

### Annex 3: Savings from NDE Line by Line Review

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Name of initiative	<b>1: Ministry of Health Tobacco Control Programme</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	1.000	0.130	0.297	0.297	0.297
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	52.440	56.440	56.440	56.440	56.440
Description of programme	<p>Tobacco control initiatives are part of the National Drug Policy. They are progressed under the strategic framework 'Clearing the Smoke' which covers the period 2004-2009. The three key objectives of the programme are to:</p> <ul style="list-style-type: none"> <li>• reduce smoking initiation</li> <li>• increase smoking cessation</li> <li>• reduce exposure to second-hand smoke.</li> </ul> <p>Since 2007 the key priority has been increasing smoking cessation. The overall strategic approach is twofold:</p> <ul style="list-style-type: none"> <li>• to continue moving the health sector towards reliable delivery of smoking cessation as a highly cost-effective population health programme (this has included refocusing contracts on smoking cessation when they are considered for renewal)</li> <li>• to strengthen delivery of public education messages that will better inform the public about the risks of smoking, the support available for quitting, and to prompt smokers to make more quit attempts.</li> </ul> <p>DHBs are required to develop and implement their own tobacco control plans, which should focus on increasing cessation activity in primary care and priority populations (Māori, Pacific and parents, and on reducing smoking in pregnancy).</p>				
How savings will be achieved	<p>Savings can be made in 2008/09 by delaying contracting for tobacco cessation programmes. This will enable DHBs to determine the most appropriate service placement for their population. Ongoing savings can be achieved as contracts fall due by reducing the spend on national social marketing.</p> <p><i>[information deleted in order to maintain the current constitutional conventions protecting the confidentiality of advice tendered by ministers and officials]</i></p>				
Impact of savings	<p>The savings identified above are from contracts that have yet to fall due and which would have been reoriented to increase the focus on smoking cessation activities. A reduction in overall funding may send contradictory messages to the District Health Boards as the Ministry has recently increased investment and has placed a priority on smoking cessation activities.</p>				

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Name of initiative	<b>2: Healthy physical activity and nutrition, prevention of obesity</b>																														
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13																										
	3.600	7.020	7.020	7.020	7.020																										
Baseline funding (\$ million) \ 	2008/09	2009/10	2010/11	2011/12	2012/13																										
	48.546	48.546	48.546	48.546	48.546																										
Description of programme	<p><b>Healthy Eating – Healthy Action (HEHA)</b></p> <p>The HEHA Project work has been focused on developing the capacity and capability of DHBs to deliver on the HEHA Implementation Plan, particularly in the areas of breastfeeding, physical activity, improving the food and nutrition environments in schools and early childhood education, community action in vulnerable communities, workforce development, evaluation of initiatives and communication. The HEHA project builds on the health promotion and public health services provided by NGOs and Public Health Units and includes the Fruit in Schools programme,</p> <p>The project includes work in primary care to develop New Zealand guidelines for the management of overweight and obesity based on existing international guidelines and working with the food and communications industries to promote consumption of fruit and vegetables and reduce consumption of food high in salt, fat and sugar. The project is underpinned by a comprehensive research, evaluation and monitoring programme, part of which was extended as a result of the Government response to the Health Select Committee inquiry into obesity and Type 2 diabetes.</p>																														
How savings will be achieved	<p>Savings in the 2008/2009 year will be achieved by reductions in the following areas:</p> <table border="1" data-bbox="400 1211 1493 1451"> <thead> <tr> <th>Programme area</th> <th>Savings</th> </tr> </thead> <tbody> <tr> <td>HEHA uncommitted funds across all HEHA project workstreams</td> <td align="right">1.000</td> </tr> <tr> <td>Unallocated funds in Fruit in Schools fruit provision budget</td> <td align="right">1.000</td> </tr> <tr> <td>Work not started on monitoring programme related to Obesity and Type 2 diabetes (Select Committee Inquiry)</td> <td align="right">1.600</td> </tr> <tr> <td><b>Total</b></td> <td align="right"><b>3.600</b></td> </tr> </tbody> </table> <p>Savings in outyears will be achieved by reductions in the following areas:</p> <table border="1" data-bbox="400 1554 1493 1935"> <thead> <tr> <th>Programme area</th> <th>Savings</th> </tr> </thead> <tbody> <tr> <td>1. Health Sponsorship Council contract for Feeding our Futures campaign</td> <td align="right">\$2.770</td> </tr> <tr> <td>2. DHB evaluation fund – effectively halves the available funding</td> <td align="right">\$0.600</td> </tr> <tr> <td>3. Savings from 2009/10 HEHA work programme</td> <td align="right">\$1.000</td> </tr> <tr> <td>4. Transfer of funding to Ministry of Education to support School Support services FTE resource</td> <td align="right">\$0.300</td> </tr> <tr> <td>5. Reduction in monitoring programme related to Health Select Committee inquiry into Obesity and Type 2 diabetes</td> <td align="right">\$0.850</td> </tr> <tr> <td>6. Reduction in public health unit funding by 20-25% nationally</td> <td align="right">\$1.500</td> </tr> <tr> <td><b>Total savings</b></td> <td align="right"><b>\$7.020</b></td> </tr> </tbody> </table>					Programme area	Savings	HEHA uncommitted funds across all HEHA project workstreams	1.000	Unallocated funds in Fruit in Schools fruit provision budget	1.000	Work not started on monitoring programme related to Obesity and Type 2 diabetes (Select Committee Inquiry)	1.600	<b>Total</b>	<b>3.600</b>	Programme area	Savings	1. Health Sponsorship Council contract for Feeding our Futures campaign	\$2.770	2. DHB evaluation fund – effectively halves the available funding	\$0.600	3. Savings from 2009/10 HEHA work programme	\$1.000	4. Transfer of funding to Ministry of Education to support School Support services FTE resource	\$0.300	5. Reduction in monitoring programme related to Health Select Committee inquiry into Obesity and Type 2 diabetes	\$0.850	6. Reduction in public health unit funding by 20-25% nationally	\$1.500	<b>Total savings</b>	<b>\$7.020</b>
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Impact of savings	<p>Savings in the 2008/09 year will have a marginal effect on the current programme, but it does mean that some of the planned initiatives that add value to the programme will be cut back e.g. evaluation of some initiatives and support for DHBs.</p> <p>The impact of achieving the above savings in 2009/10 and out years for each of the programmes will be:</p> <ol style="list-style-type: none"><li>1. A re-shaped and limited umbrella public information campaign to support local initiatives. (There is research evidence to support the place of a national public information campaign supporting local programmes within an integrated approach.)</li><li>2. A reduction in the number of local programmes evaluated, taking longer to build up the evidence base for what is effective.</li><li>3. A reduction in funding available in the communications workstream.</li><li>4. Less support for the education sector to implement HEHA in schools and early childhood settings.</li><li>5. Reduced monitoring especially of infant feeding and nutrition</li><li>6. Reduced funding available for research into obesity prevention.</li></ol>
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Name of initiative	<b>3: Minister's Innovation Fund</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	1.319	1.334	1.334	1.334	1.334
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	1.334	1.334	1.334	1.334	1.334
Description of programme	The Minister of Health has an annual fund of \$1.334 million to respond to applications/requests from members of the public for funding for innovative health initiatives.				
How savings will be achieved	Savings will be achieved by ceasing the Innovations Fund.				
Impact of savings	Historically the fund has been underspent and so far only \$15,000 has been drawn down in the current financial year. The limited use made of the Fund suggests that it could be used more effectively for higher priorities by, for example, being rolled into the general risk reserve.				

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Name of initiative	<b>4: Non-Devolved Mental Health and Addiction Services</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	4.200	4.200	4.200	4.200	4.200
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	69.500	69.500	69.500	69.500	69.500
Description of programme	<p>The current strategy for mental health and addiction service development in New Zealand is set out in Te Tahuhu- Improving Mental Health 2005-2015. The aim of Te Tahuhu and the Mental Health Commission's Blueprint is to identify service priorities and resource mechanisms to increase access to effective and high quality services. To achieve this aim the Ministry funds a range of programmes and services. This includes investment in key areas where historical gaps have meant substandard or non-existent service coverage, such as:</p> <ul style="list-style-type: none"> <li>• mental health and addiction integrated care services e.g. forensic, child and youth, maternal health, alcohol and other drugs, depression and suicide</li> <li>• workforce development</li> <li>• legislative implementation e.g. District Inspectors</li> <li>• information systems development.</li> </ul>				
How savings will be achieved	<p>Savings will be achieved by reducing funding by:</p> <ul style="list-style-type: none"> <li>• \$3.2 million associated with the cessation of a 10 year facility contract with a DHB subsidiary providing forensic services</li> <li>• \$1.0 million of non-applied Future Funding track and demographic adjustor funding.</li> </ul>				
Impact of savings	<p>The impact of the above savings will be slower progress in addressing historical service gaps, including slower implementation of additional services identified in the Forensic Services Future Directions Framework. The funding released from the facility contract would have been reinvested in forensic services.</p>				

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Name of initiative	<b>5: Primary Health Care Strategy Diabetes Get Checked</b>				
Potential savings (\$ million)	2008/09 4.870	2009/10 4.870	2010/11 4.870	2011/12 4.870	2012/13 4.870
Baseline funding (\$ million)	2008/09 4.870	2009/10 4.870	2010/11 4.870	2011/12 4.870	2012/13 4.870
Description of programme	<p>The Diabetes Get Checked programme commenced in 2000. It entitles people with diagnosed diabetes to have a free annual check from their general practitioner or appropriately trained registered primary health nurse.</p> <p>The aims of the programme are to:</p> <ul style="list-style-type: none"> <li>• systematically screen for the risk factors and complications of diabetes to promote early detection and intervention (in accordance with an evidence-based guideline)</li> <li>• agree on an updated treatment plan for each person with diabetes</li> <li>• prescribe treatment and refer people for specialist or other care if appropriate</li> <li>• update information in the diabetes register, which is used as a basis for clinical audit and for planning diabetes services in the area</li> <li>• improve the planning and co-ordination of services delivered by all healthcare providers</li> <li>• decrease the barriers to accessing high quality care for Māori and Pacific Island peoples.</li> </ul> <p>Funding for Get Checked programmes was devolved to DHBs. DHBs contract with their PHOs to provide the service. The Ministry has funding for improving national co-ordination and planning, which is managed through the Quality Improvement Plan (QIP) for diabetes and cardiovascular disease.</p>				
How savings will be achieved	Savings will be achieved by withholding funding to DHBs for additional Diabetes Get Checked volumes, pricing adjustments and information requirements within PHO operating environments, as DHBs are funding this from within their Population-Based Funding Formula (PBFF) allocation.				
Impact of savings	<p>DHBs have already engaged with PHOs on implementing parts of the programme recommendations and, as the DHBs have elected to fund this with their PBFF funding, this reduces Ministry exposure. A risk that would need to be managed is that not all DHBs have taken this approach.</p> <p>There is also a divergence in pricing amongst the DHBs, however this is essentially a DHB &amp; PHO risk and they should be developing some risk mitigation strategies.</p>				

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Name of initiative	<b>6: Primary Health Care Strategy – Men’s Health</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	0.600	0.600	0.600	0.600	0.600
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	2.300	2.500	2.500	2.500	2.500
Description of programme	Implementation of a Men’s Health Action Plan including an innovations fund, social marketing, improved access to services and men’s health forum.				
How savings will be achieved	Savings can be achieved by scaling back proposed initiatives targeted at improving men’s access to services and men’s health forum.				
Impact of savings	The impact of the above savings can be mitigated by improving men’s access to relevant generic programmes such as Care Plus, Diabetes Get Checked and the PHO Performance Programme. For example, it is anticipated that quality and performance improvements to Diabetes Get Checked will improve men’s access to this programme.				



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Name of initiative	<b>7: National Contracted Services - Sundry adjustments and unrealised accruals</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	1.200	0.876	0.876	0.876	0.876
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	1.200	1.200	1.200	1.200	1.200
Description of programme	Multiple minor uncommitted funds and unrealised accruals from the 2007/08 financial year within the National Contracted Services allocation.				
How savings will be achieved	The unrealised accruals from 2007/08 of \$0.324 million are available for reprioritisation in 2008/09. Uncommitted funds of \$0.876 million are available in out years.				
Impact of savings	The above savings will have no impact on current services.				

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Name of initiative	<b>8: Immunisation Services – Free vaccinations for a range of communicable diseases</b>														
Potential savings (\$ million)	<table border="1" data-bbox="448 371 1465 443"> <tr> <td data-bbox="448 371 651 405">2008/09</td> <td data-bbox="651 371 853 405">2009/10</td> <td data-bbox="853 371 1056 405">2010/11</td> <td data-bbox="1056 371 1259 405">2011/12</td> <td data-bbox="1259 371 1465 405">2012/13</td> </tr> <tr> <td data-bbox="448 405 651 439">4.000</td> <td data-bbox="651 405 853 439">1.828</td> <td data-bbox="853 405 1056 439">1.278</td> <td data-bbox="1056 405 1259 439">0</td> <td data-bbox="1259 405 1465 439">0</td> </tr> </table>					2008/09	2009/10	2010/11	2011/12	2012/13	4.000	1.828	1.278	0	0
2008/09	2009/10	2010/11	2011/12	2012/13											
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Baseline funding (\$ million)	<table border="1" data-bbox="448 512 1465 584"> <tr> <td data-bbox="448 512 651 546">2008/09</td> <td data-bbox="651 512 853 546">2009/10</td> <td data-bbox="853 512 1056 546">2010/11</td> <td data-bbox="1056 512 1259 546">2011/12</td> <td data-bbox="1259 512 1465 546">2012/13</td> </tr> <tr> <td data-bbox="448 546 651 580">106.504</td> <td data-bbox="651 546 853 580">102.665</td> <td data-bbox="853 546 1056 580">96.682</td> <td data-bbox="1056 546 1259 580">tbc</td> <td data-bbox="1259 546 1465 580">tbc</td> </tr> </table>					2008/09	2009/10	2010/11	2011/12	2012/13	106.504	102.665	96.682	tbc	tbc
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106.504	102.665	96.682	tbc	tbc											
Description of programme	<p>Preventing diseases and reducing the burden of disease by providing free vaccinations for a range of communicable diseases. The programme funds:</p> <ul style="list-style-type: none"> <li>• immunisation policy (including eligibility, funding, public and provider education and information and incentives)</li> <li>• scientific review of vaccines, their effectiveness and their safety, including producing the Immunisation Handbook</li> <li>• purchasing vaccines, including storage and delivery to providers</li> <li>• training and information resources for providers</li> <li>• safety monitoring (in addition to standard reporting of adverse reactions)</li> <li>• the National Immunisation Register, including connections with practice management software systems, school-based immunisation systems, training, administration, and reporting.</li> </ul>														
How savings will be achieved	<p>Savings can be achieved by:</p> <ul style="list-style-type: none"> <li>• modifying forecasts for vaccine doses based on a lower than anticipated demand for particular vaccines. This includes the meningococcal programme, which was discontinued in May 2008 (funding was available until December 2008)</li> <li>• not updating the Immunisation Strategy.</li> </ul>														
Impact of savings	<p>Savings from the early cessation of the meningococcal vaccine will have no impact on services. Some ongoing work relating to safety monitoring will need to be incorporated into business as usual.</p> <p>Immunisation coverage in New Zealand generally is low by OECD standards with about 80 percent coverage. Immunisation coverage is increasing, rising almost 9 percent in the 12 months to June 2008.</p> <p>Some efficiencies could be gained by rationalising the way immunisation services are funded and coordinated. The focus of future work is on making the current system more efficient and effective. Updating the Immunisation Strategy is not essential to this exercise.</p>														

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Name of initiative	<b>9: Implementation of Hepatitis C Virus (HCV) Service Improvements</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	3.760	2.000	0	0	0
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	4.000	4.000	4.000	4.000	4.000
Description of programme	<p>Services to improve the access and uptake of Hepatitis C treatments.            Services currently funded are:</p> <ul style="list-style-type: none"> <li>• a clinic in Christchurch for a three year proof of concept pilot programme to trial the provision of a Community Clinic</li> <li>• evaluation of the Christchurch clinic pilot</li> <li>• Haemophilia Foundation New Zealand - contracts to discharge obligations made under the Government's Hepatitis C no-fault decision.</li> </ul>				
How savings will be achieved	Savings can be generated in 2008/09 and 2009/10 by delaying contracting for services from within the draft Hepatitis C plan that have not yet been agreed and provided. These are likely to include information and education services and DHB/Primary Care treatment services.				
Impact of savings	The Ministry is currently developing a plan that will outline what services should be funded to make best use of the funding available, and which also have DHB support. No new contracts/service delivery initiatives will be progressed until the plan is fully developed and approved.				

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Name of initiative	<b>10: Alcohol and Other Drug (AOD) Interface with Justice Sector</b>				
Potential savings (\$ million)	2008/09 1.000	2009/10 0.800	2010/11 0	2011/12 0	2012/13 0
Baseline funding (\$ million)	2008/09 7.369	2009/10 7.369	2010/11 0	2011/12 0	2012/13 0
Description of programme	<p>Since May 2007 a programme has been implemented to address the alcohol and drug issues of offenders. The programme includes:</p> <ul style="list-style-type: none"> <li>• initiatives implemented in the Police, Courts and Corrections settings.</li> <li>• two feasibility studies on the needs of Māori and female offenders</li> <li>• an accelerated workforce development programme.</li> </ul> <p>The focus of the programme is on opportunities to improve the health of offenders that will, in turn, benefit them, their families and the general community through more productive lives and less crime.</p> <p>Since the introduction of the new non-custodial sentences on 1 October 2007 a higher than expected number of offenders has received the new sentences (home detention, community detention and intensive supervision).</p>				
How savings will be achieved	Funding for this programme has been appropriated for two years only. Savings can be generated by holding contracting for services at existing levels for 2008/09 and 2009/10.				
Impact of savings	The above savings will have minimal impact on services as the biggest barrier to increasing AOD treatment to offenders is the capacity of the AOD workforce. Initiatives have been put in place to increase the capacity and capability of the workforce. Those initiatives will be reviewed in 2009/10 to determine what impact they have had before more funding is committed.				

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Name of initiative	<b>11: Healthy Environments</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	0.275	0.297	0	0	0
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	17.090	16.814	16.514	16.514	16.514
Description of programme	<p>Healthy environments are preventive services aimed at reducing risks from exposures to biological, physical, chemical and radiation hazards and also seeking to develop tools for managing these risks in a cost-effective way.</p> <p>The Ministry contracts scientific and other services that support healthy environments from a range of public and private providers. Service areas include:</p> <ul style="list-style-type: none"> <li>• border health, including public health risk surveillance</li> <li>• drinking water safety</li> <li>• enforcement of health sector legislation</li> <li>• environmental health issues</li> <li>• hazardous substances issues</li> <li>• providing training for statutory officers on implementing public health legislation.</li> </ul>				
How savings will be achieved	Savings can be generated in 2008/09 and 2009/10 from funding for projects on identifying the public health role of local government and the rural water standards which have not yet commenced.				
Impact of savings	The above savings will have no impact on current services.				

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Name of initiative	<b>12: Pacific Youth Health Services</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	0.400	0	0	0	0
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	8.146	8.146	8.146	8.146	8.146
Description of programme	<p>Development of two regional Pacific youth health services in Auckland and Wellington.</p> <p>The majority of Pacific youth live in the Auckland and Wellington regions. The development of regional Pacific youth health services in these two regions has the potential to affect approximately 80 percent of Pacific youth aged 12-25 years in New Zealand.</p> <p>Developing coordinated, effective and networked approaches to service delivery for Pacific youth contributes to the priorities in the <i>Pacific Health and Disability Action Plan</i> and to several <i>Health Targets</i> relating to young people, in particular: improving immunisation coverage and access to oral health services for Pacific young people; reducing avoidable Pacific youth hospital admissions; addressing risk factors for chronic disease and mental illness; and improving the prevention, detection, and management of chronic diseases that affect Pacific young people.</p> <p>Development work will also look at how the programme can be used to link with existing Ministry driven initiatives to address gaps in Pacific youth health services e.g. transitioning Pacific youth from school-based services to primary health care; out of school Pacific youth; and the collection of robust Pacific youth health baseline data.</p>				
How savings will be achieved	<p>A scoping project has been completed for the Auckland region. Savings can be achieved in 2008/09 by delaying scoping work for the Wellington region to 2009/10, following completion of the Pacific Provider Development Fund (PPDF) purchasing strategy review.</p> <p>The PPDF review is expected to be completed by the end of February 2009. The outcomes will be used to inform development of the next PPDF purchasing plan including regional Pacific youth health services.</p>				
Impact of savings	<p>The indicated savings will have no impact as regional services have yet to be developed. Counties Manukau DHB and Auckland DHB are developing Pacific youth health services for their own districts. The Ministry will be holding discussions with DHBs and PHOs over the next few months regarding regional/networked approaches and the collation of robust baseline data on Pacific youth.</p>				

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Name of initiative	<b>13: Cancer Control</b>				
Potential savings (\$ million)	2008/09 2.300	2009/10 0	2010/11 0	2011/12 0	2012/13 0
Baseline funding (\$ million)	2008/09 10.390	2009/10 12.390	2010/11 8.390	2011/12 8.390	2012/13 8.390
Description of programme	<p>The Cancer Control Programme is a national programme to implement the New Zealand Cancer Control Strategy and Action Plan. The programme is led by the Ministry of Health working closely with DHBs and regional cancer networks.</p> <p>The priorities of the Programme include:</p> <ul style="list-style-type: none"> <li>• improved early detection, diagnosis and treatment services</li> <li>• development of a national Bowel Cancer Screening Programme</li> <li>• improved Supportive Care and Palliative Care</li> <li>• effective system planning and coordination (including networks, infrastructure and workforce)</li> <li>• developing the Cancer Information infrastructure</li> <li>• monitoring and reporting.</li> </ul> <p>Radiation Oncology Waiting Times is an indicator of cancer system performance and is currently one of the health targets.</p> <p><u>Cancer Programme Funding</u></p> <p>The Ministry's NDE budget for this programme for 2008/09 is \$10.39 million comprising funding:</p> <ul style="list-style-type: none"> <li>• appropriated for new initiatives, with ongoing funding then devolved (usually to DHBs)</li> <li>• for national or nationally-supported regional initiatives and services via Crown Funding Agreement Variations where there is no service specification and/or purchase units</li> <li>• for developing and implementing treatment guidance, standards etc.</li> <li>• for piloting new initiatives.</li> </ul> <p>The budget for 2009/10 is \$12.39 million (this includes \$4 million of one-off funding). The contracted outputs for the 2009/10 year will be similar to 2008/09 and will additionally include:</p> <ul style="list-style-type: none"> <li>• Cancer information systems development</li> <li>• Bowel cancer capacity development</li> <li>• Guidelines implementation (with a focus on primary care referral)</li> <li>• Systems development (including workforce and improved system performance measurement for cancer surgery, medical oncology and radiation oncology).</li> </ul>				
How savings will be achieved	<p>Areas in which savings can be realised:</p> <ul style="list-style-type: none"> <li>• Cancer information systems</li> <li>• Guidelines development and implementation</li> <li>• Workforce (including nursing development).</li> </ul>				

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Impact of savings	<p>The savings opportunities identified above result from delays in implementing these initiatives. There are a range of reasons for these delays including changes in scope, and initial shortages in staffing capacity to undertake the required work. This money can therefore be reallocated with no impact on commitments or existing services.</p> <p>The Cancer Programme is not projecting further delays in these initiatives in 2009/10. As such, only 2008/09 funding for these initiatives is identified as available for reallocation.</p>
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Name of initiative	<b>14: Quality &amp; Innovations fund</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	2.500	0	0	0	0
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	5.000	7.000	7.000	7.000	7.000
Description of programme	<p>Managing Innovations and Quality programmes within the Sector.</p> <p>Managing the delivery of a number of quality improvement, and knowledge transfer / educational initiatives with DHBs and Non-Government Organisations (NGOs) operating in the sector. These include the Improving Stroke Outcomes, the Productive Ward, the Agreement between the Ministry and the National Health Services, and the expansion of the Health Innovation Awards.</p>				
How savings will be achieved	<p>Savings can be generated in 2008/09 due to delay in implementing the Quality and Innovation funding program in conjunction with DHBs &amp; NGOs.</p> <p>Implementation delays are due to a change of priorities and the programmes not progressing as quickly as first envisaged.</p>				
Impact of savings	<p>A plan is being prepared to outline those programmes that should be funded to make best use of the funding available. This review is being performed in conjunction with DHBNZ and other Innovation type programs within the Primary Health Care Strategy.</p>				

Annex 3: Savings from NDE Line by Line Review

Name of initiative	<b>15: Oral Health</b>																								
Potential savings (\$ million)	<p><u>Child and Adolescent Business Case NDE – operating funding</u></p> <table border="1" data-bbox="448 394 1461 465"> <thead> <tr> <th>2008/09</th> <th>2009/10</th> <th>2010/11</th> <th>2011/12</th> <th>2012/13</th> </tr> </thead> <tbody> <tr> <td>1.000</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p><u>Oral Health Strategy NDE</u></p> <table border="1" data-bbox="448 566 1461 638"> <thead> <tr> <th>2008/09</th> <th>2009/10</th> <th>2010/11</th> <th>2011/12</th> <th>2012/13</th> </tr> </thead> <tbody> <tr> <td>0.400</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>					2008/09	2009/10	2010/11	2011/12	2012/13	1.000	0	0	0	0	2008/09	2009/10	2010/11	2011/12	2012/13	0.400	0	0	0	0
2008/09	2009/10	2010/11	2011/12	2012/13																					
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Description of programme	<p>The previous Government committed to a reorientation of New Zealand’s oral health services for young people as outlined in <i>Good Oral Health for All, for Life: The Strategic Vision for Oral Health in New Zealand (2006)</i>.</p> <p>The Strategic Vision outlines seven key action areas:</p> <ul style="list-style-type: none"> <li>• re-orientate child and adolescent oral health services</li> <li>• reduce inequalities in oral health outcomes and access to oral health services</li> <li>• promote oral health</li> <li>• build links with primary care</li> <li>• build the oral health workforce</li> <li>• develop oral health policy</li> <li>• research, monitoring, and evaluation.</li> </ul> <p>The implementation of <i>Good Oral Health for All</i> was supported by additional capital expenditure of approximately \$116 million as well as a rising profile of operational funding of \$40.2 million by 2011/12 and outyears to enable DHBs to submit business cases for oral health investment. DHBs are required to submit business cases that describe their intentions around the physical service infrastructure (including replacement and modernisation of existing infrastructure), workforce and model of care being proposed (HR 20090054 refers).</p> <p>Funding is also set aside to further progress the Oral Health Strategy.</p>																								

Annex 3: Savings from NDE Line by Line Review

<p>How savings will be achieved</p>	<p><u>Child and Adolescent Business Case NDE – operating funding</u>  Funding is provided to DHBs by a Crown Funding Agreement (CFA). Amounts payable are dependent upon DHB outgoings, so if no infrastructure costs have occurred, no additional staff employed, or additional children seen, then DHBs are unable to claim the full amount allocated. Most DHBs have only received funding approvals within the last 3-4 months so have been unable to fully utilise the funding made available to them.</p> <p>For those DHBs where agreement has not been reached, no CFAs are in place, so no funding can be claimed.</p> <p><u>Oral Health Strategy NDE</u></p> <p>This NDE relates to multiple oral health workstreams, which can be scaled back this financial year and the focus maintained on priority activities, including the re-orientation of child and adolescent services and hospital service specifications. The main areas where funding can be saved are in allowances made for:</p> <ul style="list-style-type: none"> <li>• funding for DHBs as a result of the Service Specification for Hospital Services;</li> <li>• scholarship funding not requested by DHBs as part of the business case process; and</li> <li>• creating a risk assessment tool which will now be created in house (not contracted).</li> </ul>
<p>Impact of savings</p>	<p>There is little risk from reprioritising the funding made available for 2008/09 as the budgeted initiatives planned for have either changed as a result of sector consultation/involvement, or work with the sector that has not been completed and will be completed in 2009/10.</p>

Annex 3: Savings from NDE Line by Line Review

Name of initiative	<b>16: School-based health services</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	0.500	0	0	0	0
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	3.446	5.952	7.723	7.723	7.723
Description of programme	<p>Funding was secured through Budget 2008 for the progressive implementation of school-based health services in all decile 1 to 3 secondary schools, teen parent units and alternative education facilities. School-based health services will be provided in:</p> <ul style="list-style-type: none"> <li>• decile one secondary schools, teen parent units and alternative education facilities during the 2008/09 financial year</li> <li>• extended to include decile two secondary schools in the 2009/10 financial year</li> <li>• extended to include decile three secondary schools in the 2010/11 financial year</li> </ul> <p>The outputs and service requirements led by Registered Nurses are:</p> <ul style="list-style-type: none"> <li>• nursing services and referrals</li> <li>• broad-based health assessments for all year nine students</li> <li>• a ratio of one nurse to 750 students in secondary schools, and one nurse to 200 students in alternative education facilities</li> <li>• on-site services in schools</li> <li>• training and supervision of registered nurses.</li> </ul>				
How savings will be achieved	Savings can be generated in 2008/09 by slowing the progressive implementation of school-based health services in decile 1-3 secondary schools, teen parent units and alternative education facilities.				
Impact of savings	The savings in 2008/09 would not affect the services or outputs for this year.				

Annex 3: Savings from NDE Line by Line Review

Name of initiative	<b>17: Cardiovascular Disease (National Contracted Services Other)</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	3.000	0	0	0	0
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	3.300	4.100	4.100	4.100	4.100
Description of programme	<p>The programme will provide follow-up services for people who have experienced a cardiovascular event, such as a heart attack, stroke or transient ischemic attack. The funding is to develop the programme intervention and then to implement it nationally.</p> <p>Programme development will involve initial analysis of data, literature and existing programmes in New Zealand. This will enable the Ministry to identify the services and support that are of proven benefit and also cost effective.</p> <p>The programme will be rolled out nationally. Funding is likely to be for a mixture of services such as visits to general practitioners (e.g. one day, 30 days then 90 days after discharge) and support such as training and IT systems to enable the programme to operate successfully and sustainably. It is envisaged that PHOs will be funded to provide the services to their populations.</p>				
How savings will be achieved	<p>Savings will be achieved in 2008/09 by restricting activities to programme development and delaying implementation until 2009/10.</p> <p>Implementation was intended to begin in 2008/09. However, there have been delays in developing the programme intervention due to a lack of available resources to undertake the analysis (either Ministry resources or available people in the sector with the appropriate knowledge, skills and networks in primary health).</p>				
Impact of savings	<p>The savings in 2008/09 will have marginal impact on services this year. Implementation would commence in 2009/10. Note funding from 2009/10 includes expenditure for implementation e.g. technology changes and funding of patient services.</p>				

Annex 3: Savings from NDE Line by Line Review

Name of initiative	<b>18: Primary Health Care Strategy Diabetes (Obesity)</b>				
Potential savings (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	1.280	0	0	0	0
Baseline funding (\$ million)	2008/09	2009/10	2010/11	2011/12	2012/13
	1.280	1.280	1.280	1.280	1.280
Description of programme	<p>This programme currently provides support to up to six DHBs for data gathering and sending the information to the Ministry for the Diabetes Get Checked Programme. Improvements were intended to this programme to align an increased number of DHBs in consistent data gathering practices.</p>				
How savings will be achieved	<p>Savings can be generated in 2008/09 by delaying introduction of new information systems for the Diabetes Get Checked Programme across selected DHBs.</p> <p>A number of DHBs have elected to focus on the larger IT solution &amp; data identification requirements. This has resulted in this smaller data gathering exercise being reprioritised.</p>				
Impact of savings	<p>Delayed implementation will result in disparate data gathering and inconsistent practices among DHBs. This will compromise the quality of data and information gathered which will lead to inability to evaluate Type 2 Diabetes and Obesity linkages.</p> <p>The Ministry expects to focus on resolving the impasse from 2009/10 by introducing small pilot type programmes to improve DHBs' ability around CVD and Type 2 diabetes data gathering &amp; information.</p>				