - Expansion
- \$3.900 million due to the Budget 2015 Palliative Care Nurses initiative, which was \$3.100 million in 2015/16 and \$7 million in 2016/17
- \$3.050 million due to the Budget 2013 initiative to establish the National Personal Health Services appropriation, which transferred \$90.736 million to the new appropriation in 2015/16 and \$87.686 million in 2016/17
- \$2.100 million due to a one-off transfer to the National Elective Services appropriation for additional elective procedures, which reduced 2015/16 by \$2.100 million and had no impact of 2016/17.

This was partly offset by:

- \$3 million due to the Budget 2012 Rheumatic Fever initiative, funding for which ended in 2015/16.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	The Pharmaceutical Management Agency (PHARMAC) is established under Part 4 (sections 46-52) of the Act.

National Disability Support Services (M36)

Scope of Appropriation

This appropriation is limited to the provision, purchase, and support of disability support services.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,167,018	1,167,018	1,165,888

Components of the Appropriation

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Residential Care	507,563	513,564	Not yet known
Community Care	250,843	264,277	Not yet known
Environmental Support	126,850	134,496	Not yet known
Funded Family Care	5,819	6,229	Not yet known
Other disability support services	275,943	252,273	Not yet known
Total	1,167,018	1,167,018	1,165,888

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide support for disabled people and their families/whānau to enable them to live good lives.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Needs Assessment and Service Co-ordination			
All new eligible Disability Support Services clients are assessed within 20 days of referral	80%	89.1%	80%
All new clients assessed as being eligible for Ministry-funded support are provided with their support options within 20 days of assessment	80%	90.2%	80%
Home and Community Services			
Percentage of disability support service clients receiving community support	65%	67.1%	65%
The number of individualised funding arrangements to improve client and family choice and control	2,400	2,565	2,400
Enabling Good Lives - Hamilton demonstration increase in number of participants to at least 155 by 30 June 2017	155-245	69	155-245
Residential Care			
Residential services support people to have an everyday life: the percentage of clients and families satisfied with the service, as demonstrated through the developmental evaluations	80%	95%	80%
The number of clients in very high cost services (High and Complex Services) will be maintained at a sustainable level	Under 500	241	Under 500
Environmental Support			
The percentage of equipment supplied from the Ministry of Health equipment list is greater than	75%	84%	75%
The percentage of equipment items supplied that are refurbished and reissued is greater than	45%	37.7%	45%

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
IDEA	211,832	221,092	Net yet known	See above	Ongoing
DHBs	178,008	178,854	Net yet known	See above	Ongoing
NZ Care Group	57,517	57,063	Net yet known	See above	Ongoing
Enable New Zealand (an operating division of MidCentral DHB)	50,639	56,865	Net yet known	See above	Ongoing
Spectrum Care Trust	42,247	44,586	Net yet known	See above	Ongoing
Manawanui in Charge	41,279	49,829	Net yet known	See above	Ongoing
Environmental Health Management Services Limited	41,037	42,800	Net yet known	See above	Ongoing
Te Roopu Taurima O Manukau Trust	23,177	17,017	Net yet known	See above	Ongoing
Community Living Limited	21,848	19,968	Net yet known	See above	Ongoing
Hohepa Services Limited	20,165	20,665	Net yet known	See above	Ongoing
Healthcare Of New Zealand	18,315	27,232	Net yet known	See above	Ongoing
Other NGOs	460,953	431,047	Net yet known	See above	Ongoing
Total	1,167,018	1,167,018	1,165,888		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Disability Support Services - Additional Support	2016/17	-	42,296	42,296	42,296	42,296
In-Between Travel - Devolution to DHBs	2015/16	(10,310)	(31,845)	(31,845)	(31,845)	(31,845)
In-Between Travel	2015/16	14,000	14,000	14,000	14,000	14,000
Home based support (In-Between Travel)	2014/15	24,000	24,000	24,000	24,000	24,000
Disability Support: Community Residential Services - Pressure	2015/16	12,307	12,307	12,307	12,307	12,307
Disability Support Services - Pressures	2015/16	9,800	9,800	9,800	9,800	9,800
Disability Support: Home and Community Support Services - Pressure	2015/16	6,090	6,090	6,090	6,090	6,090
Disability Support: Environmental Support Services - Pressure	2015/16	2,241	2,241	2,241	2,241	2,241
Disability Support: Other Services and Minimum Wage Increase - Pressure	2015/16	1,933	5,683	5,683	5,683	5,683

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Disability Support: High and Complex Services Cost Pressure	2015/16	510	510	510	510	510
Enabling Good Lives - Transfer to Vote Social Development	2015/16	(973)	(4,500)	-	-	-
Demographic and cost pressures	2014/15	24,812	24,812	24,812	24,812	24,812
Vocational services for school leavers with disabilities and very high needs	2014/15	1,500	1,500	1,500	1,500	1,500
Enabling Good Lives - Hamilton demonstration	2014/15	1,360	1,360	-	-	-
Aged Residential Care - subsidy increase	2014/15	400	400	400	400	400
Family Caregivers	2013/14	23,000	23,000	23,000	23,000	23,000
Residential Services - demographics	2013/14	10,155	10,155	10,155	10,155	10,155
Sleepovers	2013/14	10,000	10,000	10,000	10,000	10,000
Environmental/community services - demographics	2013/14	4,430	4,430	4,430	4,430	4,430
Enabling Good Lives	2013/14	300	300	300	300	300
Residential care community	2012/13	15,185	15,185	15,185	15,185	15,185
Community care services	2012/13	14,951	14,951	14,951	14,951	14,951
Environmental support - mobility and sensory	2012/13	5,490	5,490	5,490	5,490	5,490
Expanding demonstration of New Model of Care	2012/13	1,955	1,955	1,955	1,955	1,955

Reasons for Change in Appropriation

This appropriation decreased by \$1.130 million to \$1,165.888 million for 2016/17, which was mainly due to:

- \$21.535 million due to In-between travel settlement funding devolved to the 20 DHBs, which was \$10.310 million in 2015/16 and \$31.845 million in 2016/17. Note: this funding was being held in this appropriation while negotiations were undertaken - no reduction in services will result from the devolution
- \$19.348 million due to the transfer of additional funding for pressures, in 2015/16 only, funded from reprioritised unallocated funding from other national services appropriations
- \$3.527 million due to a one-off transfer to Vote Social Development for the Enabling Good Lives pilot, which was \$973,000 in 2015/16 and \$4.5000 million in 2016/17.

This was partly offset by:

- \$42.296 million of additional funding provided in the Budget 2016 initiative Disability Support Services - Additional Support.

Conditions on Use of Appropriation

Reference	Conditions
Health and Disability Services (Safety) Act 2001	The provision of health and disability services, including rehabilitation services, physiotherapy services; services provided to people with disabilities or people who are frail (whether because of their age or for some other reason), for their care or support or to promote their independence; and rest home care services that are residential care provided for the care or support of, or to promote the independence of, people who are frail
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs
New Zealand Public Health and Disability Act 2000	Part 4A section 70A keeps the funding of support services provided by persons to their family members within sustainable limits
Disabled Persons Community Welfare Act 1975	Part 2A, A right of review exists for persons in residential care to assess the adequacy of the disability services or whether or not the person's needs are appropriately met

National Elective Services (M36)

Scope of Appropriation

This appropriation is limited to the provision, purchase, and support of elective surgery services.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	324,367	323,367	355,517

What is Intended to be Achieved with this Appropriation

This appropriation is intended to improve access to elective procedures by funding more procedures and improvements to how elective procedures are provided or supported.

How Performance will be Assessed and End of Year Reporting Requirements

The Electives initiative supports agreed levels of delivery of surgical discharges. The Ambulatory initiative supports agreed levels of surgical and medical first specialist assessments, community referred test and some non-admitted procedures. All of these are used to support the delivery of the Health Target. The output is the agreed Health Target discharges, above the base funding for each DHB, which are funded through non-departmental expenditure funding only. This is only a proportion of each DHB's total health target expectation. The Bariatric initiative supports agreed levels of bariatric surgery discharges above DHB base levels. The Quality initiative is targeted funding to support DHBs in maintaining timely access, implementing system change or new models of care to create capacity to elective surgery.

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Electives and Ambulatory Initiative	New Measure		(Note 1)
Auckland DHB	4,848	5,048	5,298
Bay of Plenty DHB	1,338	1,629	1,994

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Canterbury DHB	5,317	5,513	5,605
Capital and Coast DHB	2,440	2,550	2,623
Counties Manukau DHB	3,758	3,897	3,986
Hawkes Bay DHB	1,373	1,504	1,588
Hutt Valley DHB	1,048	1,179	1,192
Lakes DHB	961	894	966
MidCentral DHB	1,642	1,711	1,812
Nelson Marlborough DHB	1,335	1,335	1,335
Northland DHB	1,725	1,725	1,796
South Canterbury DHB	449	449	449
Southern DHB	2,504	2,452	2,591
Tairāwhiti DHB	349	349	349
Taranaki DHB	1,067	1,067	1,067
Waikato DHB	3,488	3,692	4,076
Wairarapa DHB	374	374	374
Waitemata DHB	5,184	5,503	5,770
West Coast DHB	255	255	255
Whanganui DHB	559	559	559
Total Electives and Ambulatory Initiative	40,014	41,685	43,685
Bariatric Initiative			
All 20 DHBs Total Bariatric Initiative	126	126	126
Quality Initiative			
All 20 DHBs	20	20	20
Mobile Surgical Services			
The elective day surgery target of case-weights (approximately 1,500 operations per annum)	650	on track	650
Rural health professional development and remote collaboration services volume targets met	100%	on track	100%

Note 1: the 2016/17 targets for the Electives and Ambulatory initiative are indicative. Following the Budget announcements, the Ministry of Health will negotiate the actual targets with the district health boards, to reflect the additional funding made available in Budget 2016.

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
DHBs	307,878	307,878	Net yet known	See above	Ongoing
NGOs	16,489	15,489	Net yet known	See above	Ongoing
Total	324,367	323,367	355,517		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Elective Surgery - Government's Health Target	2016/17	-	24,000	24,000	24,000	24,000
Additional 2000 Elective Procedures	2015/16	12,000	12,000	12,000	12,000	12,000
More Elective Surgery, Reducing Pain, and Increasing Prevention	2015/16	11,000	27,000	12,000	-	-
Electives Health Target - increased discharges	2014/15	25,000	25,000	25,000	25,000	25,000
Electives - bariatric surgery	2014/15	2,500	2,500	2,500	-	-
National Intestinal Failure Services	2014/15	350	300	300	300	300
Electives - additional 2000 discharges per annum	2013/14	12,000	12,000	12,000	12,000	12,000
Electives - maintain existing volumes	2013/14	10,000	10,000	10,000	10,000	10,000
Electives - additional 2000 discharges per annum	2012/13	12,000	12,000	12,000	12,000	12,000

Reasons for Change in Appropriation

This appropriation increased by \$31.150 million to \$355.517 million for 2016/17 mainly due to:

- \$24 million due to funding agreed in the Budget 2016 initiative Elective Surgery - Government's Health Target
- \$16 million due to the Budget 2015 'More Elective Surgery, Reducing Pain, And Increasing Prevention' initiative, which was \$11 million in 2015/16 and \$27 million in 2016/17.

This was partly offset by:

- \$8 million due to one-off funding to increase the number of elective procedures delivered in 2015/16 only.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Part 3 establishes DHBs

National Emergency Services (M36)

Scope of Appropriation

This appropriation is limited to the provision, purchase, and support of emergency services.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	95,559	95,559	99,946

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide emergency services to assist people who require urgent acute health care (for example, air and road ambulances) are provided in a timely fashion.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Emergency calls are triaged and services dispatched effectively and efficiently	New Measure	Note 1	Expired Measure
<ul style="list-style-type: none"> Call response times - percentage of calls answered in 15 seconds 	95%	91.8%	95%
<ul style="list-style-type: none"> Calls reach compliance with the medical priority dispatch system performance indicators 	100%	66%	100%
Ambulance response times - for immediately life-threatening incidents an ambulance reaches the scene within:			
<ul style="list-style-type: none"> Urban reached in 8 minutes 	50%	82.8%	50%
<ul style="list-style-type: none"> Urban reached in 20 minutes 	95%	99%	95%
<ul style="list-style-type: none"> Rural reached in 12 minutes 	50%	73.2%	50%
<ul style="list-style-type: none"> Rural reached in 30 minutes 	95%	98.5%	95%
Percentage of air ambulance activations that are within the target times	50%	64%	50%
Percentage of Reportable Events that providers manage in accordance with the HQSC guidelines	100%	100%	100%

Note 1: Estimated Actual Standards are based on July - October 2015 results.

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
Order of St John's	63,695	63,738	Net yet known	See above	Ongoing
Air Ambulance Providers	8,000	9,458	Net yet known	See above	Ongoing
Wellington Free Ambulance Service	7,237	7,237	Net yet known	See above	Ongoing
Central Emergency Communications Ltd	4,794	4,794	Net yet known	See above	Ongoing
Other	11,833	10,332	Net yet known	See above	Ongoing
Total	95,559	95,559	99,946		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Ambulance Services - Additional Support	2016/17	-	3,711	3,711	3,711	3,711
Ambulance Services - Pressure	2015/16	3,350	3,350	3,350	3,350	3,350
Air and road ambulance - demographics and cost pressures	2014/15	2,136	2,136	2,136	2,136	2,136
Air ambulances	2013/14	1,873	1,873	1,873	1,873	1,873
Whole of Government Radio Network	2013/14	636	636	636	636	636
Ambulance Services	2012/13	1,850	1,850	1,850	1,850	1,850

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Section 8, to improve and facilitate access to emergency services as part of the overall delivery of health and disability services

National Health Information Systems (M36)*Scope of Appropriation*

This appropriation is limited to the provision of information technology services for the New Zealand health and social sectors.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	12,646	11,646	13,065

What is Intended to be Achieved with this Appropriation

This appropriation is intended to fund or purchase health information systems on behalf of the health and social sectors, making that procurement more efficient and effective.

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
E-prescription Tool			
E-prescription Tool implemented over three years	Achieved	Achieved	Achieved
Whānau Ora Information System			
Whānau Ora system implementation into collectives' trial sites (38 providers) by December 2016	Achieved	Achieved	Achieved
National Implementation of InterRAI Assessment Tool (Note 1)			
DHBs implement the InterRAI Home Care and Contact Assessments tools for assessing the needs of older people to access long-term support services in the community or residential care	20 DHBs	20 DHBs	20 DHBs

Note 1: InterRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled.

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
SimplHealth Solutions Limited	2,900	2,900	Net yet known	See above	Ongoing
DHBs	518	2,494	Net yet known	See above	Ongoing
New Zealand Medicines Formulary Limited Partnership	1,714	1,714	Net yet known	See above	Ongoing
iSoft (New Zealand & Pacific Islands) Limited	1,530	1,530	Net yet known	See above	Ongoing
IBM New Zealand Limited	1,430	1,430	Net yet known	See above	Ongoing
NGOs	4,555	1,578	Net yet known	See above	Ongoing
Total	12,646	11,646	13,065		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Establish National Health Information Systems - diagnostic system changes	2013/14	4,000	4,000	4,000	4,000	4,000
Ora IT Solutions	2013/14	3,800	1,877	-	-	-
Establish National Health Information Systems - New Zealand Medicines Formulary	2013/14	2,200	2,200	2,200	2,200	2,200
Establish National Health Information Systems - E-Medicines	2013/14	1,667	-	-	-	-
Establish National Health Information Systems - InterRAI software implementation	2013/14	1,356	1,356	1,356	1,356	1,356
Establish National Health Information Systems - National Immunisation Register (NIR)	2013/14	486	486	486	486	486

National Māori Health Services (M36)

Scope of Appropriation

This appropriation is limited to the provision, purchase, and support of health and disability services that are either for Māori or by Māori.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	4,517	4,517	6,828

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide support and encouragement for (i) health services provided by Māori, and (ii) for health services for Māori.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Funding and purchasing of services to reduce Māori health disparities and improve Māori health outcomes			
Rongoa (traditional Māori healing) services			
The number of Rongoa providers delivering between 425 and 1,500 client contacts	19	19	19

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Provision and funding to support the delivery of health services for Māori			
The percentage of providers who deliver services in accordance with their provider contracts with the Ministry of Health	100%	100%	100%

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
NGOs	4,517	4,517	Net yet known	See above	Ongoing
Total	4,517	4,517	6,828		

Reasons for Change in Appropriation

This appropriation increased by \$2.311 million to \$6.828 million for 2016/17 due to the reprioritisation of unallocated funding to meet pressures on the National Disability Support Services appropriation in 2015/16 only.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Section 4, to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Māori in health services.

National Maternity Services (M36)

Scope of Appropriation

This appropriation is limited to the provision, purchase, and support of maternity services.

Expenses

Total Appropriation	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
	144,657	144,657	146,767

What is Intended to be Achieved with this Appropriation

This appropriation is intended to ensure that women are supported with ante-natal care, care during labour and birth, and post-natal care, so that the health of both mothers and babies is promoted.

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Lead Maternity Carer			
Lead maternity carers (LMCs) deliver quality maternity services in compliance with the Section 88 Primary Maternity Services Notice 2007 (excludes DHB primary maternity services)			
Women giving birth in the year who receive primary maternity services through the section 88 Primary Maternity Services Notice:			
<ul style="list-style-type: none"> Percentage of women 	70%	76%	70%
<ul style="list-style-type: none"> Number of women based on birth data for the year 	40,069 to 30 Dec 2014	76% (44,504 women)	40,069 to 30 Dec 2014

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
Midwives	139,156	140,552	Net yet known	See above	Ongoing
DHBs	3,681	2,285	Net yet known	See above	Ongoing
NGOs	1,820	1,820	Net yet known	See above	Ongoing
Total	144,657	144,657	146,767		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Community midwives - cost and volume pressures	2015/16	4,882	4,882	4,882	4,882	4,882
Funding for cost pressures	2012/13	3,587	3,587	3,587	3,587	3,587

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Section 88 of the Act (the Notice) sets out the terms and conditions for authorised health professionals to provide and claim for primary maternity services. Lead maternity carers deliver quality maternity services in compliance with the section 88 Primary Maternity Services Notice 2007

National Mental Health Services (M36)

Scope of Appropriation

This appropriation is limited to the provision, purchase, and support of mental health services.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	53,482	53,482	58,962

What is Intended to be Achieved with this Appropriation

This appropriation is intended to ensure that people are supported with mental health issues, including addiction, and work is undertaken to respond to suicidal behaviour and reduce its impact on communities.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Mental Health Programmes			
Inpatient Mental Health Services; national specialist Ashburn clinic: the percentage of occupied bed days	95%	80%	95%
Mental Health Services			
Mother/Baby unit: percentage of occupied day beds	95%	-	80%
Addictions			
Deliver on the Tackling Methamphetamine Action Plan:			
• The number of people receiving residential treatment	200	150	150
Deliver on the Drivers of Crime Action Plan:			
Drug Court: the number of participants	100	89 participants and 75 graduates	100
Alcohol Brief Intervention & Screening: the percentage of people older than 12 years of age who receive Primary Mental Health (PMHI) who are screened	50%	not yet available	50%
Triple P Parenting Programme: the number of practitioners trained	60	468 as at Dec 2015	800
Triple P Parenting Programme: the number of families receiving an intervention	800	429 as at Dec 2015	800

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
DHBs	14,685	19,524	Net yet known	See above	Ongoing
Health Promotion Agency	5,309	5,309	Net yet known	See above	Ongoing
Ashburn Hall Charitable Trust	5,125	5,125	Net yet known	See above	Ongoing
Odyssey House Trust	3,517	3,517	Net yet known	See above	Ongoing
The Salvation Army New Zealand Trust	2,956	2,956	Net yet known	See above	Ongoing
Te Rau Matatini Limited	2,000	2,000	Net yet known	See above	Ongoing
ESR	1,008	1,008	Net yet known	See above	Ongoing
Other NGOs (41)	18,883	14,044	Net yet known	See above	Ongoing
Total	53,482	53,482	58,962		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Responding to Mental Health Concerns at an Earlier Stage	2016/17	-	3,000	3,000	3,000	3,000
Supporting Health Services in Canterbury	2016/17	-	1,000	1,000	1,000	-
Social Sector Trials - Extension To June 2016	2015/16	(2,726)	-	-	-	-
Specialist Sexual Violence Sector	2014/15	5,200	-	-	-	-
Mother and baby care	2013/14	5,200	5,200	5,200	5,200	5,200
Youth mental health services	2013/14	4,040	4,040	4,040	4,040	4,040
Pre-employment Drug Testing	2013/14	1,398	1,398	1,398	1,398	1,398
Drivers of Crime: alcohol & other drug assessments and interventions	2012/13	9,840	9,840	9,840	9,840	9,840
Strengthening communities to prevent suicide	2012/13	2,000	2,000	2,000	2,000	2,000
Compulsory alcohol and drug treatment	2012/13	775	775	775	775	775

Reasons for Change in Appropriation

This appropriation increased by \$5.480 million to \$58.962 million for 2015/16 mainly due to:

- \$3 million due to funding agreed in Budget 2016 initiative Responding to Mental Health Concerns at an Earlier Stage
- \$2.207 million due to \$1.900 million of new funding for Youth Forensic Services from 2016/17 and transfers between years of funding for the Youth Forensic Unit at Capital and Coast DHB
- \$1 million due to funding agreed in Budget 2016's Supporting Health Services in Canterbury initiative.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Section 8 To improve the health and disability outcomes of people and communities including mental health and mental health services
New Zealand Public Health and Disability Act 2000	The Health Promotion Agency (HPA) is established under Part 4 (sections 57-59) of the Act
Alcoholism and Drug Addiction Act 1966	Mental Health and Addiction Workforce The Substance Addiction (Compulsory Assessment and Treatment) Bill will replace the Alcoholism and Drug Addiction Act 1966. The Bill provides for the compulsory assessment and treatment of individuals who are considered to have a severe substance addiction as it is defined in the Bill, and who do not have the capacity to participate in treatment
Mental Health (Compulsory Assessment and Treatment) Act 1992	An Act to redefine the circumstances in which and the conditions under which persons may be subjected to compulsory psychiatric assessment and treatment, to define the rights of such persons and to provide better protection for those rights, and the assessment and treatment of persons suffering from mental disorder

National Personal Health Services (M36)

Scope of Appropriation

This appropriation is limited to personal healthcare and support services purchased directly by the Crown, including mobile surgical services, telephone and online advice services, hospice services, sexual and reproductive health services, and services associated with the implementation of the Oral Health and Cancer Control Strategies.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	107,428	104,428	98,694

Components of the Appropriation

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Cancer Control	31,910	30,810	Not yet known
Helplines	23,405	37,213	Not yet known
Hospice & Palliative Care	13,000	13,000	Not yet known
Other	39,113	37,213	Not yet known
Total	107,428	104,428	98,694

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve the following: people are supported with the identification, management, and treatment of personal health conditions (for example, treatment for cancer, and hospice services).

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Nationally Purchased Personal Health			
National telehealth services			
Phone line service is available 24/7	99%	99%	99%
Call abandonment rate (percentage less than)	less than 10%	8%	less than 10%
Percentage of calls answered within 20 seconds	80%	67%	>80%
Percentage of surveyed callers satisfied or very satisfied with the Healthline service	95%	Last biannual survey available June 2015	>95%
Cancer Services			
Six-monthly progress reports on regional implementation of national priorities are received from the four Regional Cancer Networks (RCNs)	4 RCNs	4 RCNs	4 RCNs
Boost Hospice Funding passed on to all hospices	100%	100%	100%
DHBs who receive funding from the Faster cancer treatment service improvement fund implement service improvements to support achievement of the new health target for cancer and implement the tumour standards	100%	TBC	100%
DHBs maintain performance against the Shorter waits for cancer treatment health target - radiotherapy and chemotherapy	85%	100%	85%
Colonoscopy Wait Times			
Monthly monitoring of colonoscopy waiting times	100%	100%	100%
High Cost Treatment Pool			
The percentage of completed applications managed within three weeks	100%	100%	100%
Cardiac Services			
The number of DHBs with cardiac facilities using the Licensing and Development of Cardiac Surgery Registry	Up to 5 DHBs	5 DHBs	Up to 5 DHBs
The number of DHBs using the Acute Coronary Syndrome Registry	20	20	20
Additional Organ Donations			
Deceased Organ Donors			
Quarterly and annual reports about deceased organ donors	Reports received	Reports received	Reports received
Live Organ Donations			
Quarterly and annual reports about live organ donations	Reports received	Reports received	Reports received
Diabetes			
DHBs report quarterly on implementation of Diabetes care improvement packages	100%	100%	100%
Long Term Conditions			
Implementation of programme	New	New	Achieved
Stroke Services Improvement			
Percentage of DHBs that report quarterly on implementation of stroke services improvement	4	on track	100%

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Oral Health			
Oral health promotion campaign	New	New	Achieved
Electronic Oral Health Register	New	New	Achieved

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
DHBs	36,759	41,367	Net yet known	See above	Ongoing
Homecare Medical (NZ) Limited Partnership	22,429	22,429	Net yet known	See above	Ongoing
Solera Limited	4,783	4,783	Net yet known	See above	Ongoing
Royal Children's Hospital	2,754	2,754	Net yet known	See above	Ongoing
Interchurch Council for Hospital Chaplaincy	2,684	2,684	Net yet known	See above	Ongoing
ACC (Accident Compensation Corporation)	2,000	2,000	Net yet known	See above	Ongoing
Health Research Council of New Zealand	1,000	1,000	Net yet known	See above	Ongoing
Other NGOs (51)	35,020	27,411	Net yet known	See above	Ongoing
Total	107,428	104,428	98,694		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Cancer: Faster Cancer Treatment	2014/15	6,096	5,690	5,350	5,350	5,350
Oral Health: Better Oral Health Promotion	2014/15	2,500	2,500	2,500	2,500	2,500
Organ donation - more renal transplants performed	2014/15	1,000	1,000	1,000	1,000	1,000
Establish appropriation - Healthline	2013/14	15,238	15,238	15,238	15,238	15,238
Establish appropriation - hospices	2013/14	15,000	15,000	15,000	15,000	15,000
Establish appropriation - cancer control	2013/14	14,471	14,471	14,471	14,471	14,471
Establish appropriation - CVD/Diabetes	2013/14	5,784	5,784	5,784	5,784	5,784
Establish appropriation - Mobile Surgical Services	2013/14	5,661	5,661	5,661	5,661	5,661
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	5,300	4,300	3,100	3,100	3,100

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Establish appropriation - oral health	2013/14	3,081	3,081	3,081	3,081	3,081
Establish appropriation - Rheumatic fever	2013/14	3,000	-	-	-	-
Establish appropriation - hospital chaplaincy	2013/14	2,857	2,857	2,857	2,857	2,857
Establish appropriation - other	2013/14	2,746	2,696	2,696	2,696	2,696
Establish appropriation - InterRAI	2013/14	2,644	2,644	2,644	2,644	2,644
Prostate Awareness and Quality Improvement Programme	2013/14	1,050	1,050	1,050	1,050	1,050
Aged Care and Dementia	2013/14	700	-	-	-	-
Familial gastrointestinal cancer registry and hospices	2013/14	500	500	500	500	500
Sexual Health	2013/14	228	228	228	228	228
Cancer Control - patient pathway co-ordination and other services	2012/13	6,000	6,000	6,000	6,000	6,000
Boost Telephone Advice - new line services	2012/13	1,500	1,500	1,500	1,500	1,500
Organ donation	2012/13	1,000	1,000	1,000	1,000	1,000

Reasons for Change in Appropriation

This appropriation decreased by \$8.734 million to \$98.694 million for 2016/17 mainly due to the Budget 2013 initiative to establish the National Personal Health Services appropriation, which was \$70.482 million in 2015/16 and \$64.582 million in 2016/17.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Section 8 For the provision Mental health services as part of the overall New Zealand Health Strategy
New Zealand Public Health and Disability Act 2000	The Health Promotion Agency (HPA) is established under Part 4 (sections 57-69) of the Act
Alcoholism and Drug Addiction Act 1966	Mental Health and Addiction Workforce The Substance Addiction (Compulsory Assessment and Treatment) Bill will replace the Alcoholism and Drug Addiction Act 1966. The Bill provides for the compulsory assessment and treatment of individuals who are considered to have a severe substance addiction as it is defined in the Bill, and who do not have the capacity to participate in treatment
Mental Health (Compulsory Assessment and Treatment) Act 1992	Mental health services Part 1 For the compulsory assessment of patients and the provision of appropriate treatment

Primary Health Care Strategy (M36)

Scope of Appropriation

This appropriation is limited to services to implement and deliver the Primary Health Care Strategy.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	179,974	179,974	186,019

Components of the Appropriation

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
VLCA	58,779	62,088	Not yet known
Care Plus	59,329	61,400	Not yet known
Free Under 13s	32,927	32,900	Not yet known
IPIF	22,416	22,300	Not yet known
Other	6,523	1,286	Not yet known
Total	179,974	179,974	186,019

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide accessible primary care services in New Zealand communities, enabling people to live healthier, more independent lives.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Access to affordable primary health care services			
The number of patients in Very Low Cost Access (VLCA) practices	1,300,000	774,000	774,000
The percentage of New Zealand children who receive free access to Under 13 services during day time and after hours	80%	98%	80%
The number of patients receiving a long term conditions (LTC) service in pharmacies nationally	140,000	140,000	140,000
Rural retention and locum support	New	New	Achieved

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
DHBs	159,629	167,041	Net yet known	See above	Ongoing
The New Zealand Rural General Practice Network Incorporated	1,839	1,839	Net yet known	See above	Ongoing
Patients First Limited	1,122	1,122	Net yet known	See above	Ongoing
Other NGOs	17,384	9,972	Net yet known	See above	Ongoing
Total	179,974	179,974	186,019		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Primary Health Care - Additional Support	2016/17	-	14,329	14,329	14,329	14,329
Under 13s - Free Prescriptions & GP Visits	2015/16	30,000	30,000	30,000	30,000	30,000
Primary Health Care - Pressure	2015/16	3,631	3,753	3,779	3,805	3,805
Primary care - demographics and contribution to cost pressures	2014/15	3,325	3,325	3,325	3,325	3,325
Rural General Practice - flexible funding	2014/15	2,291	2,000	2,000	2,000	2,000
Care Plus volume increase and performance incentives	2013/14	6,200	6,200	6,200	6,200	6,200

Reasons for Change in Appropriation

This appropriation increased by \$6.045 million to \$186.019 million for 2016/17 mainly due to:

- \$14.329 million due to additional funding provided in Budget 2016 towards demographic and cost pressures on the Free Under 13s initiative and the Care Plus portion of the Flexible Funding Pool.

This was partly offset by:

- \$7.400 million due to one-off funding in 2015/16 only for volume pressures on the Under 13s - Free Prescriptions & GP Visits initiative
- \$1 million due to one-off funding in 2015/16 only for Care Plus pressures.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Section 8 The Minister must determine the New Zealand Health Strategy to provide the framework for the Government's overall direction in improving health outcomes.

Problem Gambling Services (M36)

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

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	20,630	17,630	17,440

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

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Implementation of the Preventing and Minimising Gambling Harm (PMGH) Strategy			
The number of innovative service delivery pilots procured	New	New	2
The number of people seeking support from problem gambling services	6,750	6,300	6,750
The number of brief only interventions delivered	New	New	6,000
Percentage of treatment service users experience an improvement in their condition	90%	90%	90%
Independent scientific research identifies incidence of moderate risk and problem gambling annually	New	New	TBC

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
The Salvation Army New Zealand Trust	7,457	7,457	Net yet known	See above	Ongoing
Problem Gambling Foundation of New Zealand	4,838	4,838	Net yet known	See above	Ongoing
Raukura Hauora O Tainui Trust	2,358	2,358	Net yet known	See above	Ongoing
Health Promotion Agency	1,260	1,680	Net yet known	See above	Ongoing
Te Rangihaeata Oranga Trust	1,207	1,207	Net yet known	See above	Ongoing
Other NGOs	3,510	90	Net yet known	See above	Ongoing
Total	20,630	17,630	17,440		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Problem Gambling Services - Continued Support	2016/17	-	6,913	6,994	6,914	-
Problem Gambling 3-Year Service Plan	2013/14	6,603	-	-	-	-

Reasons for Change in Appropriation

This appropriation decreased by \$3.190 million to \$17.440 million for 2016/17 mainly due to a one-off transfer for Problem Gambling services, which increased 2015/16 and had no effect on 2016/17.

Conditions on Use of Appropriation

Reference	Conditions
Gambling Act 2003	Administered by Department of Internal Affairs. Section 317 Integrated problem gambling strategy must be allocated to a Department and is focussed on promoting public health, services to assist, treating problem gambling, independent scientific services associated with gambling and evaluation.

Public Health Service Purchasing (M36)*Scope of Appropriation*

This appropriation is limited to the provision, purchase, and support of public health services.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	376,602	374,602	400,644

Components of the Appropriation

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
National Screening Services	107,154	104,651	Not yet known
Nutrition & Physical Activity	33,746	33,558	Not yet known
Tobacco	37,060	31,646	Not yet known
Communicable Diseases	28,575	28,117	Not yet known
Sexual Health	21,064	21,187	Not yet known
Rheumatic Fever	17,110	15,110	Not yet known
Science Purchasing	14,903	14,903	Not yet known
Safe Water Subsidy Scheme	14,723	14,723	Not yet known
Alcohol & Drug	12,183	12,096	Not yet known
Public Health Infrastructure	11,970	10,498	Not yet known
Other Services	78,114	88,111	Not yet known
Total	376,602	374,602	400,644

What is Intended to be Achieved with this Appropriation

This appropriation is intended to support communities with the identification, management, and treatment of public health issues. This includes, for example, health promotion, screening for cancer and other conditions, investigating environmental or border health issues, and identifying and managing communicable diseases.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
National Screening Unit			
National Cervical Screening Programme (NCSP) eligible women to be screened every three years			
The number of women screened within the last three years, as a proportion of the eligible population (women aged 25-69 hysterectomy adjusted)	80%	76.5% as at 31 Jan 2016	80%
The number of Māori women screened within the last three years, as a proportion of the eligible population (Māori women aged 25-69 hysterectomy adjusted)	80%	63.7% as at 31 Jan 2016	80%
The number of Pacific women screened within the last three years, as a proportion of the eligible population (Pacific women aged 25-69 hysterectomy adjusted)	80%	74.6% as at 31 Jan 2016	80%
The number of Asian women screened within the last three years, as a proportion of the eligible population (Asian women aged 25-69 hysterectomy adjusted)	80%	64.3% as at 31 Jan 2016	80%

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
BreastScreen Aotearoa (BSA) eligible women to be screened every two years			
Women screened within the last two years, as a proportion of the eligible population (women aged 45-69 years)	72%	70.7% as at 31 Jan 2016	70%
Māori women screened within the last two years, as a proportion of the eligible population (Māori women aged 45-69 years)	70%	64.1% as at 31 Jan 2016	70%
Pacific women screened within the last two years, as a proportion of the eligible population (Pacific women aged 45-69 years)	73%	71.7% as at 31 Jan 2016	70%
Bowel Cancer			
Implement bowel cancer screening programme	New	100%	100%
Tobacco-Control Programme			
Better Help for Smokers to Quit Health Target			
Hospital indicator	95%	95%	95%
Primary Care indicator	90%	85%	90%
Pregnancy indicator	90%	90%	90%
Smokefree New Zealand 2025 Innovation Fund			
The number of projects funded across New Zealand will be between	24	24	24
The percentage of project reports due that are received for assessment will be no less than	90%	100%	90%
The percentage of project reports received that have been reviewed and assessed will be no less than	100%	100%	100%
Tobacco			
Quit Group will achieve up to 65,000 quit attempts			
• Percentage of attempts	70%	59%	70%
• Number of attempts	65,000	38,154	35,000
Quit Group will maintain an annual average abandonment rate of no more than	10%	10%	10%
Environmental and Border Health			
Providers of environmental and border protection scientific, surveillance, analysis, and/or advisory services, with contracts over \$500,000 per annum, deliver milestones in accordance with contract requirements	95%	95%	95%
The number of training courses, workshops and forums provided to public health statutory officers from DHB public health units during the year	15	15	15
Services for Children			
The proportion of infants exclusively and fully breastfeeding at:			
• Six weeks	75%	70%	75%
• Three months	57%	55%	57%

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Other Child and Youth - Violence Intervention Programme			
DHBs achieve Violence Intervention Programme benchmark audits scores of 80/100	90%	95%	90%
DHBs have improved programme responsiveness to Māori as required by the evaluation measurement	90%	91%	90%
Rheumatic Fever			
Providers of rheumatic fever prevention services with contracts over \$500,000 per annum, deliver milestones in accordance with contract deliverables	95%	95%	95%
Communicable Diseases			
Written responses are provided within ten working days of receipt of the monthly contract reports from providers of scientific advice, outbreak response and surveillance with contracts over \$500,000 per annum	95%	100%	95%
Immunisation			
Annual Influenza Immunisation Programme: Over 1 million people are vaccinated annually and 75% of over 65-year-olds are immunised	75%	67%	75%
Sexual and Reproductive Health			
New Zealand AIDS Foundation			
The percentage of all clients tested for HIV/AIDS who are provided with a pre- and post-counselling session	100%	100%	100%
Convene and facilitate National HIV/AIDS Forum	Achieved	Achieved	Achieved
New Zealand Family Planning Association			
The number of general consultations across the 17 DHB regions contracted to deliver services	159,309	162,410	159,309
The number of school linked and outreach consultations across the 17 DHB regions contracted to deliver services	12,600	8,300	12,600
The number of pregnancy/maternity single episode consultations across the 17 DHB regions contracted to deliver services	12,250	8,500	12,250
Emergency Preparedness			
Maintain National Reserve Pandemic stocks	Achieved	Achieved	Achieved
Maintain emergency management capability and capacity in DHBs	New	Achieved	Achieved
Maintain emergency management capability and capacity in road ambulance services	Achieved	On track	Achieved
Community Postvention Response			
The forecast number of completed assessments to identify possible emerging clusters per annum	50	40	50
The forecast number of communities, that are experiencing level three cluster suicides, provided support per annum	3	2	3
Bereavement Support Service			
The number of number of family/Whānau members bereaved by suicide, provided with support	4,000	2,400	4,000

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
MH101 - Mental Health Literacy			
The forecast number of number of family/Whānau members bereaved by suicide, provided with support	40	41	40
Applied Suicide Intervention Skills Training			
The number of partially subsidised places at ASIST trainings delivered	250	260	250
Travellers school based education programme for at risk youth - the number of new schools recruited to the Travellers programme	10	30	10

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
DHBs	126,630	168,839	Net yet known	See above	Ongoing
ESR	15,161	15,161	Net yet known	See above	Ongoing
New Zealand Family Planning Association Incorporated	11,854	11,854	Net yet known	See above	Ongoing
Health Promotion Agency	10,865	10,865	Net yet known	See above	Ongoing
BreastScreen South Ltd	9,192	9,192	Net yet known	See above	Ongoing
United Fresh New Zealand Incorporated	6,617	6,617	Net yet known	See above	Ongoing
New Zealand Post Limited	5,385	5,385	Net yet known	See above	Ongoing
University of Auckland	5,282	5,282	Net yet known	See above	Ongoing
BreastScreen Auckland Limited	4,758	4,758	Net yet known	See above	Ongoing
National Heart Foundation of NZ - Auckland	4,597	4,597	Net yet known	See above	Ongoing
Auckland Council	4,447	4,447	Net yet known	See above	Ongoing
New Zealand AIDS Foundation Charitable Trust	4,230	4,230	Net yet known	See above	Ongoing
Other Crown Entities	21,987	21,987	Net yet known	See above	Ongoing
CBG Health Research Limited	3,682	3,682	Net yet known	See above	Ongoing
Pacific Radiology Group Limited	3,653	3,653	Net yet known	See above	Ongoing
National Māori PHO Coalition Incorporated	3,434	3,434	Net yet known	See above	Ongoing
The Quit Group	3,141	3,141	Net yet known	See above	Ongoing
Other NGOs (290)	131,686	87,476	Net yet known	See above	Ongoing
Total	376,602	374,602	400,644		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Primary Care Services	2015/16	1,952	3,904	3,904	3,904	3,904
Intensive Alcohol and Drug Support for Pregnant Women - Extension of Services	2016/17	-	3,000	3,000	3,000	3,000
Public Health Services - Additional Support	2016/17	-	1,559	1,559	1,559	1,559
National Bowel Screening Programme Establishment	2016/17	-	6,456	6,616	3,072	2,820
Bowel Cancer Screening Pilot Extension	2015/16	3,400	6,000	3,000	-	-
Public Health - Pressure	2015/16	2,140	4,218	4,218	4,218	4,218
Healthy Families New Zealand	2014/15	9,000	9,000	9,000	9,000	9,000
Public health demographic and cost pressures	2014/15	3,693	3,925	3,925	3,925	3,925
NZ Health Survey - biomedical testing	2014/15	376	289	289	289	289
Rheumatic Fever	2013/14	10,000	10,000	5,000	5,000	5,000
Screening services - volume increases	2013/14	6,283	6,283	6,283	6,283	6,283
Immunisation	2013/14	3,035	3,035	3,035	3,035	3,035
Public Health Units - volumes and infrastructure	2013/14	1,150	1,150	1,150	1,150	1,150
Establish National Health Information System appropriation (technical change)	2013/14	(2,686)	(2,686)	(2,686)	(2,686)	(2,686)
Establish National Personal Health Services appropriation (technical change)	2013/14	(5,885)	(5,885)	(5,885)	(5,885)	(5,885)
Pathway to Smokefree 2025 - an innovations fund	2012/13	5,000	5,000	5,000	5,000	5,000
Rheumatic Fever	2012/13	3,000	-	-	-	-
Breast and Cervical Cancer Screening	2012/13	2,166	2,166	2,166	2,166	2,166
Antenatal Downs and other conditions screening	2012/13	1,676	1,676	1,676	1,676	1,676
Universal Newborn Hearing Screening	2012/13	123	123	123	123	123
Newborn Metabolic Screening	2012/13	49	49	49	49	49
Antenatal HIV Screening	2012/13	30	30	30	30	30

Reasons for Change in Appropriation

This appropriation increased by \$24.042 million to \$400.644 million for 2016/17 mainly due to:

- \$19.538 million due to transfers between years of funding for the Sanitary Works Subsidy Scheme
- \$9.006 million due to the reprioritisation of unallocated funding to meet pressures on the National Disability Support Services appropriation in 2015/16 only
- \$6.456 million due to the Budget 2016 National Bowel Screening Programme Establishment initiative
- \$3 million due to the Budget 2016 Intensive Alcohol and Drug Support for Pregnant Women - Extension of Services initiative

- \$3 million of one-off underspends, in 2015/16 only, was transferred to the National Elective Services appropriation for additional elective procedures
- \$1.952 million due to the Budget 2016 Primary Care Services initiative
- \$1.559 million due to the Budget 2016 Public Health Services - Additional Support initiative.

This was partly offset by:

- \$10.678 million due to transfers between years of funding for the Drinking Water Subsidy Scheme
- \$6.086 million for additional colonoscopies and a package of initiatives towards reducing childhood obesity was provided in 2015/16, with no effect on 2016/17
- \$3.700 million due to time limited funding for rheumatic fever prevention ending in 2015/16.

Conditions on Use of Appropriation

Reference	Conditions
New Zealand Public Health and Disability Act 2000	Section 3 (1)(a) the purpose of this Act is to achieve for New Zealanders the improvement, promotion and protection of their health, inclusion of people in society and provide the best care or support for people in services. Section 88 of the Act (the Notice) sets out the terms and conditions for authorised health professionals to provide and claim for primary maternity services. Lead maternity carers deliver quality maternity services in compliance with the section 88 Primary Maternity Services Notice 2007.
Health and Disability Services (Safety) Act 2001	Includes services intended to prevent, or lessen the prevalence or severity of, illness or injury; and includes any services within the meaning of the New Zealand Public Health and Disability Act 2000.
Health (Infectious and Notifiable Diseases) Regulations 1966	Part 3 Environmental Health Officer charged with the investigation and control of infectious diseases to observe and comply with the directions and requirements in section 7.
Smoke-free Environments Act 1990	Section 14, All DHB-owned PHUs are funded to employ officers who are designated under the Act to enforce the provisions of the Act.
Health Act 1956	Section 22, The Ministry has policy and primary implementation responsibility and the Director-General of Health appoints statutory officers to ensure regulatory obligations are met. Health (National Cervical Screening Programme) Amendment Act (2004).
Tuberculosis Act 1948	Section 7 The Ministry has policy and primary implementation responsibilities that are designated to Medical Officers of Health and Health Protection Officers. The Director-General of Health appoints statutory officers to ensure regulatory obligations are met.
Misuse of Drugs Act 1975	The Ministry has policy and primary implementation responsibility that are designated to Medical Officers of Health and Health Protection Officers.
Burial and Cremation Act 1964	The Ministry has policy and primary implementation responsibility and the Director-General of Health appoints statutory officers to ensure regulatory obligations are met.
Hazardous Substances and New Organisms Act 1997	The Ministry of Health is required to ensure the provisions of the HSNO Act are enforced to protect public health and the Director-General of Health appoints public health HSNO enforcement officers to meet this obligation.
Radiation Protection Act 1965	The Radiation Safety Act 2016, which comes into force on 7 March 2016 repeals and replaces the Radiation Protection Act 1965. The Act establishes a legislative framework that provides for the safe and beneficial use of ionising radiation while protecting the environment and people from the harmful effects of ionising radiation. The Act provides a means for New Zealand to meet its international obligations relating to radiation protection, radiation safety and security, and nuclear non-proliferation.
Epidemic Preparedness Act 2006	Section 5 Prime Minister may enable use special powers if satisfied the outbreak of quarantinable disease is likely to disrupt or continue to disrupt essential government or business activity significantly.

Reference	Conditions
Sale and Supply of Alcohol Act 2012	The law relating to the sale, supply and consumption of alcohol. The law extended the role of the Medical Officer of Health to have a duty to enquire into and comment on licensing (and re-licensing) of premises with On Licences or Club Licences.
Biosecurity Act 1993	The Director-General of Health has been recognised by the Minister for Biosecurity as having responsibilities for human health that could be adversely affected by an organism; has appointed a Chief Technical Officer (Health) and the Chief Technical Officer (Health) appoints authorised and accredited persons to meet these responsibilities.
Civil Defence Emergency Management Act 2002	Section 20 provides for the appointment and functions of Civil Defence Emergency Management Co-ordinating Executive groups.
Psychoactive Substances Act 2013	Section 76 provides the Authority to appoint enforcement officer to enforce the relevant provisions of the Act.
Human Assisted Reproductive Technology Act 2004	Section 32 provides for the establishment of an Advisory Committee on Assisted Reproductive Procedures and Human Reproductive Research. The Committee carries out its functions under s 35 of the Act which includes issuing guidelines and advice on a range of matters.

3.4 - Non-Departmental Other Expenses

International Health Organisations (M36)

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

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,650	1,650	2,030

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 Organization (WHO) and contributes to specific WHO projects.

How Performance will be Assessed and End of Year Reporting Requirements

An exemption was granted under s15D(2)(b)(iii) of the PFA as the amount of the appropriation is less than \$5 million.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
World Health Organization (WHO)				Exempt (see above)	Ongoing

Reasons for Change in Appropriation

This appropriation increased by \$380,000 to \$2.030 million for 2016/17 mainly due to favourable exchange rates leading to an underspend, in 2015/16 only, which was reprioritised to meet pressures on the National Disability Support Services appropriation.

Legal Expenses (M36)

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

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,028	1,028	1,028

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 under s15D(2)(b)(iii) of the PFA as the amount of the appropriation is less than \$5 million.

Provider Development (M36)

Scope of Appropriation

This appropriation is limited to supporting the development of health or disability service providers, in particular, those supporting vulnerable populations, such as Māori and Pacific peoples.

Expenses

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	22,975	22,975	25,414

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide for third-party health services, particularly those providing predominantly for Māori and Pacific peoples, to be supported to become more effective, efficient, and sustainable.

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
To support the sustainability of viable Māori providers for improving access to, and the quality of services			
The number of Māori providers receiving funding	115	115	115
To recruit and retain Māori health professionals onto a health career pathway			
The number of students funded by Hauora Māori Scholarships	520	Not yet available	520
Māori Innovation Funds			
Percentage of programmes monitored and identified with successful models of innovation	100%	100%	100%
Percentage of six-monthly reports reviewed against contracted deliverables	100%	100%	100%
Pacific Provider Development			
Pacific providers are supported to improve access and service delivery to the Pacific Communities they serve:			
All Pacific Collectives have networks of providers who input into models of care appropriate for Pacific people	100%	100%	100%
To recruit and retain Pacific health professionals onto a health career pathway			
The number of Pacific students funded through the Aniva Scholarships is at least	130	168	140
The percentage course completion for the Master of Nursing Health Programme	80%	80%	80%
The percentage of Pacific Foundations Programme students applying for and accepted into first year health science at the University of Otago	100%	80%	80%

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

Service Providers

Provider	2015/16 Final Budgeted \$000	2015/16 Estimated Actual \$000	2016/17 Budget \$000	Reporting to the House	Expiry of Resourcing Commitment
DHBs	1,855	2,473	Net yet known	See above	Ongoing
Pacific Perspectives Limited	1,193	1,193	Net yet known	See above	Ongoing
Alliance Health Plus Trust	1,190	1,190	Net yet known	See above	Ongoing
Pacific Health and Social Services Development Trust	1,110	1,110	Net yet known	See above	Ongoing
Pacific Trust Canterbury	1,084	1,084	Net yet known	See above	Ongoing
NGOs	16,544	15,925	Net yet known	See above	Ongoing
Total	22,975	22,975	25,414		

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Pacific Provider	2013/14	1,125	1,125	-	-	-

Reasons for Change in Appropriation

This appropriation increased by \$2.439 million to \$25.414 million for 2016/17 mainly due to a one-off transfer of funding of \$1.900 million, in 2015/16 only, to the National Elective Services appropriation for additional elective procedures.

3.5 - Non-Departmental Capital Expenditure

Deficit Support for DHBs (M36)

Scope of Appropriation

This appropriation is limited to equity injections to District Health Boards to address deficits.

Capital Expenditure

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	38,624	38,624	50,000

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve the following: DHBs are supported to maintain their working capital.

How Performance will be Assessed and End of Year Reporting Requirements

An exemption was granted under s15D(2)(b)(ii) of the PFA as the end-of-year performance information for the appropriation is not likely to be informative in the light of the nature of the transaction or causal event giving rise to the capital expenditure because the funding is, in essence, a contingency.

Note that DHBs will report performance information in their Annual Reports.

Reasons for Change in Appropriation

This appropriation increased by \$11.376 million to \$50 million for 2016/17 due to:

- \$16.376 million due to a one-off transfer of revenue support to the operating appropriation Health & Disability Support Services - Canterbury DHB, in 2015/16 only.

This was partly offset by:

- \$5 million due to the restructure of the Health Services Fund appropriation in Budget 2015.

Conditions on Use of Appropriation

All expenditure from this appropriation requires the joint agreement of the Minister of Health and the Minister of Finance.

Equity for Capital Projects for DHBs and Health Sector Crown Agencies (M36)

Scope of Appropriation

This appropriation is limited to providing capital contributions to health sector Crown entities or agencies for new investments and reconfiguration of their balance sheets.

Capital Expenditure

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	71,949	71,949	185,299

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve the following: equity funding is provided to DHBs to fund the cost of capital projects, where the DHB is unable to fund the projects entirely within their cash flows.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
DHB seeking equity funding for approved business cases receive that funding	100%	100%	100%

End of Year Performance Reporting

The DHBs will report performance information for this appropriation in their Annual Reports.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Canterbury Hospital Rebuild (to Health Sector Projects)	2014/15	(100,000)	(186,000)	-	-	-
Transfer to align with forecast expenditure	2013/14	135,000	221,000	-	-	-

Reasons for Change in Appropriation

This appropriation increased by \$113.350 million to \$185.299 million for 2016/17 mainly due to:

- \$208.910 million due to transfers between years for capital projects.

This was partly offset by:

- \$86 million due to the profile of a Budget 2014 transfer to the capital appropriation Health Sector Projects, related to the Canterbury Earthquake
- \$12.406 million due to the profile of a transfer for the Christchurch DHBs outpatient facility to the capital appropriation Health Sector Projects.

Health Sector Projects (M36)

Scope of Appropriation

This appropriation is limited to the provision or purchase of health sector assets.

Capital Expenditure

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	240,716	174,552	402,397

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide for capital projects delivered on behalf of the Crown, supporting health sector organisations to deliver health services for New Zealanders.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Grey Base Hospital redevelopment project meets project milestones	100%	100%	100%

End of Year Performance Reporting

This non-departmental capital appropriation will be reported on in the Minister's report on Vote Health appropriations used for purchasing outputs supplied by third-party service providers that do not report directly to Parliament on that expenditure (this was previously known as the section 32a report).

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Canterbury Hospital Rebuild (to Health Sector Projects)	2014/15	100,000	186,000	-	-	-

Reasons for Change in Appropriation

This appropriation increased by \$161.681 million to \$402.397 million for 2016/17 due to:

- \$86 million due to the profile of a Budget 2014 transfer of Canterbury Earthquake funding from the capital appropriation Equity for Capital Projects to DHBs and Health Sector Crown Agencies
- \$63.275 million due to transfers between years for capital projects
- \$12.406 million due to the profile of a transfer for the Christchurch DHBs outpatient facility from the capital appropriation Equity for Capital Projects to DHBs and Health Sector Crown Agencies.

Loans for Capital Projects (M36)

Scope of Appropriation

This appropriation is limited to the provision of loans to health sector Crown entities or agencies for new investments and reconfiguration of their balance sheets.

Capital Expenditure

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	23,345	23,345	90,000

What is Intended to be Achieved with this Appropriation

This appropriation is intended to provide debt funding to DHBs to fund the cost of capital projects, where the DHB is unable to fund the projects entirely within their cash flows.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
DHB seeking debt funding for approved business cases receive that funding	100%	100%	100%

End of Year Performance Reporting

The DHBs will report performance information for this appropriation in their Annual Reports.

Reasons for Change in Appropriation

This appropriation increased by \$66.655 million to \$90 million for 2016/17 due to transfers between years for capital projects.

Refinance of Crown Loans (M36)

Scope of Appropriation

This appropriation is limited to refinancing existing Crown loans made to DHBs for the purpose of facilities redevelopment and other purposes agreed by the Crown including balance sheet reconfiguration.

Capital Expenditure

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	210,824	210,824	60,500

What is Intended to be Achieved with this Appropriation

Under the Public Finance Act 1989, an appropriation is required in order for expenditure to be undertaken so that DHBs can refinance capital expenditure loans with the Crown. This expenditure is a technical financial matter, and is not reflected by any actual change in the DHBs' or Crown's assets or liabilities.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Crown Loans are refinanced on or before their expiry date	100%	100%	100%

End of Year Performance Reporting

This non-departmental appropriation will be reported on in the Minister's report on Vote Health appropriations used for purchasing outputs supplied by third-party service providers that do not report directly to Parliament on that expenditure.

Reasons for Change in Appropriation

This appropriation decreased by \$150.324 million to \$60.500 million for 2016/17 due to the timing of loans (ie, the terms of loans and when they come due for refinancing).

Refinance of DHB Private Debt (M36)

Scope of Appropriation

This appropriation is limited to the provision of funding to DHBs to replace their current debts held by private banking institutions as they become due for refinancing.

Capital Expenditure

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	50,000	50,000	-

What is Intended to be Achieved with this Appropriation

This appropriation enables DHBs to refinance private debts when they mature, in line with current Government policy.

How Performance will be Assessed and End of Year Reporting Requirements

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
DHB Private debts are refinanced with Crown loans on maturity	100%	100%	100%

Reasons for Change in Appropriation

This appropriation decreased by \$50 million to \$0 for 2016/17, as there are no plans to refinance private loans for DHBs in 2016/17.

Residential Care Loans - Payments (M36)*Scope of Appropriation*

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

Capital Expenditure

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	15,000	15,000	15,000

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

	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
Funding for increases in levels of residential care loans	Increases in levels of loans funded as required	Increases in levels of loans funded as required	Increases in levels of loans funded as required

End of Year Performance Reporting

Performance information will be reported in the Minister's Vote Health Report in Relation to Selected Non-Departmental Appropriations.

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

Multi-Category Expenses and Capital Expenditure

Policy Advice and Ministerial Servicing (M36)

Overarching Purpose Statement

The overarching purpose of this appropriation is to provide policy advice and other support to Ministers in discharging their policy decision-making and other portfolio responsibilities.

Scope of Appropriation

Departmental Output Expenses

Ministerial Servicing

This category is limited to the provision of services to Ministers to enable them to discharge their portfolio responsibilities other than policy decision-making.

Policy Advice

This category is limited to the provision of advice (including second opinion advice and contributions to policy advice led by other agencies) to support decision-making by Ministers on government policy matters.

Expenses, Revenue and Capital Expenditure

	2015/16		2016/17
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	20,768	20,768	21,072
Departmental Output Expenses			
Ministerial Servicing	4,620	4,620	4,720
Policy Advice	16,148	16,148	16,352
Funding for Departmental Output Expenses			
Revenue from the Crown	20,768	20,768	21,072
Ministerial Servicing	4,620	4,620	4,720
Policy Advice	16,148	16,148	16,352

What is Intended to be Achieved with this Appropriation

This appropriation is intended to ensure that Ministers are supported and advised so they can discharge their portfolio responsibilities.

How Performance will be Assessed for this Appropriation

Assessment of Performance	2015/16		2016/17
	Final Budgeted Standard	Estimated Actual	Budget Standard
How performance will be assessed for the MCA as a whole			
The average score for Minister's overall satisfaction with written and verbal advice (as assessed on an four-monthly annual basis)	80%	80%	80%
Departmental Output Expenses			
Ministerial Servicing			
This category is intended to achieve the following: Ministers are provided with support so that they can discharge their portfolio responsibilities			
The percentage of responses provided to the Minister within agreed timeframes; for written parliamentary questions and Ministerial letters	96%	96%	96%
The percentage of responses provided to the Minister within agreed timeframes, for requested briefings	96%	96%	96%
The percentage of Ministerial letters that required no revision	98%	97%	98%
The percentage of responses to Official Information Act requests provided to the Minister within the agreed timeframe (for requests made to the Minister) or to the requestor within the statutory timeframe, including where extended in line with the Act (for requests made to the Ministry)	95%	92%	95%
Policy Advice			
This category is intended to achieve the following: Ministers are provided with policy advice that appropriately informs them on issues affecting the health portfolio, Government priorities, and when otherwise appropriate			
The average score attained by written policy advice as assessed by an external reviewer	greater than 7 out of 10	7.43 (2014/15 actual)	greater than 7 out of 10
Total policy function cost per output hour	\$165 to \$175	\$166.61	\$165 to \$175

End of Year Performance Reporting

The 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	2015/16 Final Budgeted \$000	2016/17 Budget \$000	2017/18 Estimated \$000	2018/19 Estimated \$000	2019/20 Estimated \$000
Standardisation of Policy Appropriations	2012/13	14,746	14,746	14,746	14,746	14,746