

Performance Information for Appropriations

Vote Health

MINISTER(S) RESPONSIBLE FOR APPROPRIATIONS: Minister of Health (M36)

ADMINISTERING DEPARTMENT: Ministry of Health

MINISTER RESPONSIBLE FOR MINISTRY OF HEALTH: Minister of Health

Part 1 - Summary of the Vote

Part 1.1 - Overview of the Vote

The Minister of Health is responsible for appropriations in the Vote for the 2013/14 financial year totalling nearly \$14,656 million covering the following:

Departmental Operating Appropriations

A total of just over \$191 million (1.3% of the Vote) relates to the functions of the Ministry of Health for: policy advice, administering the purchase of national health services; monitoring the performance of the funders and providers of health and disability services; developing and administering legislation and regulations related to health service facilities, providers and public safety; ministerial servicing; and information services.

Non-Departmental Operating Appropriations

A total of just over \$13,944 million (95.1% of the Vote) is for operating expenses to be incurred on behalf of the Crown and is intended to be spent as follows.

Output Expenses

These total nearly \$13,916 million (95.0% of the Vote) and are to fund the purchases of health services as follows:

- just over \$11,104 million (75.8% of the Vote) to fund health services from DHBs through the DHB appropriations
- just over \$1,103 million (7.5% of the Vote) to purchase national disability support services
- just over \$808 million (5.5% of the Vote) to purchase national health services and provide clinical training for health professionals
- just over \$442 million (3.0% of the Vote) to purchase public health services
- nearly \$179 million (1.2% of the Vote) to purchase primary health care services
- just over \$144 million (1.0% of the Vote) to purchase national maternity services
- \$90 million (0.6% of the Vote) to manage health sector risks, including provision for DHB deficit support, and
- just over \$44 million (0.3% of the Vote) to fund other health and disability services.

Other Expenses Incurred by the Crown

A total of just over \$28 million (0.2% of the Vote) is for other expenses to fund provider development, legal expenses, and international health obligations including World Health Organisation (WHO) membership.

Capital Expenditure

A total of just over \$520 million (3.6% of the Vote) is to provide Capital funding and will be spent as follows:

- just over \$490 million (3.3% of the Vote) is to provide debt or equity for district health boards or Health Sector Crown Agencies to cover new investments or for other purposes agreed by the Crown, including balance sheet restructuring, or to invest in specific health sector assets
- \$15 million (0.1% of the Vote) is to provide interest-free loans to assist people in long-term care, and
- just over \$15 million (0.1% of the Vote) is to purchase or develop assets for use by the Ministry of Health.

Details of these appropriations are set out in Parts 2-6 below.

Part 1.2 - High-Level Objectives of the Vote

Government Priorities and Outcomes - Links to Appropriations

The Ministry appropriations contribute to the Government's outcomes, impacts and objectives as described in the Statement of Intent.

Government Priorities	Outcomes	Appropriations
<p>The Prime Minister's Results for New Zealanders</p> <p>Supporting vulnerable children:</p> <ul style="list-style-type: none"> • Increase infant immunisation rates and reduce the incidence of rheumatic fever • Reduce the number of assaults on children <p>Government Priorities</p> <p>Responsibly managing the Government's finances</p> <p>Building a more competitive and productive economy</p> <p>Delivering better public services within tight financial constraints</p> <p>Rebuilding Christchurch - our second largest city</p>	<p>Health System Outcomes</p> <p>New Zealanders live longer, healthier, more independent lives</p> <p>The health system is cost-effective and supports a productive economy</p> <p>High Level Outcomes</p> <p>New Zealanders are healthier and more independent</p> <p>Health services are delivered better, closer, sooner and more conveniently</p> <p>The future sustainability of the health system is assured</p>	<p>All Departmental Expenditure Appropriations</p> <p>All Non-Departmental Expenditure Appropriations</p> <p>All Non-Departmental Other Expenditure Appropriations</p> <p>All Departmental Capital Expenditure</p> <p>All Non- Departmental Capital Expenditure Appropriations</p>

Part 1.3 - Trends in the Vote

	2008/09	2009/10	2010/11	2011/12	2012/13		2013/14			2014/15	2015/16	2016/17
	Actual \$000	Actual \$000	Actual \$000	Actual \$000	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	11,599,059	12,326,460	12,768,903	13,220,577	13,666,773	13,594,842	191,227	13,914,918	14,106,145	14,006,052	13,986,342	13,976,963
Benefits and Other Unrequited Expenses	-	-	-	-	-	-	N/A	-	-	-	-	-
Borrowing Expenses	-	-	-	-	-	-	-	-	-	-	-	-
Other Expenses	22,180	21,876	27,924	31,772	28,420	25,420	-	28,472	28,472	28,472	28,472	28,472
Capital Expenditure	185,233	250,965	361,518	296,900	553,692	362,828	15,000	505,354	520,354	75,510	30,010	30,010
Intelligence and Security Department Expenses and Capital Expenditure	-	-	-	-	-	-	-	N/A	-	-	-	-
Total Appropriations	11,806,472	12,599,301	13,158,345	13,549,249	14,248,885	13,983,090	206,227	14,448,744	14,654,971	14,110,034	14,044,824	14,035,445
Crown Revenue and Capital Receipts												
Tax Revenue	-	-	-	-	-	-	N/A	-	-	-	-	-
Non-Tax Revenue	378,446	565,112	581,335	603,624	620,292	620,292	N/A	630,411	630,411	641,130	652,097	663,317
Capital Receipts	58,731	11,560	23,879	24,112	27,499	27,499	N/A	27,499	27,499	27,499	27,499	27,499
Total Crown Revenue and Capital Receipts	437,177	576,672	605,214	627,736	647,791	647,791	N/A	657,910	657,910	668,629	679,596	690,816

New Policy Initiatives

Policy Initiative	Appropriation	2012/13 Budgeted \$(000)	2013/14 Budget \$(000)	2014/15 Estimated \$(000)	2015/16 Estimated \$(000)	2016/17 Estimated \$(000)	5 years \$(000)
DHB Demographics Funding	DHB appropriations	-	153,283	153,283	153,283	153,283	613,132
DHBs - Contribution to Cost Pressures		-	96,717	96,717	96,717	96,717	386,868
Risk Pool - Maintain At \$30M Per Year	Health Services Funding	-	-	-	16,734	62,240	78,974
Health & Disability Commission	Monitoring and Protecting Health and Disability Consumer Interests	-	750	750	750	750	3,000
B4 School Checks - Increased Coverage	National Child Health Services	-	1,748	1,748	1,748	1,748	6,992
Children's Action Plan		-	1,340	3,955	700	700	6,695
Wellchild		-	30	30	30	30	120
Disability Support - Enabling Good Lives	National Disability Support Services	-	300	300	300	300	1,200
Disability Support Demographics - Environment & Community Services		-	4,430	4,430	4,430	4,430	17,720
Disability Support Services - Residential Services Demographic Pressures		-	10,155	10,155	10,155	10,155	40,620
Disability Support Services - Sleepovers		-	12,000	10,000	10,000	10,000	42,000
Family Care Givers		-	23,000	23,000	23,000	23,000	92,000
Electives - Additional		-	12,000	12,000	12,000	12,000	48,000
Electives - Maintain Existing Volumes		-	10,000	10,000	10,000	10,000	40,000

Policy Initiative	Appropriation	2012/13 Budgeted \$(000)	2013/14 Budget \$(000)	2014/15 Estimated \$(000)	2015/16 Estimated \$(000)	2016/17 Estimated \$(000)	5 years \$(000)
Air Ambulances	National Emergency Services	-	1,873	1,873	1,873	1,873	7,492
Whole of Government Radio Network		-	636	636	636	636	2,544
Mother & Baby Care	National Mental Health Services	-	2,600	5,200	5,200	5,200	18,200
Pre- Employment Drug Testing		-	1,398	1,398	1,398	1,398	5,592
Cancer Control	National Personal Health Services	-	500	500	500	500	2,000
Prostate Cancer - Awareness and Quality Improvement Programme		-	1,230	950	1,050	1,050	4,280
Sexual Health		-	228	228	228	228	912
Primary Health Care	Primary Health Care Strategy	-	6,200	6,200	6,200	6,200	24,800
Pacific Provider	Provider Development	-	1,125	1,125	1,125	1,125	4,500
Immunisation	Public Health Service Purchasing	-	3,035	3,035	3,035	3,035	12,140
NZ Health Survey - Biomedical Testing		-	-	1,299	376	289	1,964
Phoneline Service Volumes		-	245	245	-	-	490
Public Health Services - Demographic Pressures		-	1,778	1,778	1,150	1,150	5,856
Rheumatic Fever		-	5,000	5,000	5,000	5,000	20,000
Rheumatic Fever Vaccine Research		-	800	800	-	-	1,600
Screening Services - Volume Increases		-	6,283	6,283	6,283	6,283	25,132

Policy Initiative	Appropriation	2012/13 Budgeted \$(000)	2013/14 Budget \$(000)	2014/15 Estimated \$(000)	2015/16 Estimated \$(000)	2016/17 Estimated \$(000)	5 years \$(000)
Aged Care And Dementia	DHB appropriations	-	8,000	8,000	8,000	8,000	32,000
	National Personal Health Services	-	2,500	1,500	700	-	4,700
Long term Conditions - Cardiovascular Disease (CVD) / Diabetes	DHB appropriations	-	1,000	1,300	1,900	2,500	6,700
	National Personal Health Services	-	9,355	7,300	6,300	5,300	28,255
	Primary Health Care Strategy	-	250	250	-	-	500
Total operating initiatives		-	379,789	381,268	390,801	435,120	1,586,978
Budget 2012 Decision - Aged Care Savings	DHB appropriations	-	-	-	-	(3,536)	(3,536)
Risk Pool - Maintain At \$30M Per Year	Health Services Funding	-	(11,875)	-	-	-	(11,875)
DHB Deficit Provision - Reprioritisation		-	(5,000)	(5,000)	(5,000)	(5,000)	(20,000)
Reprioritise from Health Services Funding Appropriation		(55,909)	(22,562)	(23,836)	(25,091)	(31,101)	(158,499)
Total Reprioritised Savings		(55,909)	(39,437)	(28,836)	(30,091)	(39,637)	(193,910)
Total Operating		(55,909)	340,352	352,432	360,710	395,483	1,393,068
Whole of Government Radio Network	Health Sector Projects	-	5,400	-	-	-	5,400
Canterbury DHB Hospitals Redevelopment	Equity for Capital Projects for DHBs and Health Sector Crown Agencies	-	426,000	-	-	-	426,000
Total Capital initiatives		-	431,400	-	-	-	431,400
Total Operating and Capital		(55,909)	771,752	352,432	360,710	395,483	1,824,468

\$386 Million in New Operating Initiatives

The Budget 2013 Vote Health package totals just over \$386 million in new operating initiatives in 2013/14. New Capital initiatives in 2013/14 total just over \$431 million. Over the forecast period, total net operating and capital initiatives amount to just over \$1,839 billion (as summarised below):

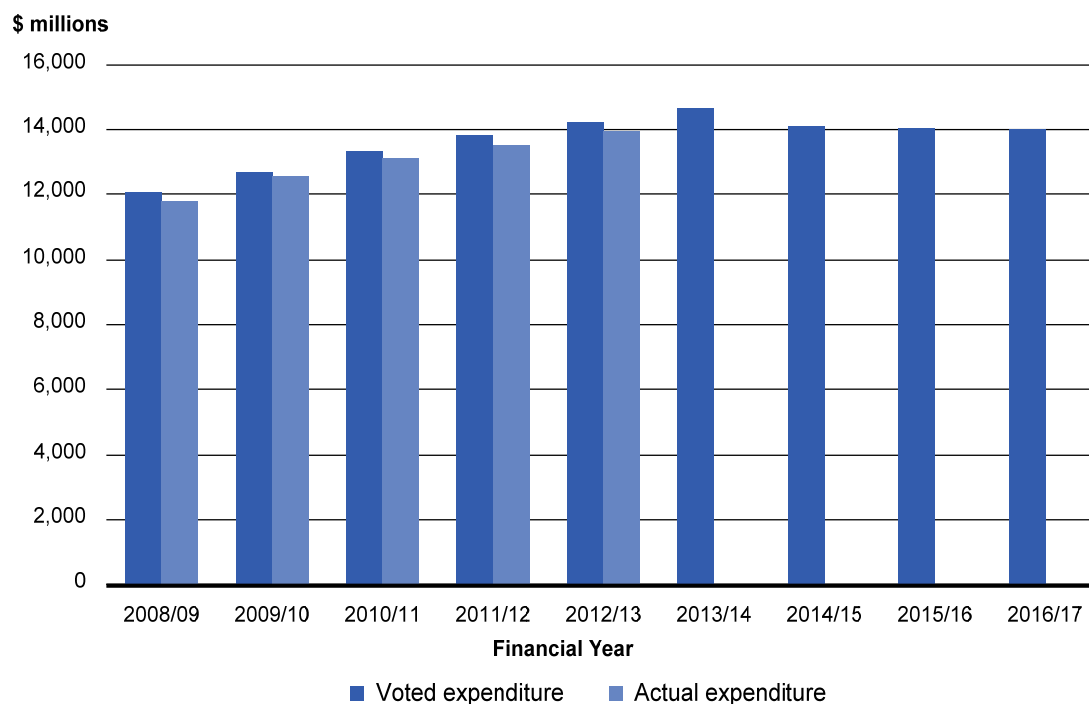
	2012/13	2013/14	2014/15	2015/16	2016/17	5 years
Operating	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Vote Health - New initiatives (see above)	-	379,789	381,268	390,801	435,120	1,586,978
Boost Medical Places - Votes Revenue, Social Development, and Tertiary Education	-	463	1,324	2,241	3,267	7,295
Community Housing - Vote Housing	-	4,659	-	-	-	4,659
Social Sector Trials - Vote Social Development	-	1,258	1,258	-	-	2,516
Video remote interpreting service - Vote Communication	-	100	100	100	100	400
Total Operating initiatives	-	386,269	383,950	393,142	438,487	1,601,848
Vote Health Reprioritised savings (see above)	(55,909)	(39,437)	(28,836)	(30,091)	(39,637)	(193,910)
Total Operating	(55,909)	346,832	355,114	363,051	398,850	1,407,938
Vote Health Capital (see above)	-	431,400	-	-	-	431,400
Total Operating & Capital	(55,909)	778,232	355,114	363,051	398,850	1,839,338

Analysis of Significant Trends

Total Vote: All Appropriations

The graph below shows that in 2013/14, Vote Health appropriations total just over \$14,655 million.

Figure 1 - Trends in total voted and actual expenses (capital and operating)

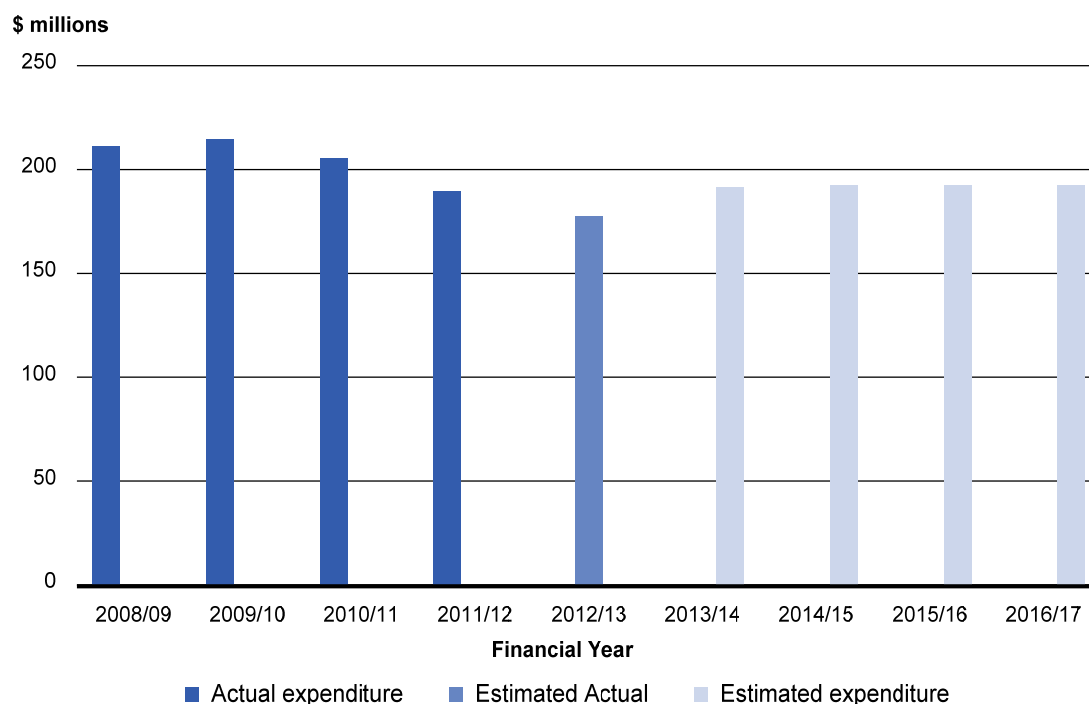


Source: Ministry of Health

Departmental Output Expenses

The impacts of Budget policy initiatives from earlier Budgets on individual departmental output expense appropriations are detailed in Part 2.1.

Figure 2 - Trends in actual and estimated departmental output expenses



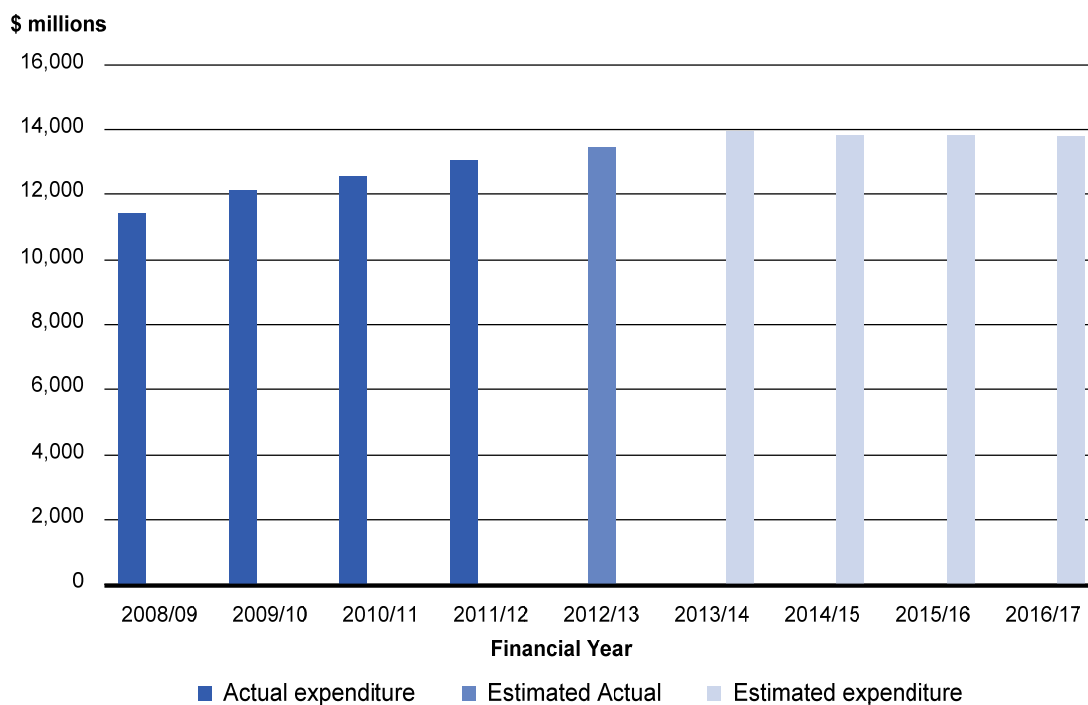
Source: Ministry of Health

Non-Departmental Output Expenses

The increase in non-departmental output expenses in 2013/14 is due to additional funding provided for new initiatives in Budget 2013, as shown in the Budget Policy Initiatives table above, and the rephrasing of expenditure for various programmes between years.

The impacts of Budget policy initiatives from earlier Budgets on individual departmental output expense appropriations are detailed in Part 2.2.

Figure 3 - Trends in actual and estimated non-departmental output expenses

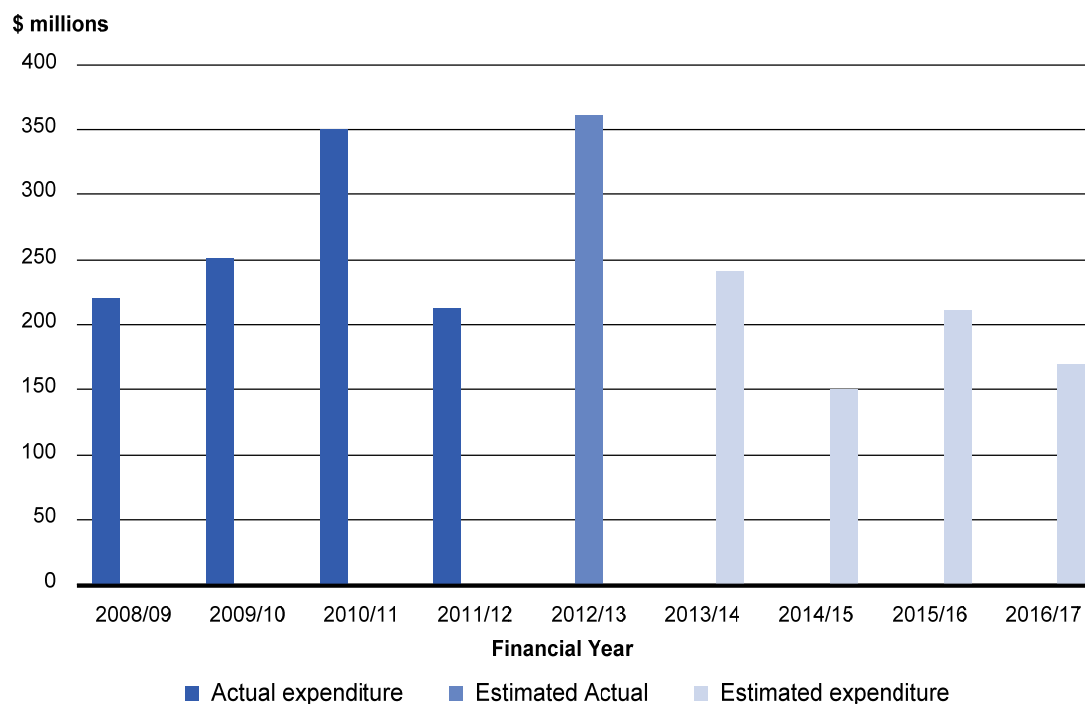


Source: Ministry of Health

Non-Departmental Other Expenses

The non-departmental other expenses comprise around 0.2% of Vote Health and provide funding for provider development, to defend the Crown in legal claims, to fund legal settlements, and to contribute to the World Health Organisation.

The impact of Budget policy initiatives from earlier Budgets on individual non-departmental other expense appropriations are detailed in Part 5.

Figure 4 - Trends in actual and estimated departmental and non-departmental capital expenditure

Source: Ministry of Health

Note: in previously estimates documents this graph has reported the appropriated expenditure for the outyears. The timing of the expenditure for capital projects can legitimately differ from the period when it was appropriated, so the graph has been updated to show forecast expenditure.

Departmental Capital

Further details are provided in Part 6.1.

Non-Departmental Capital

In 2013/14, these appropriations are largely being used to provide equity and debt for district health boards to develop or purchase capital assets. The following table details the funding for capital projects, the refinancing and rollover of existing loans held by DHBs and other capital funding requirements since 2008/09:

Actual and estimated capital expenditure by funding stream

Actual and Estimated Capital Expenditure \$(millions)	2008/09 Actual	2009/10 Actual	2010/11 Actual	2011/12 Actual	2012/13 Estimated Actual	2013/14 Estimated
Equity Injections and Deficit Support	151	160	119	36	130	38
Debt Financing	37	65	199	148	193	119
Departmental Capital Expenditure	20	11	16	13	13	15
Capital Projects	0	0	0	0	11	55
Residential Care Loans	12	15	15	15	16	15
Total Capital Expenditure	220	251	350	213	362	242

Part 1.4 - Reconciliation of Changes in Appropriation Structure

2012/13 Appropriations in the 2012/13 Structure	2012/13 (Current) \$000	Appropriations to which Expenses (or Capital Expenditure) have been Moved from or to	Amount Moved \$000	2012/13 Appropriations in the 2013/14 Structure	2012/13 (Restated) \$000	2013/14 \$000
National Contracted Services - Other	132,232	Transferred to National Personal Health Services	(71,251)	National Contracted Services - Other	34,642	28,846
		Transferred to Public Health Service Purchasing	(8,854)			
		Transferred to National Mental Health Services	(4,509)			
		Transferred to Monitoring and Protecting Health & Disability Interests	(12,976)			
National Personal Health Services	-	Transferred from National Contracted Services - Other	71,251	National Personal Health Services	71,251	93,921
Public Health Service Purchasing	384,080	Transferred from National Contracted Services - Other	8,854	Public Health Service Purchasing	392,934	434,559
National Mental Health Services	31,613	Transferred from National Contracted Services - Other	4,509	National Mental Health Services	36,122	59,927
Monitoring and Protecting Health & Disability Interests	12,870	Transferred from National Contracted Services - Other	12,976	Monitoring and Protecting Health & Disability Interests	25,846	26,596
Totals	560,795		0		560,795	643,849

Explanations of the reasons for changing the appropriation structure are noted in the details of each appropriation in Parts 2-6.

Part 2 - Details and Expected Performance for Output Expenses

Part 2.1 - Departmental Output Expenses

Intended Impacts, Outcomes and Objectives

The departmental output expense appropriations contribute to the Ministry of Health's impacts and outcomes as described in the Statement of Intent

Intended Impacts, Outcomes or Objectives of Appropriations	Appropriations
High Level Outcome New Zealanders are healthier and more independent	Information and Payment Services MCOA <ul style="list-style-type: none"> • Health Sector Information Systems • Payment Services
Impact	
The public is supported to make informed decisions about their own health and independence	Policy Advice and Ministerial Servicing MCOA <ul style="list-style-type: none"> • Policy Advice • Ministerial Servicing
Environmental and disease hazards are minimised	
Personalised and integrated home care services for older people	Sector Planning and Performance Managing the Purchase of Services
Health services are closely integrated with other social services	
High Level Outcome Health services are delivered better, closer, sooner, and more conveniently	Regulatory and Enforcement Services
Impact	
The public can access quality services that meet their needs in a timely manner, where they need them.	
Health services are clinically integrated and better coordinated	
The health system is supported by suitable infrastructure and workforce	
High Level Outcome The future sustainability of health system is assured	
Impact	
Provider efficiency and financial sustainability are enhanced	
Clinical and financial gains from DHBs working together, delivering regional workforce, IT and capital	
Quality, efficiency and value for money improvements from DHBs working with Health Benefits Limited, Health Workforce NZ, the Health Quality and Safety Commission and the National Health Committee	

For further information on the intended impacts, outcomes and objectives of the departmental output expense appropriations please see the Statement of Intent for the Ministry of Health.

Information and Payment Services MCOA (M36)

Scope of Appropriation

Health Sector Information Systems

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

Payment Services

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

Explanation for Use of Multi-Class Output Expense Appropriation

These two output expenses under this MCOA are grouped together as sector focused services. Both of these outputs form the basis of a shared service to support the health and disability system. A shared service approach supports a more unified approach that will lead to more efficient systems to reduce costs and maximise information sharing. This grouping provides a high level of transparency for these functions.

Expenses and Revenue

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	76,588	72,568	79,939
Health Sector Information Systems	54,835	50,815	58,481
Payment Services	21,753	21,753	21,458
Revenue from Crown	75,025	75,025	78,376
Health Sector Information Systems	54,835	54,835	58,481
Payment Services	20,190	20,190	19,895
Revenue from Other	1,563	1,563	1,563
Health Sector Information Systems	-	-	-
Payment Services	1,563	1,563	1,563

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Health Sector Information Systems			
<i>National Infrastructure and Systems</i>			
The percentage of time for which key sector- and public-facing systems are available (see Note 1)	99%	100%	99%
The number of active user logins to National Systems (see Note 2)	10,000	13,000	10,000

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
National Collections			
The number of National Collection reports produced annually	20	10	10
The percentage of data submitted by DHBs that is processed within two working days (see Note 3)	97%	99%	97%
Number of requests, for data and/or analysis, responded to in respect of information held within the national collections datasets (see Note 4)	2,400	2,400	2,400
Review of National Collections for maintenance and/or enhancement requirements (see Note 5)	24	29	24
Payment Services			
Claim Transactions			
The number of claims processed per annum	1.8 million	1.8 million	1.8 million
The percentage of claims paid on time (see Note 6)	95%	100%	95%
The percentage of claims processed accurately (see Note 7)	95%	100%	95%
The direct cost per claim transaction processed (see Note 8)	\$2.70	\$2.50	\$2.70
Contracts			
The number of agreements processed per annum	9,500	10,200	9,400
The percentage of all draft agreements prepared for funders within target timeframes (see Note 9)	95%	50%	95%
The percentage of agreements prepared accurately (see Note 10)	95%	95%	95%
The cost per agreement processed	\$85.00	\$150.00	\$155.00
Contact Centres			
Number of contact centre calls per annum	580,000	580,000	580,000
The percentage of calls to contact centres answered within service specifications for timeliness (20 seconds currently)	>80%	70%	>80%
The percentage of calls abandoned by callers prior to being answered by the contact centre	<5%	9%	<5%
The cost per enquiry (see Note 11)	\$4.70	\$3.50	\$4.70
The percentage of enquiries resolved in under 10 business working days (see Note 12)	95%	97%	95%
Financial Audit and Compliance Activities			
The total dollar value of payments made to those primary health providers who have undergone financial audit during the year, expressed as a percentage of the budget for the primary health care providers (total dollar value primary sector payments is estimated to be \$5.9 billion)	70%	70%	70%
The ratio of the total dollar value of averted losses and identified recoverable losses from audit and compliance activities, against the net operating cost for audit and compliance activities (net operating cost budget estimated for 2013/14 to be \$2.5 million)	7.6	7.6	5.1

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 - This measures the extent of use of national systems by the Health Sector. An active user is either an individual user or an organisation. Each login by an active user is counted.

Note 3 - This percentage relates to the national minimum dataset (hospital events) and the national booking reporting systems (patients waiting for elective surgery) only.

Note 4 - The measure illustrates the usage made of the national data collections by external parties.

Note 5 - The on-going maintenance of the national data collections is important. This will ensure that reliability of information and system flexibility is manageable.

Note 6 - Claims include all transactions where payment is required, including invoices and other support claims. On time means the claim is paid by the invoice due date or within agreed timeframes, where no due date is provided, if full information for payment is available.

Note 7 - All claim information is deemed to be processed accurately if payments are made to valid payee, on time, and at the correct rate.

Note 8 - Direct cost includes all costs directly attributable to processing claims. These costs mainly relate to staff time.

Note 9 - As well as transacting payments, the Ministry facilitates the establishment of agreements between funders and providers. Agreements are contracts administered by Sector Services for the Ministry and DHBs including new contracts and variations. Agreements are drafted based on templates following requests from DHB funders. The usual expected turnaround time for issuing a draft agreement to the funder is five working days.

Note 10 - All information is deemed to be processed accurately if agreements are legally binding and purchase order information is correctly entered.

Note 11 - Enquiries received are submissions requiring a response made to the Ministry by telephone, email, fax, or post.

Note 12 - All enquiries are deemed to be resolved if they are closed to customer satisfaction within 10 business days.

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

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	27,832	27,832	29,050
Revenue from Crown	27,832	27,832	29,050
Revenue from Other	-	-	-

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Contracting			
Total number of contracts held by the Ministry for the purpose of purchasing goods and services on behalf of the Crown (see Note 1)	4,959	4,959	4,000
The Ministry Procurement Policy is assessed and confirmed to be in line with government standards	Achieved	Achieved	Achieved
The percentage of new contracts issued, for the purpose of purchasing goods and services on behalf of the Crown, that are compliant with the Ministry Procurement Policy	95%	70%	95%
The ratio of departmental expenditure for the output class against relevant non-departmental expenditure (see Note 2)	1:80	1:80	1:80
Contract Management			
The percentage of monitoring reports from service providers, for contracts with a value over \$4 million, that receive a formal response from the Ministry	85%	90%	85%
The percentage of Ministry feedback to Crown Funding Agreement Variation (CFAV) monitoring reports that is supplied to DHBs within agreed timeframes (see Note 3)	90%	95%	90%
The percentage of complaints from service users received by the National Quality Group, National Services Purchasing, National Health Board, that receive a timely initial response from the Ministry (see Note 4)	95%	100%	95%

Note 1 - The following are defined as contracts for the purpose of this measure:

- any contract which has any dollar value and is managed under the Ministry's Non-Departmental Contract Management System, or
- payments made under section 88 of the New Zealand Public Health and Disability Act, or
- payments managed by the Ministry's Client Claims Processing System.

Note 2 - This is an efficiency measure which assesses the ratio between departmental expenditure (DE) and non-departmental expenditure (NDE). In 2013/14, for every dollar that the Ministry spends on managing the purchase of services, \$80 worth of NDE contracts and associated activities will be managed by the Ministry.

Note 3 - The Ministry's feedback is due within 14 business days after receiving CFAV monitoring reports. CFAV monitoring reports are usually due on the 20th day of the month following the end of the quarter.

Note 4 - Once a complaint is loaded into the complaints database a letter is sent within five working days, to the complainant acknowledging his/her letter, and advising about the process for dealing with the complaint.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Development Pipeline Project	2012/13	300	-	-	-	-
Problem Gambling 3-Year Service Plan	2013/14	-	260	282	304	-

Memorandum Account

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Problem Gambling			
Opening Balance at 1 July	(451)	(451)	(268)
Revenue	1,188	1,184	1,261
Expenses	1,188	1,001	1,261
Transfers and Adjustments	-	-	-
Closing Balance at 30 June	(451)	(268)	(268)

Policy Advice and Ministerial Servicing MCOA (M36)*Scope of Appropriation***Ministerial Servicing**

This output class 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 output class 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.

Explanation for Use of Multi-Class Output Expense Appropriation

These output classes relate to the provision of policy advice and Ministerial servicing.

Expenses and Revenue

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	16,935	16,935	15,806
Ministerial Servicing	3,605	3,605	3,318
Policy Advice	13,330	13,330	12,488
Revenue from Crown	16,935	16,935	15,806
Ministerial Servicing	3,605	3,605	3,318
Policy Advice	13,330	13,330	12,488
Revenue from Other	-	-	-
Ministerial Servicing	-	-	-
Policy Advice	-	-	-

Reasons for Change in Appropriation

This multi-class output expense appropriation has been established in 2012/13 in response to the Minister of Finance's directive to standardise the appropriations for policy advice.

These appropriation groups policy advice with ministerial servicing outputs to group the outputs provided to support ministers.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Advice			
The average score attained by written policy advice as assessed by an external reviewer	≥7 out of 10	7	≥7 out of 10
Total policy function cost per output hour (see Note 1)	New	New	\$109-\$119
The average score for Minister's overall satisfaction with written and verbal advice (as assessed on a four-monthly basis)	≥4 out of 5	4	80%
Ministerial Servicing			
The percentage of responses provided to the Minister within agreed timeframes; for written parliamentary questions, Ministerial letters, and requested briefings (out of a total expected volume of 5,800 responses) (see Note 2)	96%	96%	96%
The percentage of Ministerial letters that required no revision (out of an expected volume of 3,500 letters)	New	New	98%
Official Information Act Requests			
The percentage of responses to Official Information Act requests, provided to the Minister or requestor within statutory timeframes (out of an expected 600 requests)	95%	94%	95%

Note 1 - This is a new measure - measurement methodology is being developed.

Note 2 - Agreed timeframe for:

- Written Parliamentary Questions - within four days from the day of receipt
- Ministerial Letters - dependent on urgency, usually within a day to 20 days from the day of receipt
- Briefings - as stated by the Minister's Office.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Standardisation of Policy Appropriations	2012/13	14,746	14,746	14,746	14,746	14,746

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

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	23,511	23,511	26,107
Revenue from Crown	12,588	12,588	12,280
Revenue from Other	10,923	10,923	13,827

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Compliance			
Number of quality audits of providers conducted or assessed (see Note 1)	518	518	558
The percentage of complaints about providers or products that receive an initial response from the Ministry within target timeframes where a response is required (see Note 2)	90%	90%	90%
Implementation			
The percentage of all licences, certificates, and authorities issued to providers within target timeframes (of an estimated total of 6,880 licences, certificates, authorities and consents issued) (see Note 3)	90%	90%	90%
The percentage of all New Medicines Applications (for ministerial consent to market) that receive an initial assessment within 200 days (of an estimated total of 220 applications processed)	80%	90%	80%
The percentage of all Changed Medicines Notifications (for ministerial consent to market) approved within 45 days (of an estimated total of 1400 applications processed)	100%	100%	100%
Sector Leadership and Advice			
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
Statutory Committees and Regulatory Authorities			
All recommendations for appointments meet the requirements of health legislation (see Note 4)	New	New	100%
The number of appointments to statutory committees and regulatory authorities	New	New	77
The percentage of recommendations for appointments (of approximately 200 planned appointments) where recommendations are presented to the Minister prior to expiration of term for the current appointee	95%	93%	95%
Average rating for statutory committee satisfaction with secretariat services provided by the Ministry	≥4 out of 5	4	≥4 out of 5

Note 1 - The Ministry conducts quality audits of pharmacies regulated under the Medicines Act 1981 and reviews surveillance audits performed by Designated Auditing Agencies for providers certified under the Health and Disability Services (Safety) Act 2001. Manufacturers and packers of medicines are also audited.

Note 2 - The Ministry receives and responds to complaints made: under the Health and Disability Services (Safety) Act 2001 against certified hospitals, rest homes, mental health facilities and residential disability services; and under the Medicines Act 1981 regarding the quality of medicines, medical devices and advertising. Complaints are tracked and responded to within specified timeframes, which are between five and seven days. In the case of medicines complaints, many are international notifications that do not require a response to the complainant - in these cases the target is to carry out initial assessment of the complaint within five working days.

Note 3 - Hospitals, rest homes, residential disability care facilities, and fertility providers are certified under the Health and Disability Services (Safety) Act 2001. Pharmacies and other parties involved in the pharmaceutical supply chain (such as wholesalers and researchers) are licensed to handle medicines and drugs under the Medicines Act 1981 and the Misuse of Drugs Act 1975. Providers are licenced to use and to possess radioactive substances under the Radiation Protection Act 1965. For the Health and Disability Services (Safety) Act 2001 the expected timeframe is 20 working days. For the Medicines Act

1981 and Misuse of Drugs Act 1975 the timeframe is 45 working days, with the exception of licences to import or export controlled drugs, which have an expectation of 30 working days. For the Radiation Protection Act 1965 the timeframe is 10 working days.

Note 4 - The requirements are included in the following legislation.

<p><i>For DHBs and Crown entities:</i></p> <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><i>For regulatory authorities and committees:</i></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
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Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Regulation of Psychoactive Substances	2013/14	-	360	900	1,260	(1,800)

Memorandum Account

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Office of Radiation Safety			
Opening Balance at 1 July	645	645	645
Revenue	701	701	701
Expenses	846	701	701
Transfers and Adjustments	-	-	-
Closing Balance at 30 June	500	645	645
Medsafe			
Opening Balance at 1 July	4,875	4,875	3,983
Revenue	8,386	7,771	8,663
Expenses	9,419	8,663	8,663
Transfers and Adjustments	-	-	-
Closing Balance at 30 June	3,842	3,983	3,983

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

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	38,048	37,048	40,325
Revenue from Crown	37,553	37,553	39,965
Revenue from Other	495	495	360

Output Performance Measures and Standards

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Performance Measures			
Planning and Funding Support Systems			
Planning and funding advice for the 2013/14 year is provided to Crown entities by 31 December 2013 (see Note 1)	Achieved	Achieved	Achieved
The Ministry provides the Minister with advice on agreement of all DHB annual plans by 30 June 2014 (see Note 2)	Achieved	Achieved	Achieved
Performance Monitoring			
The percentage of monitoring feedback reports about performance supplied to DHBs within agreed timeframes (non-financial)	90%	90%	90%
The percentage of all letters to DHBs with Health Target performance tables and supporting information, sent within 5 working days of the date for publication of results agreed with Minister (see Note 3)	100%	100%	100%
The percentage of quarterly and monthly monitoring reports about Crown entities provided to the Minister within agreed timeframes (see Note 4)	100%	100%	100%
Emergency Response			
The timeframe for activating emergency response to national emergencies (see Note 5)	within 2 hours in each case	within 2 hours in each case	within 2 hours in each case
The number of people who annually receive two training/exercise sessions on National Health Coordination Centre (NHCC) activation and response (see Note 5)	30 people	30 people	30 people
Quarterly regional or national health sector emergency planner meetings held in each region (see Note 6)	Achieved	Achieved	Achieved
Governance			
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 7)	New	New	100%
The number of appointments to DHBs and other health Crown entity boards	New	New	117

Note 1 - The end of the calendar year marks a significant milestone for this output class. Advice to assist Crown entities in planning for the upcoming financial year needs to be provided well in advance.

Note 2 - DHB annual plans (including their funding schedules) include the Annual Plans and advice by year end - the 'achieved' standard is taken to be met if advice has been given to the Minister for all 20 DHBs on or before 30 June 2014. By working closely and collaboratively with DHBs, the Ministry expects to advise the Minister on agreement of all DHB plans by the 30 June 2014.

Note 3 - The Ministry produces and circulates the tables used to publish health target results once a quarter to DHBs (ie, within five working days - this means that the date on which the letter was sent falls into a range that is 5 working days before the relevant publication date, to 5 days after the relevant publication date). This is a significant way in which performance of the sector is communicated to the public.

Note 4 - Monitoring reports include:

- monthly free and frank report to the minister on DHB sector financial performance (due within one month after the month end, except for the December report which is due mid-Feb because of the Christmas/New Year break)
- quarterly DHB performance report: Overall report on DHB performance (due within 12 weeks after the quarter end)
- quarterly Crown entity reports.

Note 5 - The Ministry maintains capability and capacity to lead and coordinate a national health response to an emergency. Sections 58 and 59 of the Civil Defence Emergency Management Act 2002 require all government departments to prepare plans to continue function during and after emergency.

Note 6 - The Ministry maintains emergency management coordination and collaboration within the health sector and across government. Some regions will not have a quarterly meeting if a national meeting is held in that quarter.

Note 7 - Unexpected resignation or departure prior to the expiration of the term is not included.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Departmental Appropriation Restructure	2011/12	27,216	27,216	27,216	27,216	-

Part 2.2 - Non-Departmental Output Expenses

Intended Impacts, Outcomes and Objectives

Intended Impacts, Outcomes or Objectives of Appropriations	Appropriations
High Level Outcome New Zealanders are healthier and more independent	Health and Disability Support Services - DHBs Health Services Funding
Impacts The public is supported to make informed decisions about their own health and independence	Health Workforce Training and Development Monitoring and Protecting Health and Disability Consumer Interests
Environmental and disease hazards are minimised	National Advisory and Support Services
Personalised and integrated home care services for older people	National Child Health Services
Health services are closely integrated with other social services	National Contracted Services - Other National Disability Support Services
High Level Outcome Health services are delivered better, closer, sooner, and more conveniently	National Elective Services National Emergency Services National Māori Health Services
Impacts The public can access quality services that meet their needs in a timely manner, where they need them	National Maternity Services National Mental Health Services National Personal Health Services
Health services are clinically integrated and better coordinated	Primary Health Care Strategy Problem Gambling Services
The health system is supported by suitable infrastructure and workforce	Public Health Service Purchasing
The health system has fit for purpose regulatory settings	
High Level Outcome The future sustainability of the health system is assured	
Impacts Provider efficiency and financial sustainability are enhanced	
Clinical and financial gains from DHB's working together, delivering regional workforce, IT and capital	
Quality, efficiency and value for money improvements from DHBs working with Health Benefits Limited, Health Workforce NZ, the Health Quality and Safety Commission and the National Health Committee	

Health and Disability Support Services - Auckland DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Auckland DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,051,169	1,051,169	1,068,598

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	9,368	9,368	9,368	9,368
DHB Demographics	2013/14	-	12,068	12,068	12,068	12,068
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	161	209	305	402
Aged Care and Dementia	2013/14	-	736	736	736	736
Contribution to DHB Cost Pressures	2012/13	15,160	15,160	15,160	15,160	15,160
DHB Demographics	2012/13	17,070	17,070	17,070	17,070	17,070
Aged Care Savings Through Changing the Assessment Level	2012/13	(316)	(640)	(965)	(1,292)	(1,619)
Pharmaceutical Co-payment increase to \$5	2012/13	(1,850)	(3,700)	(3,700)	(3,700)	(3,700)
People with Chronic Health Conditions	2011/12	4,648	2,523	2,523	2,523	2,523
Health of Older People (Dementia Services)	2011/12	925	925	925	925	925
Family Violence - Elder Abuse and Neglect	2011/12	78	78	78	78	78
Demographic Funding and Contribution for Cost Pressures	2011/12	25,990	25,990	25,990	25,990	25,990
Demographic Funding and Contribution for Cost Pressures	2010/11	29,102	29,102	29,102	29,102	29,102
Funding for Price Pressures/Government	2009/10	8,729	8,729	8,729	8,729	8,729
Forecast Funding Track (FFT) and Demographics	2009/10	51,749	51,749	51,749	51,749	51,749

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

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

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Bay of Plenty DHB.

Expenses

Total Appropriation	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
	584,799	584,799	593,556

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	5,199	5,199	5,199	5,199
DHB Demographics	2013/14	-	5,133	5,133	5,133	5,133
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	55	72	105	138
Aged Care and Dementia	2013/14	-	441	441	441	441
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	(188)	(381)	(575)	(769)	(964)
Pharmacy Increase in Co-payment	2012/13	(1,102)	(2,204)	(2,204)	(2,204)	(2,204)
People with Chronic Health Conditions	2011/12	788	1,498	1,498	1,498	1,498
Demographic Funding and Contribution for Cost Pressures	2011/12	21,840	21,840	21,840	21,840	21,840
Demographic Funding and Contribution for Cost Pressures	2010/11	19,254	19,254	19,254	19,254	19,254
Funding for Price Pressures/Government Commitments	2009/10	5,048	5,048	5,048	5,048	5,048
Forecast Funding Track (FFT) and Demographics	2009/10	25,661	25,661	25,661	25,661	25,661

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Canterbury DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Canterbury DHB.

Expenses

Total Appropriation	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
	1,221,996	1,221,996	1,218,559

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	10,579	10,579	10,579	10,579
DHB Demographics	2013/14	-	23,899	23,899	23,899	23,899
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	111	144	210	277
Aged Care and Dementia	2013/14	-	886	886	886	886
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	(378)	(766)	(1,155)	(1,546)	(1,937)
Pharmacy Increase in Co-payment	2012/13	(2,213)	(4,427)	(4,427)	(4,427)	(4,427)
People with Chronic Health Conditions	2011/12	2,361	3,046	3,046	3,046	3,046
Demographic Funding and Contribution for Cost Pressures	2011/12	35,040	35,040	35,040	35,040	35,040
Demographic Funding and Contribution for Cost Pressures	2010/11	45,394	45,394	45,394	45,394	45,394
Funding for Price Pressures/Government Commitments	2009/10	10,485	10,485	10,485	10,485	10,485
Forecast Funding Track (FFT) and Demographics	2009/10	40,168	40,168	40,168	40,168	40,168

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

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

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Capital and Coast DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	643,567	643,567	661,037

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	5,783	5,783	5,783	5,783
DHB Demographics	2013/14	-	7,649	7,649	7,649	7,649
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	59	76	112	147
Aged Care and Dementia	2013/14	-	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	(201)	(406)	(612)	(820)	(1,027)
Pharmacy Increase in Co-payment	2012/13	(1,175)	(2,350)	(2,350)	(2,350)	(2,350)
People with Chronic Health Conditions	2011/12	1,750	1,600	1,600	1,600	1,600
Demographic Funding and Contribution for Cost Pressures	2011/12	24,220	24,220	24,220	24,220	24,220
Demographic Funding and Contribution for Cost Pressures	2010/11	21,928	21,928	21,928	21,928	21,928
Funding for Price Pressures/Government Commitments	2009/10	5,459	5,459	5,459	5,459	5,459
Forecast Funding Track (FFT) and Demographics	2009/10	27,174	27,174	27,174	27,174	27,174

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

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

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Counties-Manukau DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,174,776	1,174,776	1,203,381

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

The performance measures are those contained in the Crown entity's Statement of Intent.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	10,461	10,461	10,461	10,461
DHB Demographics	2013/14	-	21,616	21,616	21,616	21,616
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	109	142	207	273
Aged Care and Dementia	2013/14	-	874	874	874	874
Contribution to DHB Cost Pressures	2012/13	16,683	16,683	16,683	16,683	16,683
DHB Demographics	2012/13	35,705	35,705	35,705	35,705	35,705
Aged Care Savings Through Changing the Assessment Level	2012/13	(373)	(755)	(1,139)	(1,525)	(1,911)
Pharmacy Increase in Co-payment	2012/13	(2,184)	(4,368)	(4,368)	(4,368)	(4,368)
People with Chronic Health Conditions	2011/12	3,112	2,941	2,941	2,941	2,941
Demographic Funding and Contribution for Cost Pressures	2011/12	52,930	52,930	52,930	52,930	52,930
Demographic Funding and Contribution for Cost Pressures	2010/11	50,024	50,024	50,024	50,024	50,024
Funding for Price Pressures/Government Commitments	2009/10	9,583	9,583	9,583	9,583	9,583
Forecast Funding Track (FFT) and Demographics	2009/10	56,922	56,922	56,922	56,922	56,922

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephasing of the expenditure through expense transfers.

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

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Hawkes Bay DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	419,231	419,231	430,355

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	3,731	3,731	3,731	3,731
DHB Demographics	2013/14	-	4,142	4,142	4,142	4,142
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	39	51	75	98
Aged Care and Dementia	2013/14	-	315	315	315	315
Contribution to DHB Cost Pressures	2012/13	6,048	6,048	6,048	6,048	6,048
DHB Demographics	2012/13	6,199	6,199	6,199	6,199	6,199
Aged Care Savings Through Changing the Assessment Level	2012/13	(134)	(272)	(410)	(549)	(688)
Pharmacy Increase in Co-payment	2012/13	(786)	(1,571)	(1,571)	(1,571)	(1,571)
People with Chronic Health Conditions	2011/12	1,521	1,066	1,066	1,066	1,066
Demographic Funding and Contribution for Cost Pressures	2011/12	11,820	11,820	11,820	11,820	11,820
Demographic Funding and Contribution for Cost Pressures	2010/11	12,918	12,918	12,918	12,918	12,918
Funding for Price Pressures/Government Commitments	2009/10	3,674	3,674	3,674	3,674	3,674
Forecast Funding Track (FFT) and Demographics	2009/10	15,202	15,202	15,202	15,202	15,202

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Hutt DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Hutt DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	342,329	342,329	346,019

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	3,044	3,044	3,044	3,044
DHB Demographics	2013/14	-	2,092	2,092	2,092	2,092
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	32	42	61	80
Aged Care and Dementia	2013/14	-	256	256	256	256
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	(109)	(221)	(334)	(447)	(560)
Pharmacy Increase in Co-payment	2012/13	(639)	(1,278)	(1,278)	(1,278)	(1,278)
People with Chronic Health Conditions	2011/12	1,018	873	873	873	873
Demographic Funding and Contribution for Cost Pressures	2011/12	11,890	11,890	11,890	11,890	11,890
Demographic Funding and Contribution for Cost Pressures	2010/11	9,557	9,557	9,557	9,557	9,557
Funding for Price Pressures/Government Commitments	2009/10	2,960	2,960	2,960	2,960	2,960
Forecast Funding Track (FFT) and Demographics	2009/10	16,742	16,742	16,742	16,742	16,742

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Lakes DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Lakes DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	268,519	268,519	272,759

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	2,375	2,375	2,375	2,375
DHB Demographics	2013/14	-	2,665	2,665	2,665	2,665
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	25	33	48	63
Aged Care and Dementia	2013/14	-	202	202	202	202
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	(86)	(174)	(263)	(352)	(441)
Pharmacy Increase in Co-payment	2012/13	(503)	(1,006)	(1,006)	(1,006)	(1,006)
People with Chronic Health Conditions	2011/12	399	684	684	684	684
Demographic Funding and Contribution for Cost Pressures	2011/12	7,490	7,490	7,490	7,490	7,490
Demographic Funding and Contribution for Cost Pressures	2010/11	6,384	6,384	6,384	6,384	6,384
Funding for Price Pressures/Government Commitments	2009/10	2,382	2,382	2,382	2,382	2,382
Forecast Funding Track (FFT) and Demographics	2009/10	8,825	8,825	8,825	8,825	8,825

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephasing of the expenditure through expense transfers.

Health and Disability Support Services - MidCentral DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from MidCentral DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	442,502	442,502	447,614

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	3,909	3,909	3,909	3,909
DHB Demographics	2013/14	-	2,653	2,653	2,653	2,653
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	41	54	79	104
Aged Care and Dementia	2013/14	-	331	331	331	331
Contribution to DHB Cost Pressures	2012/13	6,316	6,316	6,316	6,316	6,316
DHB Demographics	2012/13	9,031	9,031	9,031	9,031	9,031
Aged Care Savings Through Changing the Assessment Level	2012/13	(141)	(286)	(432)	(578)	(725)
Pharmacy Increase in Co-payment	2012/13	(829)	(1,658)	(1,658)	(1,658)	(1,658)
People with Chronic Health Conditions	2011/12	850	1,119	1,119	1,119	1,119
Demographic Funding and Contribution for Cost Pressures	2011/12	13,700	13,700	13,700	13,700	13,700
Demographic Funding and Contribution for Cost Pressures	2010/11	11,231	11,231	11,231	11,231	11,231
Funding for Price Pressures/Government Commitments	2009/10	3,800	3,800	3,800	3,800	3,800
Forecast Funding Track (FFT) and Demographics	2009/10	22,492	22,492	22,492	22,492	22,492

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephasing of the expenditure through expense transfers.

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

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Nelson-Marlborough DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	359,088	359,088	367,526

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	3,190	3,190	3,190	3,190
DHB Demographics	2013/14	-	6,474	6,474	6,474	6,474
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	34	44	64	84
Aged Care - Dementia	2013/14	-	269	269	269	269
Contribution to DHB Cost Pressures	2012/13	5,142	5,142	5,142	5,142	5,142
DHB Demographics	2012/13	7,112	7,112	7,112	7,112	7,112
Aged Care Savings Through Changing the Assessment Level	2012/13	(114)	(232)	(350)	(468)	(586)
Pharmacy Increase in Co-payment	2012/13	(671)	(1,342)	(1,342)	(1,342)	(1,342)
People with Chronic Health Conditions	2011/12	1,003	905	905	905	905
Demographic Funding and Contribution for Cost Pressures	2011/12	9,890	9,890	9,890	9,890	9,890
Demographic Funding and Contribution for Cost Pressures	2010/11	8,381	8,381	8,381	8,381	8,381
Funding for Price Pressures/Government Commitments	2009/10	3,175	3,175	3,175	3,175	3,175
Forecast Funding Track (FFT) and Demographics	2009/10	9,712	9,712	9,712	9,712	9,712

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Northland DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Northland DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	465,674	465,674	474,887

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	4,113	4,113	4,113	4,113
DHB Demographics	2013/14	-	6,173	6,173	6,173	6,173
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	43	56	82	108
Aged Care - Dementia	2013/14	-	346	346	346	346
Contribution to DHB Cost Pressures	2012/13	6,662	6,662	6,662	6,662	6,662
DHB Demographics	2012/13	7,087	7,087	7,087	7,087	7,087
Aged Care Savings Through Changing the Assessment Level	2012/13	(148)	(299)	(451)	(603)	(756)
Pharmacy Increase in Co-payment	2012/13	(865)	(1,730)	(1,730)	(1,730)	(1,730)
People with Chronic Health Conditions	2011/12	913	1,173	1,173	1,173	1,173
Demographic Funding and Contribution for Cost Pressures	2011/12	15,900	15,900	15,900	15,900	15,900
Demographic Funding and Contribution for Cost Pressures	2010/11	11,045	11,045	11,045	11,045	11,045
Funding for Price Pressures/Government Commitments	2009/10	12,191	12,191	12,191	12,191	12,191
Forecast Funding Track (FFT) and Demographics	2009/10	23,201	23,201	23,201	23,201	23,201

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

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

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from South Canterbury DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	156,166	152,166	160,922

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	1,389	1,389	1,389	1,389
DHB Demographics	2013/14	-	3,768	3,768	3,768	3,768
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	15	19	28	37
Aged Care and Dementia	2013/14	-	118	118	118	118
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	(50)	(102)	(153)	(205)	(257)
Pharmacy Increase in Co-payment	2012/13	(295)	(589)	(589)	(589)	(589)
People with Chronic Health Conditions	2011/12	247	401	401	401	401
Demographic Funding and Contribution for Cost Pressures	2011/12	3,930	3,930	3,930	3,930	3,930
Demographic Funding and Contribution for Cost Pressures	2010/11	4,115	4,115	4,115	4,115	4,115
Funding for Price Pressures/Government Commitments	2009/10	1,406	1,406	1,406	1,406	1,406
Forecast Funding Track (FFT) and Demographics	2009/10	4,285	4,285	4,285	4,285	4,285

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Southern DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Southern DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	743,005	743,005	758,005

Reasons for Change in Appropriation

The Southern DHB was formed from the amalgamation of the Otago and Southland DHBs with effect from 1 May 2010.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	6,623	6,623	6,623	6,623
DHB Demographics	2013/14	-	8,641	8,641	8,641	8,641
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	69	89	131	172
Aged Care Dementia	2013/14	-	550	550	550	550
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	(235)	(476)	(718)	(961)	(1,204)
Pharmacy Increase in Co-payment	2012/13	(1,377)	(2,753)	(2,753)	(2,753)	(2,753)
People with Chronic Health Conditions	2011/12	907	1,860	1,860	1,860	1,860
Demographic Funding and Contribution for Cost Pressures	2011/12	18,330	18,330	18,330	18,330	18,330
Demographic Funding and Contribution for Cost Pressures	2010/11	17,474	17,474	17,474	17,474	17,474

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Tairawhiti DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Tairawhiti DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	137,348	137,348	141,224

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	1,214	1,214	1,214	1,214
DHB Demographics	2013/14	-	2,934	2,934	2,934	2,934
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	13	17	24	32
Aged Care and Dementia	2013/14	-	102	102	102	102
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	(44)	(89)	(134)	(179)	(224)
Pharmacy Increase in Co-payment	2012/13	(256)	(512)	(512)	(512)	(512)
People with Chronic Health Conditions	2011/12	231	350	350	350	350
Demographic Funding and Contribution for Cost Pressures	2011/12	4,720	4,720	4,720	4,720	4,720
Demographic Funding and Contribution for Cost Pressures	2010/11	3,726	3,726	3,726	3,726	3,726
Funding for Price Pressures/Government Commitments	2009/10	1,186	1,186	1,186	1,186	1,186
Forecast Funding track (FFT) and Demographics	2009/10	7,017	7,017	7,017	7,017	7,017

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Taranaki DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Taranaki DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	290,890	290,890	296,026

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	2,596	2,596	2,596	2,596
DHB Demographics	2013/14	-	3,405	3,405	3,405	3,405
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	27	36	52	69
Aged Care Dementia	2013/14	-	219	219	219	219
Contribution to DHB Cost Pressures	2012/13	4,202	4,202	4,202	4,202	4,202
DHB Demographics	2012/13	4,312	4,312	4,312	4,312	4,312
Aged Care Savings Through Changing the Assessment Level	2012/13	(94)	(189)	(286)	(383)	(480)
Pharmacy Increase in Co-payment	2012/13	(548)	(1,097)	(1,097)	(1,097)	(1,097)
People with Chronic Health Conditions	2011/12	445	744	744	744	744
Demographic Funding and Contribution for Cost Pressures	2011/12	7,560	7,560	7,560	7,560	7,560
Demographic Funding and Contribution for Cost Pressures	2010/11	8,224	8,224	8,224	8,224	8,224
Funding for Price Pressures/Government Commitments	2009/10	7,952	7,952	7,952	7,952	7,952
Forecast Funding track (FFT) and Demographics	2009/10	7,973	7,973	7,973	7,973	7,973

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Waikato DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Waikato DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	953,154	949,154	977,884

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	8,404	8,404	8,404	8,404
DHB Demographics	2013/14	-	17,670	17,670	17,670	17,670
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	87	113	165	217
Aged Care and Dementia	2013/14	-	694	694	694	694
Contribution to DHB Cost Pressures	2012/13	13,559	13,559	13,559	13,559	13,559
DHB Demographics	2012/13	13,599	13,599	13,599	13,599	13,599
Aged Care Savings Through Changing the Assessment Level	2012/13	(297)	(600)	(906)	(1,212)	(1,519)
Pharmacy Increase in Co-payment	2012/13	(1,736)	(3,472)	(3,472)	(3,472)	(3,472)
People with Chronic Health Conditions	2011/12	1,636	2,358	2,358	2,358	2,358
Demographic Funding and Contribution for Cost Pressures	2011/12	30,380	30,380	30,380	30,380	30,380
Demographic Funding and Contribution for Cost Pressures	2010/11	35,116	35,116	35,116	35,116	35,116
Funding for Price Pressures/Government Commitments	2009/10	24,487	24,487	24,487	24,487	24,487
Forecast Funding Track (FFT) and Demographics	2009/10	47,431	47,431	47,431	47,431	47,431

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Wairarapa DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Wairarapa DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	116,006	116,006	119,191

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	1,031	1,031	1,031	1,031
DHB Demographics	2013/14	-	2,670	2,670	2,670	2,670
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	11	14	21	27
Aged Care and Dementia	2013/14	-	88	88	88	88
Contribution to DHB Cost Pressures	2012/13	1,676	1,676	1,676	1,676	1,676
DHB Demographics	2012/13	1,948	1,948	1,948	1,948	1,948
Aged Care Savings Through Changing the Assessment Level	2012/13	(37)	(75)	(114)	(152)	(191)
Pharmacy Increase in Co-payment	2012/13	(218)	(435)	(435)	(435)	(435)
People with Chronic Health Conditions	2011/12	368	294	294	294	294
Demographic Funding and Contribution for Cost Pressures	2011/12	3,870	3,870	3,870	3,870	3,870
Demographic Funding and Contribution for Cost Pressures	2010/11	2,692	2,692	2,692	2,692	2,692
Funding for Price Pressures/Government Commitments	2009/10	1,026	1,026	1,026	1,026	1,026
Forecast Funding Track (FFT) and Demographics	2009/10	3,142	3,142	3,142	3,142	3,142

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Waitemata DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Waitemata DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,217,924	1,217,924	1,252,792

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	10,943	10,943	10,943	10,943
DHB Demographics	2013/14	-	17,689	17,689	17,689	17,689
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	111	144	211	277
Aged Care and Dementia	2013/14	-	888	888	888	888
Contribution to DHB Cost Pressures	2012/13	17,453	17,453	17,453	17,453	17,453
DHB Demographics	2012/13	25,201	25,201	25,201	25,201	25,201
Aged Care Savings Through Changing the Assessment Level	2012/13	(379)	(767)	(1,157)	(1,549)	(1,941)
Pharmacy Increase in Co-payment	2012/13	(2,218)	(4,436)	(4,436)	(4,436)	(4,436)
People with Chronic Health Conditions	2011/12	4,297	2,991	2,991	2,991	2,991
Demographic Funding and Contribution for Cost Pressures	2011/12	42,760	42,760	42,760	42,760	42,760
Demographic Funding and Contribution for Cost Pressures	2010/11	46,467	46,467	46,467	46,467	46,467
Funding for Price Pressures/Government Commitments	2009/10	10,362	10,362	10,362	10,362	10,362
Forecast Funding Track (FFT) and Demographics	2009/10	41,564	41,564	41,564	41,564	41,564

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephasing of the expenditure through expense transfers.

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

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from West Coast DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	114,610	114,610	116,046

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	1,022	1,022	1,022	1,022
DHB Demographics	2013/14	-	726	726	726	726
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	9	12	17	23
Aged Care and Dementia	2013/14	-	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	(31)	(63)	(95)	(127)	(159)
Pharmacy Increase in Co-payment	2012/13	(182)	(365)	(365)	(365)	(365)
People with Chronic Health Conditions	2011/12	204	249	249	249	249
Demographic Funding and Contribution for Cost Pressures	2011/12	2,860	2,860	2,860	2,860	2,860
Demographic Funding and Contribution for Cost Pressures	2010/11	2,572	2,572	2,572	2,572	2,572
Funding for Price Pressures/Government Commitments	2009/10	1,045	1,045	1,045	1,045	1,045
Forecast Funding Track (FFT) and Demographics	2009/10	3,195	3,195	3,195	3,195	3,195

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health and Disability Support Services - Whanganui DHB (M36)

Scope of Appropriation

Funding of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs from Whanganui DHB.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	195,703	195,703	197,978

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the Crown entity's Statement of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Contribution to DHB Cost Pressures	2013/14	-	1,742	1,742	1,742	1,742
DHB Demographics	2013/14	-	1,217	1,217	1,217	1,217
Long Term Conditions - Cardiovascular Disease (CVD)/ Diabetes	2013/14	-	18	23	34	44
Aged Care - Dementia	2013/14	-	142	142	142	142
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	(61)	(123)	(184)	(247)	(311)
Pharmacy Increase in Co-payment	2012/13	(353)	(707)	(707)	(707)	(707)
People with Chronic Health Conditions	2011/12	457	480	480	480	480
Demographic Funding and Contribution for Cost Pressures	2011/12	4,880	4,880	4,880	4,880	4,880
Demographic Funding and Contribution for Cost Pressures	2010/11	4,396	4,396	4,396	4,396	4,396
Funding for Price Pressures/Government Commitments	2009/10	1,745	1,745	1,745	1,745	1,745
Forecast Funding Track (FFT) and Demographics	2009/10	6,592	6,592	6,592	6,592	6,592

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephasing of the expenditure through expense transfers.

Health Services Funding (M36)

Scope of Appropriation

Funding to respond to emerging health sector risks, provision for DHB structural deficit support, and contingency funding for Government priority health policy initiatives.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	7,911	-	90,222

Reasons for Change in Appropriation

This appropriation contains provision for DHB deficit support and contingency funding for Government priority health policy initiatives.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Managing sector risks within Vote Health	Achieved	Achieved	Achieved

Conditions on Use of Appropriation

Reference	Conditions
Health and Disability Services	New Zealand Public Health and Disability Act 2000
Health and Disability Services	Health and Disability Services (Safety) Act 2001

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Maintain Risk Pool at \$30m per year	2015/16	-	-	-	16,734	62,240
Decrease Risk Pool	2016/17	-	-	-	-	(29,581)
Risk Reserve - Increase	2013/14	-	8,790	-	-	-
Pathway to Smokefree - an innovation fund	2012/13	5,000	5,000	5,000	5,000	5,000
Increase Risk Pool	2010/11	28,000	28,000	28,000	13,342	13,143
Risk Reserve - Increase	2010/11	7,278	7,278	7,278	7,278	7,278
DHB Deficit Support	2009/10	8,332	8,332	8,332	8,332	8,332

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health Workforce Training and Development (M36)

Scope of Appropriation

This appropriation is limited to provision of clinical training for doctors, nurses, dentists and other health professionals, and Voluntary Bonding Scheme claims.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	171,227	161,227	173,495

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
		(see Note 1)	(see Note 2)
The number of post-entry clinical trainees trained	5,689	5,770	5,689
The number of funded training places:			
• Non-vocational medical	562	567	562
• Vocational medical	1,146	1,206	1,146
• Technician medical	148	160	148
• General practice	236	245	236
• Nursing	2,400	2,600	2,400
• Midwifery	195	226	195
• Māori training	200	232	200
• Māori support	300	332	300
• Pharmacy internship	186	188	186
• Clinical Rehabilitation Certificate	18	14	18

Note 1 - Expected Actual Standards for this appropriation are from the 2011/12 Section 32A report.

Note 2 - Targets are the same as for the current year, as workforce contracts for calendar year 2014 will not be finalised until November 2013.

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Post-entry clinical training	Health Practitioners Competence Assurance Act 2003

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Expand Voluntary Bonding Scheme	2012/13	1,000	1,000	1,000	1,000	1,000
Train 18 More GPs	2012/13	864	1,314	1,764	1,764	1,764
Voluntary Bonding Scheme	2011/12	8,526	8,526	8,526	8,526	8,526
Voluntary Bonding - Additional volumes	2011/12	1,368	1,094	-	-	-
Voluntary Bonding Scheme	2011/12	9,894	9,620	8,526	8,526	8,256
Electives Training	2010/11	12,870	20,000	20,000	20,000	20,000
Boost GP Training	2009/10	5,000	5,000	5,000	5,000	5,000
Voluntary Bonding Scheme	2009/10	8,526	8,526	8,526	8,526	8,526
GP Training and Upskilling in Primary Maternity Care	2009/10	300	300	300	300	300
Encourage more training in rural and provincial areas	2009/10	1,000	1,000	1,000	1,000	1,000

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Monitoring and Protecting Health and Disability Consumer Interests (M36)

Scope of Appropriation

Provision of services to monitor and protect health consumer interests by the Health and Disability Commissioner, District Mental Health Inspectors and Review Tribunals, and the Mental Health Commission.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	12,870	12,870	26,596

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Health and Disability Commissioner			
The performance measures are those contained in the Crown entity's Statement of Intent			
Health Quality and Safety Commission			
The performance measures are those contained in the Crown entity's Statement of Intent			

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Mental health reviews and inquiries			
The percentage of District Mental Health Inspectors' monthly reports sent to the Director of Mental Health, on their duties undertaken, within one month after completion	90%	59% 2011/12	90%
The annual report by the Mental Health Review Tribunal, on their duties undertaken, to the Director of Mental Health by the due date	By 31 August 2011	31 October 2012	31 October 2013
The six monthly reports, administered by the Tribunal's secretariat, to the Director of Mental Health by the due dates	N/A	N/A	20 November 2013 20 May 2014
The start of the Mental Health Tribunal review held within 28 days of the receipt of the application	N/A	N/A	100%

Conditions on Use of Appropriation

Reference	Conditions
Health and Disability Commissioner	Health and Disability Commissioner Act 1994
Health Quality and Safety Commission	New Zealand Public Health & Disability Amendment Act 2010
District Inspectors' monthly reports to the Director of Mental Health	Mental Health (Compulsory Assessment and Treatment) Act 1992

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Health and Disability Commission services	2013/14	-	750	750	750	750
Health & Disability Commission	2012/13	15,093	15,093	15,093	15,093	15,093

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

National Advisory and Support Services (M36)

Scope of Appropriation

Provision of advisory and support services by independent service providers.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	340	340	340

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The percentage of independent service providers who provide advisory and support services in accordance with their standard contract with the Ministry of Health	100%	100%	100%
The number of service provider reports received on time	4	4	4

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules

National Child Health Services (M36)

Scope of Appropriation

For the funding and purchase of child health services directly by the Crown.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	82,146	82,146	80,482

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Well Child/Tamariki Ora Framework			
<i>Well Child/Tamariki Ora Framework services are available nationally</i>			
At least 85% of new babies are enrolled with Plunket national Well Child Services (see Note 1)	52,200 babies enrolled (85% of est. birth rate based on actual births in year to 31 Dec 2011)	92.1% of actual births 56,235 babies enrolled in 2011/12	51,400 babies enrolled (85% of est. birth rate based on actual births in year to 30 Sep 2012)
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 of calls offered)	< 10%	8%	< 10%

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
B4 School Checks			
Percentage of the eligible population delivered B4SCs	N/A	70% 2011/12	80%
Percentage of high deprivation population delivered B4SCs	N/A	80% 2011/12	80%
DHBs that provide the volumes of checks as specified in funding arrangements	20	16	20

Note 1 - Plunket is contracted to provide approximately 85% service coverage, the balance of service coverage is by local providers contracted via DHBs.

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Child health services	New Zealand Public Health and Disability Act 2000
Disability Support Services	Health and Disability Services (Safety) Act 2001

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
B4 School Checks - increased coverage	2013/14	-	1,748	1,748	1,748	1,748
Children's Action Plan	2013/14	-	1,340	3,955	700	700
Well Child	2013/14	-	30	30	30	30
PlunketLine and WellChild Services	2012/13	1,600	1,640	1,681	1,723	1,723
Additional Well Child Visits (Scaled)	2011/12	5,330	5,330	5,330	5,330	5,300
PlunketLine	2011/12	315	315	315	315	315
Well Child	2011/12	823	823	823	823	823
PlunketLine	2010/11	375	375	375	375	375
Plunket Well Child	2010/11	688	688	688	688	688

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

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

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	132,232	122,232	28,846

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
PHARMAC			
The performance measures are those contained in the Crown entity's Statement of Intent			
Health Research Council			
The performance measures are those contained in the Crown entity's Statement of Intent			
Pacific Innovation Fund			
Number of reports received on time	N/A	N/A	95%
Proportion of contracts with evaluation frameworks in place	N/A	N/A	100%

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
PHARMAC	New Zealand Public Health and Disability Act 2000, section 46 and Schedule 6 Crown Entities Act 2004
Health Research Council	Health Research Council Act 1990

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
National Cardiac Surgical, Acute Coronary Syndrome and Interventional Cardiology Registers.	2012/13	1,750	750	750	750	750
Pacific Innovation Fund	2012/13	1,500	1,500	1,500	1,500	1,500
Access to diagnostic to support cancer, cardiac and electives	2012/13	4,000	4,000	4,000	4,000	4,000
Organ Donations	2012/13	1,000	1,000	1,000	1,000	1,000
Cancer Control - patient pathway co-ordination and other services	2012/13	6,575	6,500	6,000	6,000	6,000
Boost Telephone Advice - new line service	2012/13	1,500	1,500	1,500	1,500	1,500
Rheumatic Fever	2012/13	3,000	3,000	3,000	3,000	-
Rheumatic Fever	2011/12	3,000	3,000	3,000	-	-
Safe Staffing Healthy Workplaces Unit	2011/12	400	-	-	-	-
Oral Health	2011/12	1,100	1,100	1,100	1,100	1,100
Healthline	2011/12	1,148	1,148	1,148	1,148	1,148
Hospital Chaplaincy Services	2011/12	97	97	97	97	97
National Health Committee Innovation Fund	2011/12	3,000	3,000	3,000	3,000	3,000
Health Benefits Limited	2011/12	4,000	3,000	2,000	1,000	1,000
Boost Funding for Subsidised Medicines	2010/11	10,000	10,000	10,000	10,000	10,000
Mobile Surgical Services	2010/11	521	521	521	521	521
Hospital Chaplaincy	2010/11	114	114	114	114	114
Healthline	2010/11	587	587	587	587	587
Contact Lens Volume	2010/11	94	94	94	94	94
Increased Health Sector Purchases	2010/11	15,000	15,000	15,000	15,000	15,000
Boosting Hospice Care	2009/10	15,000	15,000	15,000	15,000	15,000
Boost Funding for Subsidised Medicines	2009/10	13,800	13,800	13,800	13,800	13,800

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephasing of the expenditure through expense transfers.

National Disability Support Services (M36)

Scope of Appropriation

Delivery of disability support services provided through DHBs and third-party service providers.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,046,356	1,036,356	1,103,234

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Needs Assessment and Service Co-ordination			
All new eligible Disability Support Services clients are assessed within 20 days of referral	≥ 80%	78%	≥ 80%
All new clients assessed as being eligible for Ministry-funded support are provided with their support options within 20 days of assessment	≥ 80%	79%	≥ 80%
Home and Community Services			
The number of home and community clients	N/A	17,827	18,184
The number of individualised funding arrangements to improve client and family choice and control	N/A	1,611	1,775
Residential Care			
The total number of residential clients	N/A	7,067	7,067
The total number of residential clients receiving supported living care	N/A	2,105	2,328
Residential services support people to have an everyday life. At least 80% of clients and families are satisfied with the service, as demonstrated through the developmental evaluations	≥ 80%	90%	≥ 80%
The number of clients in very high cost services (High and Complex Services) will be maintained at a sustainable level	Under 500 people	299 (as at 28 Feb 2013)	Under 500 people
Environmental Support			
The percentage of equipment supplied from the Ministry of Health equipment list	N/A	65%	>60%
The percentage of equipment items supplied that are refurbished and reissued	N/A	52%	>45%

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Disability Support Services	Health and Disability Services (Safety) Act 2001
Disability Support Service Providers	New Zealand Public Health and Disability Act 2000
Monitoring by District Inspectors	Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Environment/Community Services - demographics	2013/14	-	4,430	4,430	4,430	4,430
Residential Services Demographic Pressures	2013/14	-	10,155	10,155	10,155	10,155
Sleepovers	2013/14	-	12,000	10,000	10,000	10,000
Family Caregivers	2013/14	-	23,000	23,000	23,000	23,000
Enabling Good Lives	2013/14	-	300	300	300	300
Cochlear Implants	2012/13	1,303	-	-	-	-
Community Care Services	2012/13	12,456	13,235	14,065	14,951	14,951
Environmental support - Mobility and Sensory	2012/13	4,881	5,076	5,279	5,490	5,490
Residential Care Community	2012/13	13,577	14,198	14,683	15,185	15,185
Expanding Demonstration of New Model of Care	2012/13	2,268	2,815	2,315	1,955	1,955
Disability Support Services	2011/12	52,500	52,500	52,500	52,500	52,500
Carer Support	2010/11	600	600	600	600	600
Cochlear Implants	2010/11	400	400	-	-	-
Crown Funding with DHBs	2010/11	830	830	830	830	830
Home and Community Support	2010/11	6,390	6,390	6,390	6,390	6,390
NASC Management	2010/11	177	177	177	177	177
Other Disability Services	2010/11	862	862	862	862	862
Residential Services for People with Intellectual Disabilities	2010/11	5,370	5,370	5,370	5,370	5,370
Respite Care	2010/11	677	677	677	677	677
Support Independent Living	2010/11	1,980	1,980	1,980	1,980	1,980
Young Persons with Physical /Sensory Disability	2010/11	1,053	1,053	1,053	1,053	1,053
Intellectual Disability (Compulsory Care and Rehabilitation)	2009/10	9,800	9,800	9,800	9,800	9,800

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

National Elective Services (M36)

Scope of Appropriation

Funding for the purchase of additional elective surgery services.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	277,888	267,888	277,406

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in DHBs' Statements of Intent			

Conditions on Use of Appropriation

Reference	Conditions
DHBs	New Zealand Public Health and Disability Act 2000

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Electives - Additional 2000 discharges	2013/14	-	12,000	12,000	12,000	12,000
Electives - maintain existing volumes	2013/14	-	10,000	10,000	10,000	10,000
Additional 2000 discharges per annum	2012/13	12,000	12,000	12,000	12,000	12,000
Electives Services	2011/12	24,000	24,000	22,000	22,000	22,000
Elective Services Funding	2010/11	7,130	-	-	-	-
Elective Services Funding	2010/11	10,000	-	-	-	-
Breast Reconstruction	2010/11	2,000	2,000	-	-	-

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

National Emergency Services (M36)

Scope of Appropriation

For the funding and purchase of health emergency services directly by the Crown.

Expenses

Total Appropriation	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
	91,121	91,121	93,009

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Emergency calls are triaged and services dispatched effectively and efficiently:		(see Note 1)	
<ul style="list-style-type: none"> Call response times - percentage of calls answered in 15 seconds 	95%	96%	95%
<ul style="list-style-type: none"> Calls reach compliance with the medical priority dispatch system performance indicators 	100%	100%	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%	51%	50%
<ul style="list-style-type: none"> Urban reached in 20 minutes 	95%	95%	95%
<ul style="list-style-type: none"> Rural reached in 12 minutes 	50%	50%	50%
<ul style="list-style-type: none"> Rural reached in 30 minutes 	95%	92%	95%
<ul style="list-style-type: none"> Remote reached in 25 minutes 	50%	50%	50%
<ul style="list-style-type: none"> Remote reached in 60 minutes 	95%	90%	95%
Percentage of air ambulance median activation times that are within the target times for day and night time activations	N/A	N/A	80%
Ambulance sector engagement attendance at 15 meetings and/or ambulance, health and emergency sector forums within the year	15	21	15
Complaints, both individual cases and trends - follow-up on investigation of sentinel and adverse events	100% of sentinel and adverse events are followed up	100%	100%

Note 1 - Estimated Actual Standards are as at 31 December 2012.

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Emergency services	New Zealand Public Health and Disability Act 2000 section 8

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Whole of Government Radio Network	2013/14	-	636	636	636	636
Air Ambulances	2013/14	-	1,873	1,873	1,873	1,873
Ambulance Services	2012/13	1,775	1,799	1,826	1,850	1,850
Electronic Patient Reporting	2012/13	1,000	1,000	-	-	-
Forecast Funding Track	2011/12	230	230	230	230	230
Ambulance Services	2011/12	2,004	2,004	2,004	2,004	2,004
Ambulance Services	2009/10	10,000	10,000	10,000	10,000	10,000

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

National Māori Health Services (M36)

Scope of Appropriation

For the funding and purchase of Māori health services directly by the Crown.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	5,660	3,660	7,635

Reasons for Change in Appropriation

There have been no changes to funding policy in this appropriation. Subsequent changes to some initiatives may have been made by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs, or rephrasing of expenditure through expense transfers.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Funding and purchasing of services to reduce Māori health disparities and improve Māori health outcomes			
<i>Rongoā (traditional Māori healing) services</i>			
The number of Rongoā providers delivering at least 650 client contacts	15 Rongoā providers	15	15

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
<i>Provision and funding to support the delivery of health service by Māori</i>			
The percentage of mental health service providers who provide services in accordance with their provider contracts with the Ministry of Health	N/A	N/A	100%

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Māori health services	New Zealand Public Health and Disability Act 2000 section 4
Māori health services	Health and Disability Services (Safety) Act 2001

National Maternity Services (M36)

Scope of Appropriation

For the funding and purchase of maternity services directly by the Crown.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	147,129	147,129	144,212

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Lead Maternity Carer			
<i>Lead maternity carers (LMCs) deliver quality maternity services in compliance with the Section 88 Primary Maternity Services Notice 2007 (excludes DHB primary maternity services)</i>			
Percentage of women giving birth in the year who receive primary maternity services through the section 88 Primary Maternity Services Notice	44,800 (73% of births)	75.7% (46,183 in 2011/12)	42,300 (>70% of births in year to 30 Sep 2012)

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Maternity services	New Zealand Public Health and Disability Act 2000 section 8

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Funding for Cost Pressures	2012/13	3,331	3,414	3,499	3,587	3,587
DHB-Funded Maternity Services	2011/12	5,500	5,500	5,500	5,500	-
Implementation of Referral Guidelines/Processes For Transfer of Care	2011/12	300	300	300	300	300
Implementation of Maternity Quality and Safety Programme	2011/12	2,000	2,000	2,000	2,000	2,000
National Maternity Services	2010/11	3,240	3,240	3,240	3,240	3,240
Optional General Practice Visit for "At Risk" pregnant woman	2009/10	2,816	2,816	2,816	2,816	2,816
Maternity Services - birth rates	2009/10	10,000	10,000	10,000	10,000	10,000
GP/Lead Maternity Carer Optional Visit	2009/10	2,816	2,816	2,816	2,816	2,816

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

National Mental Health Services (M36)

Scope of Appropriation

For the funding and purchase of mental health services directly by the Crown.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	31,613	31,613	59,927

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The percentage of mental health service providers who provide services in accordance with their provider contracts with the Ministry of Health	100%	100%	100%
Number of annual contacts made through the National Depression Helpline service	25,000	20,000	25,000
Deliver on four Mental Health and Addiction Workforce Centre work programmes	Achieved	Achieved	Achieved
Deliver on the Tackling Methamphetamine: An Action Plan annual milestones	5 measures	5 measures	5 measures
Deliver on the Suicide Prevention Action Plan:			
<ul style="list-style-type: none"> Implement actions from the action plan for one-off community Suicide Prevention initiatives 	N/A	N/A	(see Note 1)
<ul style="list-style-type: none"> Implement actions from the action plan for up to 3 year community based Suicide Prevention initiatives 	N/A	N/A	(see Note 1)
Deliver on the Drivers of Crime Action Plan	N/A	N/A	Achieved
The number of PHOs engaged for Alcohol Brief Interventions	N/A	0	5
Monitoring of Access to Treatment Services for Youth: DHBs to be making progress towards performance goals of:			
<ul style="list-style-type: none"> percentage of non-urgent calls seen within 3 weeks 	N/A	67%	80%
<ul style="list-style-type: none"> percentage of non-urgent calls seen within 8 weeks 	N/A	85%	95%

Note 1 - The Budget Standard will be confirmed when service specifications are finalised, which will be after the ISE is completed.

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Mental health services	New Zealand Public Health and Disability Act 2000 section 8
Mental Health and Addiction Workforce	Alcoholism and Drug Addiction Act 1966
Mental health services	Mental Health (Compulsory Assessment and Treatment) Act 1992

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Pre-Employment Drug Testing	2013/14	-	1,398	1,398	1,398	1,398
Mother and Baby Care	2013/14	-	2,600	5,200	5,200	5,200
Youth Mental Health Services	2013/14	-	900	875	4,040	4,040
Strengthening Communities to Prevent Suicide	2012/13	2,000	2,000	2,000	2,000	2,000
Drivers of Crime - Alcohol and Other Drug Assessments and Interventions	2012/13	9,840	9,840	9,840	9,840	9,840
Compulsory Alcohol and Drug Treatment	2012/13	787	775	775	775	775
Mental Health Blueprint	2011/12	10,000	10,000	10,000	10,000	10,000
Mental Health Services - Government Commitments	2010/11	10,000	10,000	10,000	10,000	10,000
Tackling Methamphetamine	2009/10	9,022	9,022	9,022	9,022	9,022
Mental Health Blueprint Implementation	2009/10	20,000	20,000	20,000	20,000	20,000

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

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

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	-	-	93,921

Reasons for Change in Appropriation

Funding has been transferred from National Contracted Services - Other appropriation to this new appropriation to better report national personal health services funding. Details of the funding changes are contained in Part 1.4 "Reconciliation of Changes in Appropriation Structure".

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Nationally Purchased Personal Health			
<i>National telephone triage and health advice services (Healthline)</i>			
Phone line service is available 24/7	99%	100%	99%
Call abandonment rate (percentage of calls offered)	< 10%	6%	< 10%
Percentage of calls answered within 20 seconds	N/A	82%	>80%
Percentage of surveyed callers satisfied or very satisfied with the Healthline service	N/A	97%	>95%
Mobile Surgical Services			
Elective day surgery target of 705 case-weights (approximately 1,500 operations per annum)	705	Under 700 revised case-weights applicable for 2012/13	650
Rural health professional development and remote collaboration services volume targets met	100%	100%	100%
Cancer Control			
Completed progress reports for evaluations of cancer programme initiatives	N/A	N/A	100%
Fund and monitor the bowel screening pilot	100%	100%	100%
National Implementation of InterRAI Assessment Tool (see 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
High Cost Treatment Pool			
The percentage of completed applications managed within three weeks	N/A	100%	100%
Cardiovascular Disease and Diabetes Health			
Licensing and Development of Cardiac Surgery Registry is expected to be completed by 30 June 2013 The number of DHBs with cardiac facilities using the registry	N/A	N/A	< 5 DHBs
Licensing and Development of Acute Coronary Syndrome Registry is expected to be completed by 30 June 2013 The number of DHBs with cardiac facilities using the registry	N/A	0	15-20
Additional Organ Donations			
<i>Deceased Organ Donors</i>			
• Quarterly and annual reports about deceased organ donors	N/A	N/A	In receipt of
• Annual percentage increase in deceased organ donors (see Note 2)	N/A	N/A	7%
<i>Live Organ Donations</i>			
• Quarterly and annual reports about live organ donations	N/A	N/A	In receipt of
• Annual percentage increase in live organ donations in pilot DHB (see Note 2)	N/A	N/A	18%

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.

Note 2 - For four financial years, starting from a 2011/12 base.

Conditions on Use of Appropriation

Reference	Conditions
Personal Health Services	New Zealand Public Health and Disability Act 2000
Disability Support Services	Health and Disability Services (Safety) Act 2001

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Familial Gastrointestinal Cancer Registry and Hospices	2013/14	-	500	500	500	500
Prostate Cancer - Awareness and Quality Improvement Programme	2013/14	-	1,230	950	1,050	1,050
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	-	9,355	7,300	6,300	5,300
Aged Care and Dementia	2013/14	-	2,500	1,500	700	-
Sexual Health	2013/14	-	228	228	228	228

Primary Health Care Strategy (M36)

Scope of Appropriation

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

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	175,956	175,956	178,936

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Better Sooner More Convenient		(see Note 1)	
DHB progress against clinical integration activities agreed in 2013/14 Annual Plans, including but not limited to <ul style="list-style-type: none"> Shifting services to primary care Integrated Family Health Centre development 	N/A	N/A	85%
GP consultations for High Need groups	N/A	3,608,279	3,800,000
Practice Nurse consultations for High Need groups	N/A	864,278	1,000,000
Access to affordable primary health care services			
New Zealand children who receive free access to Under 6 services	85%	89%	85%
Primary Mental Health Services			
Funded primary mental health services for enrolled patients with mild to moderate mental health and/or substance abuse problems who meet the eligibility criteria of high needs (Māori, Pacific Island and/or decile 5) Service utilisation targets are as follows:			
<ul style="list-style-type: none"> Extended consultations (with a general practitioner or practice nurse) 	23,000	N/A	23,000
<ul style="list-style-type: none"> Assessments, brief interventions, and/or counselling sessions provided by primary mental health clinicians or counsellors/psychologists 	36,000	N/A	36,000
<ul style="list-style-type: none"> Packages of Care, which cover a variety of services such as cognitive behavioural therapy, medication reviews, counselling and other psychosocial interventions 	19,000	N/A	19,000

Note 1 - Estimated Actual Standards for this appropriation are from the 2011/12 Section 32A report.

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Primary Health Care Strategy	New Zealand Public Health and Disability Act 2000 section 8

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Care Plus volume increase & performance incentives	2013/14	-	6,200	6,200	6,200	6,200
Long Term Conditions - Cardiovascular Disease (CVD)/Diabetes	2013/14	-	250	250	-	-
Very Low Cost Access/Under Sixes	2011/12	3,400	3,400	3,400	3,400	3,400
PHO Performance	2010/11	3,772	3,772	3,772	3,772	3,772
Very Low Cost Access	2010/11	7,500	7,500	7,500	7,500	7,500
Care Plus	2010/11	15,982	15,982	15,982	15,982	15,982

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Problem Gambling Services (M36)

Scope of Appropriation

Funding to support the research and implementation of strategies to prevent and minimise the harm from gambling, and for the provision of treatment services to problem gamblers and assistance to their families and whine in accordance with the Gambling Act 2003.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	18,874	16,874	17,739

Reasons for Change in Appropriation

The appropriation reflects the expected expenditure profile on problem gambling services during the three-year programme (2007/08 to 2009/10) and the next three-year programme (2010/11 to 2012/13) on which the present gambling levy has been assessed.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The percentage of problem gambling service providers who provide services in accordance with their provider contracts with the Ministry of Health	100%	100%	100%
The number of people seeking support from problem gambling services	6,000	6,150	6,000

Note 1 - Estimated Actual Standards for this appropriation are from the 2011/12 Section 32A report.

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Problem Gambling Service	Gambling Act 2003 [Administered by Department of Internal Affairs]

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Problem Gambling 3-Year Service Plan	2013/14	-	7,212	7,006	6,603	-
Problem Gambling Levy	2010/11	6,425	-	-	-	-

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Memorandum Account

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Problem Gambling			
Opening Balance at 1 July	8,479	8,479	10,459
Revenue	18,874	18,874	17,739
Expenses	18,874	16,894	17,739
Transfers and Adjustments	-	-	-
Closing Balance at 30 June	8,479	10,459	10,459

Public Health Service Purchasing (M36)

Scope of Appropriation

Public Health Services funded by the Ministry of Health from DHBs and other public health service providers.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	384,080	377,080	434,559

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiatives scheduled below.

Output Performance Measures and Standards

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
		(see Note 1)	
National Screening Unit			
<i>National Cervical Screening Programme (NCSP) eligible women to be screened every three years:</i>			
<ul style="list-style-type: none"> The number of women screened within the last three years, as a proportion of the eligible population (women aged 25-69 hysterectomy adjusted) by December 2014 	N/A	77.2%	80%
<ul style="list-style-type: none"> The total number of women screened in the last three years (women aged 25-69 hysterectomy adjusted) 	N/A	871,326	919,921
<ul style="list-style-type: none"> The number of additional women aged 25-69 years screened in the next year to achieve the 80% target by December 2014 	N/A	31,175	48,595
<ul style="list-style-type: none"> Increase in Māori eligible women screened 	2%	1.7% Dec 2012	8%
<ul style="list-style-type: none"> Increase in Pacific eligible women screened 	2%	2.2% Dec 2012	3%
<i>BreastScreen Aotearoa (BSA) eligible women to be screened every two years:</i>			
<ul style="list-style-type: none"> Women screened within the last two years, as a proportion of the eligible population (women aged 45-69 years) 	N/A	71.9% Dec 2012	70%
<ul style="list-style-type: none"> Number of women screened in the last two years (women aged 45-69 years) 	N/A	481,210 Dec 2012	481,848
<ul style="list-style-type: none"> Women screened Per Annum 	225,000	236,145 (see Note 1)	240,924
<ul style="list-style-type: none"> Increase in Māori eligible women screened 	2%	2%	2%
<ul style="list-style-type: none"> Maintain coverage of Pacific eligible woman above national target of 70% 	N/A	71.1% Dec 2012	>71%
<i>Newborn Metabolic Screening</i>			
Newborn babies screened (as a total of births)	≥ 98%	99%	≥ 98%
<i>Universal Newborn Hearing</i>			
Newborn babies screened (as a total of births)	≥ 70%	86%	≥ 70%
<i>Antenatal HIV</i>			
Number of Pregnant Women screened as a percentage of first antenatal screens	≥ 85%	75% (see Note 1)	≥ 85%
<i>Antenatal Screening for Down Syndrome and other conditions</i>			
Number of Pregnant Women screened as a percentage of first antenatal screens	≥ 60%	60%	≥ 60%

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Tobacco-Control Programme			
The proportion of Year 10 students identifying as 'never smoked'	72%	72%	73%
<i>Hospitalised smokers and those presenting to primary care will be provided with advice and help to quit:</i>			
<ul style="list-style-type: none"> For hospitalised smokers 	95%	89% (see Note 1)	95%
<ul style="list-style-type: none"> For primary care smoker presentations 	90%	55% (see Note 1)	90%
<ul style="list-style-type: none"> For pregnant women, progress toward 	90%	N/A	90%
Smokefree 2025 Innovation Fund			
Number of reports received on time	N/A	N/A	95%
For relevant contracts, Quit Rates checks at 4 weeks and 3 months	N/A	N/A	100%
Proportion of contracts with evaluation frameworks in place	N/A	N/A	100%
Tobacco			
Quit Group will increase quit attempts from 75,000 to 90,000 for 2011/2012	100%	59%	70%
Quit Group will maintain an annual average abandonment rate of no more than 10%	<10%	8%	<10%
Enforce Smokefree Environments Act			
All DHB-owned Public Health Units report six monthly on number of tobacco retailer education visits, controlled purchase operations(CPOs), number of retailers visited during CPOs and number of positive sales	100%	100%	100%
Environmental and Boarder Health			
Notify the Ministry of Health within 24 hours	N/A	100%	90%
Submit an investigation report to the Ministry of Health no later than 14 days after the occurrence of the event	N/A	100%	90%
Border Health Response Plan maintained and up-to-date	N/A	100%	100%
Increased Compliance with Sale of Liquor Act			
Applications/renewals for liquor licences for premises deemed high risk by Medical Officer of Health are visited to ensure compliance	90%	98%	90%
Services for Children			
The proportion of infants exclusively and fully breastfeeding at:			
<ul style="list-style-type: none"> Six weeks 	74%	66%	74%
<ul style="list-style-type: none"> Three months 	57%	55%	57%
Other Child and Youth - Violence Intervention Programme			
DHBs achieve Violence Intervention Programme benchmark audits scores of 70/100	90%	100%	90%
DHBs have improved programme responsiveness to Māori through implementation of their Whānau Ora plan	90%	90%	90%

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Drinking Water Subsidies			
Percentage of applications approved by the Associate Minister that meet the Government's criteria	100%	100% (see Note 1)	100%
Community Action on Alcohol and Drugs			
CAYAD service providers meet all contractual obligations and deliver services in accordance to quality specifications.	N/A	100%	100%
Communicable Disease and Immunisation			
Providers of rheumatic fever prevention services deliver milestones in accordance with contract deliverables	100%	100% (see Note 1)	95%
Providers of scientific advice, outbreak response and surveillance deliver milestones in accordance with contract requirements	95%	95% (see Note 1)	95%
Hepatitis Foundation			
The number of quarterly reports sent to the Ministry on time	N/A	4	4
Completion of Pilot Report by 30 June 2014 and National Implementation Plan by 30 July 2014	N/A	N/A	Achieved
Public Health Services (see Note 2)			
Investigate any public health event or emergency (relating to environmental and border health) with inter-district, national or potentially international implication:			
<ul style="list-style-type: none"> Notify the Ministry of Health within 24 hours 	90%	100%	90%
<ul style="list-style-type: none"> Submit an investigation report no later than 14 days after the occurrence of the event 	90%	100%	90%
Border Health Response Plan maintained and up-to-date	100%	100%	100%
Sexual and Reproductive Health			
<i>New Zealand AIDS Foundation</i>			
The percentage of all clients tested for HIV/AIDS are provided with a pre and post counselling session	N/A	100%	100%
Convene and facilitate National HIV/AIDS Forum	N/A	Achieved	Achieved
<i>New Zealand Family Planning Association</i>			
The number of general consultations across the 17 DHB regions contracted to deliver services	N/A	142,740 (as at 1 Jan 2013)	159,309
The number of school linked and outreach consultations across the 17 DHB regions contracted to deliver services	N/A	8,870 (as at 1 Jan 2013)	12,600
The number of pregnancy/maternity single episode consultations across the 17 DHB regions contracted to deliver services	N/A	9,824 (as at 1 Jan 2013)	12,250
Emergency Preparedness			
Maintain National Reserve Pandemic stocks	N/A	N/A	Achieved
The number of Emergo Train Mass Casualty simulations in DHBs (33 over three years)	N/A	N/A	11
Maintain emergency management capability and capacity in road ambulance services	N/A		Achieved
Development of an appropriately trained, resourced and equipped NZ Medical Assistance Team capability by 2015	N/A	N/A	On track
Develop capability and capacity within the Health Sector	N/A	N/A	Achieved

Performance Measures	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Like Minds Like Mine			
The percentage of providers who achieve the agreed number of tangata whaiora leadership workshops, staff training activities, de-stigmatisation community and media awareness activities as approved by the Ministry in their annual plans	N/A	N/A	90%
Suicide Prevention			
Kia Piki Te Ora All Age Suicide Prevention The percentage of providers who report six monthly on the number of community suicide prevention workshops, media promotions, across sector developments achieved from their annual plans	N/A	N/A	100%
Community Postvention Response:			
<ul style="list-style-type: none"> The number of completed assessments to identify possible emerging clusters per annum 	N/A	12	5
<ul style="list-style-type: none"> The number of communities, that are experiencing level three cluster suicides, provided support per annum 	N/A	8	3
Bereavement Support Service The number of family/whānau members bereaved by suicide, provided with support	N/A	900	800
MH101 - mental health literacy The number of mental health literacy workshops delivered	N/A	40	40
Applied Suicide Intervention Skills Training The number of partially subsidised places at ASIST trainings delivered	N/A	264	250
Travellers school based education programme for at risk youth The number of new schools recruited to the Travellers programme	N/A	6	8
Communicable Disease outbreak response plan All DHB-owned public health services are required to maintain a Communicable Disease outbreak response plan and capability to protect public health			
The percentage of Public Health Units with Communicable Disease (CD) outbreak response plan and capability, taking account of CD Manual and ESR guidance on outbreak investigation	N/A	N/A	100%
The percentage of notified conditions (excluding Acquired Immune Deficiency Syndrome) completed/concluded in Episurv	N/A	N/A	100%
Injury Prevention			
National Poison Centre Phonenumber Percentage of calls abandoned (over total number of calls)	N/A	5%	< 10%
National Poison Centre Treatment Outcome Six-monthly reporting of treatment outcomes to the Ministry on the percentages of no treatment required, self management and medical referrals (over the total number of calls with poisons exposure)	N/A	100%	100%

Note 1 - The Estimated Actual Standard is from the 2011/12 Section 32A report.

Note 2 - All DHB-owned public health services are required to meet the various public health statutory obligations.

Conditions on Use of Appropriation

Reference	Conditions
Provider contracts	All providers contracted under the Vote Health non-departmental expenditure are required to sign the standard contract with the Ministry of Health, which includes general terms and conditions, and standard conditions that include Service Schedules
Public Health Services, DHBs	New Zealand Public Health and Disability Act 2000

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Rheumatic Fever	2013/14	-	5,000	5,000	5,000	5,000
Rheumatic Fever - Vaccine Research	2013/14	-	800	800	-	-
Immunisation	2013/14	-	3,035	3,035	3,035	3,035
NZ Health Survey - Biomedical Testing	2013/14	-	-	1,299	376	289
Phoneline Service Volumes	2013/14	-	245	245	-	-
Demographic Pressures	2013/14	-	1,778	1,778	1,150	1,150
Screening Services - volume increases	2013/14	-	6,283	6,283	6,283	6,283
Antenatal Down and other Conditions Screening	2012/13	163	667	1,171	1,676	1,676
Antenatal HIV Screening	2012/13	28	29	29	30	30
Breast and Cervical Cancer Screening	2012/13	2,100	2,122	2,144	2,166	2,166
New-born Metabolic Screening	2012/13	47	48	48	49	49
Universal New-born Hearing Screening	2012/13	114	117	120	123	123
National Poisons Centre	2011/12	399	399	399	399	399
NZ Health Survey	2011/12	416	416	416	416	416
Emergency Management Supplies	2011/12	8,000	8,000	8,000	8,000	8,000
Sexual Health	2011/12	1,600	1,600	1,600	1,600	1,600
Antenatal and Newborn Screening Programme	2011/12	159	159	159	159	159
Public Health Units	2011/12	1,838	1,838	1,838	1,838	1,838
BreastScreen Aotearoa	2011/12	1,412	1,412	1,412	1,412	1,412
National Cervical Screening Programme	2011/12	929	929	929	929	929
Scientific Services Programme	2011/12	527	527	527	527	527
Bowel Cancer Screening Programme	2010/11	7,600	7,600	3,991	-	-
Antenatal and Newborn Screening Services	2010/11	288	288	288	288	288
Breast Screening Services	2010/11	4,030	4,030	4,030	4,030	4,030
Breast Screening Secondary Services	2010/11	6,000	6,000	6,000	6,000	6,000
Cervical Screening	2010/11	1,250	1,250	1,250	1,250	1,250
Sport For Young Kiwis - Green Prescription	2009/10	2,413	2,413	2,413	2,413	2,413
FFT/Demographics -	2009/10	12,719	12,719	12,719	12,719	12,719

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Summary of Service Providers for Non-Departmental Outputs

The following table summarises the resources to be allocated through Vote Health to non-departmental providers, along with an indication of the mechanism to be used for reporting actual performance and (where determined) the length of the funding commitment.

Provider	2012/13 Budgeted \$000	2012/13 Estimated Actual \$000	2013/14 Budget \$000	Reporting Mechanism	Expiry of Funding Commitment
District Health Board Funding					
• DHBs	10,898,456	10,890,456	11,104,359	DHBs' Annual Reports	On-going
Public Health Services Purchasing					
• DHBs	159,416	159,416	Not yet known	DHBs' Annual Reports	On-going
• Institute of Environmental and Scientific Research	13,324	13,324	Not yet known	Part provider's Annual Report	On-going
• Other Crown Entities	10,843	10,843	Not yet known	Part provider's Annual Report	Various
• Non-government Organisations	200,497	193,497	Not yet known	Part s32A Report	Various
National Advisory and Support Services					
• Non-government Organisations	340	340	340	s32A Report	Various
Monitoring and Protecting Health and Disability Consumer Interests					
• Health and Disability Commissioner	10,170	10,170	10,920	Part provider's Annual Report	On-going
• Health Quality and Safety Commission	-	-	12,976	Part provider's Annual Report	On-going
• Non-government Organisations	2,700	2,700	2,700	Part s32A Report	Various
National Disability Support Services					
• DHBs	153,993	153,993	Not yet known	Part DHBs' Annual Reports	Various
• Non-government Organisations	892,363	882,363	Not yet known	Part s32A Report	Various
• National Child Health Services					
• DHBs	28,488	28,488	Not yet known	Part DHBs' Annual Reports	Various
• Non-government Organisations	53,658	53,658	Not yet known	Part s32A Report	Various
Health Workforce Training and Development					
• DHBs	116,753	116,753	Not yet known	Part DHBs' Annual Reports	Various
• Other Crown Entities	6,207	6,207	Not yet known	Part provider's Annual Report	Various
• Non-government Organisations	48,267	38,267	Not yet known	Part s32A Report	Various
National Elective Services					
• DHBs	277,888	267,888	277,406	DHBs' Annual Reports	Various

Provider	2012/13 Budgeted \$000	2012/13 Estimated Actual \$000	2013/14 Budget \$000	Reporting Mechanism	Expiry of Funding Commitment
National Emergency Services					
• DHBs	200	200	Not yet known	Part DHBs' Annual Reports	Various
• Non-government Organisations	90,921	90,921	Not yet known	Part s32A Report	Various
National Māori Health Services					
• Non-government Organisations	5,660	3,660	7,635	s32A Report	Various
National Maternity Services					
• DHBs	2,800	2,800	Not yet known	Part DHBs' Annual Reports	Various
• Non-government Organisations	144,329	144,329	Not yet known	Part s32A Report	Various
National Mental Health Services					
• DHBs	9,015	9,015	Not yet known	Part DHBs' Annual Reports	Various
• Health Promotion Agency	4,509	4,509	Not yet known	Part provider's Annual Report	On-going
• Non-government Organisations	18,089	18,089	Not yet known	Part s32A Report	Various
National Contracted Services - Other					
• Health Quality and Safety Commission	12,976	12,976	-	Part provider's Annual Report	On-going
• PHARMAC	13,822	13,822	13,822	Part provider's Annual Report	On-going
• Health Promotion Agency	13,613	13,613	Not yet known		
• Health Research Council	285	285	285	Part provider's Annual Report	On-going
• Non-government Organisations	91,536	81,536	Not yet known	Part s32A Report	Various
National Personal Health Services					
• DHBs	N/A	N/A	Not yet known	Part DHBs' Annual Reports	Various
• Non-government Organisations	N/A	N/A	Not yet known	Part s32A Report	Various
Problem Gambling					
• Health Promotion Agency	1,480	1,480	Not yet known	Part provider's Annual Report	Various
• Non-government Organisations	17,394	15,394	Not yet known	s32A Report	Various
Primary Health Care Strategy					
• DHBs	164,708	164,708	Not yet known	Part DHBs' Annual Reports	Various
• Non-government Organisations	11,248	11,248	Not yet known	Part s32A Report	Various

The above table summarises funding to be allocated through Vote Health to non-departmental providers, along with an indication of the mechanism to be used for reporting actual performance and (where determined) the length of the funding commitment.

Part 5 - Details and Expected Results for Other Expenses

Part 5.2 - Non-Departmental Other Expenses

Intended Impacts, Outcomes and Objectives

Intended Impacts, Outcomes or Objectives of Appropriations	Appropriations
High Level Outcome New Zealanders are healthier and more independent Health services are delivered better, closer, sooner and more conveniently The future sustainability of the health system is assured	International Health Organisations Legal Expenses Provider Development

International Health Organisations (M36)

Scope of Appropriation

Funding for New Zealand's membership to the World Health Organisation (WHO), and the contribution to specific WHO projects.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,560	1,560	2,030

Reasons for Change in Appropriation

The 2012/13 appropriation reflects the current favourable exchange rate.

Expected Results

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
New Zealand's membership of the World Health Organization is paid by the due date	Achieved	20 November 2012	By 31 December 2013

Legal Expenses (M36)

Scope of Appropriation

Funding for the defence and settlement of legal claims against the Crown.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	1,870	1,870	1,028

Expected Results

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Funding made available	Crown financial risk minimised	Crown financial risk minimised	Crown financial risk minimised
The number of matters managed by Crown Law	5	5	5

Provider Development (M36)*Scope of Appropriation*

Funding support and provide assistance for the development of the third party health service workforce, in particular, Māori and Pacific people's providers.

Expenses

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	24,990	21,990	25,414

Expected Results

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	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	140	137 (see Note 1)	<115
<i>To recruit and retain Māori health professionals onto a health career pathway</i>			
The number of students funded by Hauora Māori Scholarships	535	535	520
Māori Innovation Funds			
Percentage of programmes monitored and identified with successful models of innovation	N/A	100%	100%
Percentage of six-monthly reports reviewed against contracted deliverables	N/A	100%	100%
Monitoring reports within 4 weeks of date for submission to Ministry	N/A	100%	100%

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
To support the sustainability of viable Pacific providers for improving access to and the quality of services			
The percentage of Pacific Providers receiving funding are not less than	N/A	85%	80%
To recruit and retain Pacific health professionals onto a health career pathway:			
• The number of students funded is at least	N/A	180	180
• The percentage of pass rate for students doing Pacific Foundation Science course and achieve entry into health sciences at the tertiary level	N/A	100%	100%
Pacific Innovation Funds			
Percentage of programmes monitored and identified with successful models of innovation	N/A	100%	100%
Percentage of six-monthly reports reviewed against contracted deliverables	N/A	100%	100%
Monitoring reports within 4 weeks of date for submission to the Ministry	N/A	100%	100%

Note 1 - Estimated Actual Standard is from the 2011/12 Section 32A report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Pacific Provider	2013/14	-	1,125	1,125	1,125	1,125
Māori Innovations Fund	2010/11	5,000	5,000	5,000	5,000	5,000

These policy initiatives have been shown against their original appropriation, or current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Reporting Mechanisms

Appropriation	Reporting Mechanism
International Health Organisations	Reporting of this non-departmental appropriation will be undertaken under the provisions of section 32A of the Public Finance Act 1989
Legal Expenses	Not required
Provider Development	Reporting of this non-departmental appropriation will be undertaken under the provisions of section 32A of the Public Finance Act 1989

The above table indicates the mechanisms to be used for reporting actual performance for each non-departmental other expenses appropriation.

Part 6 - Details and Expected Results for Capital Expenditure

Part 6.1 - Departmental Capital Expenditure

Intended Impacts, Outcomes and Objectives

Intended Impacts, Outcomes or Objectives of Appropriations	Appropriations
High Level Outcome New Zealanders are healthier and more independent Health services are delivered better, closer, sooner and more conveniently The future sustainability of the health system is assured	Ministry of Health - Capital Expenditure PLA

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

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Forests/Agricultural	-	-	-
Land	-	-	-
Property, Plant and Equipment	2,740	2,740	10,000
Intangibles	10,000	10,000	5,000
Other	-	-	-
Total Appropriation	12,740	12,740	15,000

This appropriation is to maintain and enhance the Ministry's infrastructure so it can support its own operations and those of the wider Health sector.

Reasons for Change in Appropriation

The appropriation is consistent with the previous year.

Part 6.2 - Non-Departmental Capital Expenditure

Intended Impacts, Outcomes and Objectives

Intended Impacts, Outcomes or Objectives of Appropriations	Appropriations
High Level Outcome	Deficit Support for DHBs
New Zealanders are healthier and more independent	Equity for Capital Projects for DHBs and Health Sector Crown Agencies
Health services are delivered better, closer, sooner and more conveniently	Health Sector Projects
The future sustainability of the health system is assured	Loans for Capital Projects Residential Care Loans

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

Scope of Appropriation

Capital contributions to District Health Boards and health sector Crown agencies to cover new investments and reconfiguration of their balance sheets.

Capital Expenditure

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	95,258	84,004	452,289

Reasons for Change in Appropriation

The change in this appropriation arises from changes in funding arising from the current and past policy initiative changes (see table below), fiscally neutral transfers to other appropriations and rephrasing of the expenditure through expense transfers.

Expected Results

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the DHBs' Statements of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Canterbury DHB - Facilities Redevelopment	2013/14	-	425,000	-	-	-
Re-prioritised Funding from Departmental Output Classes	2013/17	-	12,953	-	-	-
Funding for DHB Capital Projects	2012/13	50,000	-	-	-	-
Capital Funding from Sale of Kelburn Properties	2012/13	2,600	-	-	-	-
Equity for Capital Expenditure for Health Sector Projects	2013/14	-	3,336	-	-	-
Health Capital Envelope	2009/10	75,000	-	-	-	-

These policy initiatives have been shown against their original appropriation, or the current equivalent. Subsequent changes may have been made to some of these initiatives by way of fiscally neutral transfers to other appropriations, devolution of funding to DHBs or rephrasing of the expenditure through expense transfers.

Health Sector Projects (M36)

Scope of Appropriation

Capital investment in specific health sector assets.

Capital Expenditure

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	76,000	10,300	8,065

Reasons for Change in Appropriation

In 2012/13 the appropriation included \$65 million for a Canterbury rebuild project, \$10 million for a CDHB Partnership Group and \$1 million for a West Coast Partnership Group. The appropriation for 2013/14 is made up of:

- an Expense and Capital Transfer of \$2.665 million from 2012/13 for a New Joint Therapeutics Agency, and
- \$5.400 million for the new Whole of Government Radio Network initiative.

Expected Results

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
Canterbury DHB rebuild - precontraction contracts for design and other works completed	N/A	N/A	100%

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Canterbury Rebuild	2012/13	65,000	-	-	-	-
West Coast Partnership Group	2012/13	1,000	-	-	-	-

Loans for Capital Projects (M36)

Scope of Appropriation

Provision of new loans to DHBs for the purpose of facilities redevelopment and other purposes agreed by the Crown including balance sheet reconfiguration.

Capital Expenditure

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	279,344	165,434	30,000

Reasons for Change in Appropriation

The funding for capital projects and balance sheet reconfiguration in the Health sector is generally appropriated in the first instance to the 'Equity for Capital Projects for DHBs and Health Sector Crown Entities' capital appropriation. Once the DHBs' or Health Sector Crown Entities' preference for debt for particular requirements (in full or part) is established and approved, the necessary funds are transferred to this appropriation so they can be drawn down.

Expected Results

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the DHBs' Statements of Intent			

Refinance of DHB Private Debt (M36)

Scope of Appropriation

Provision of funding to DHBs to replace their current debts held by private banking institutions as they become due for refinancing.

Capital Expenditure

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	28,000	28,000	-

Expected Results

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
The performance measures are those contained in the DHBs' Statements of Intent			

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2012/13 Budgeted \$000	2013/14 Budget \$000	2014/15 Estimated \$000	2015/16 Estimated \$000	2016/17 Estimated \$000
Capital and Coast DHB - Refinance of debt	2012/13	28,000	-	-	-	-
Auckland DHB - Refinance of debt	2014/15	-	-	50,000	-	-

Residential Care Loans - Payments (M36)

Scope of Appropriation

Funding to provide interest-free loans to people entering into aged residential care facilities.
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Capital Expenditure

	2012/13		2013/14
	Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	15,000	15,000	15,000

Expected Results

	2012/13		2013/14
	Budgeted Standard	Estimated Actual Standard	Budget Standard
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

Reporting Mechanisms

Appropriation	Reporting Mechanism
Deficit Support for DHBs	Annual Reports of District Health Boards
Equity for Capital Projects for DHBs and Health Sector Crown Agencies	Annual Reports of District Health Boards
Health Sector Projects	Annual Reports of District Health Boards
Loans for Capital Projects	Annual Reports of District Health Boards
Residential Care Loans	Reporting of this non-departmental appropriation for expenditure incurred by the Crown will be undertaken under the provisions of section 32A of the Public Finance Act 1989

The above table indicates the mechanisms to be used for reporting actual results for each non-departmental capital expenditure appropriation.

