Our health and disability system Public Health

Public health focuses on preventing you from getting sick and helping you to proactively manage your health and wellbeing. This is done through:

- promoting healthy behaviours for example, quit smoking, be active, eat well
- protecting people's health by ensuring water and food are free from disease
- preventing diseases through vaccinations, screening programmes and other services that are designed to monitor health and wellbeing
- advocating for healthy public policy such as active transport options, smokefree legislation, and reduced access to gambling and alcohol outlets
- responding to epidemics and pandemics.

A stronger and more connected public health response means New Zealanders can live healthier for longer.

What's changing?

A new Public Health Agency within the Ministry of Health will be responsible for public health policy, strategy, monitoring and intelligence. It will help the system to better understand and respond to threats to public health and put evidence at the heart of policymaking.

Health NZ will include a national public health service, bringing together the existing 12 Public Health Units into a single operational service. It will be better able to coordinate public health services, responses to threats like COVID-19 and measles outbreaks, and issues such as smoking.

Te Hiringa Hauora/The Health Promotion Agency will move into Health New Zealand and become a shared service across Health NZ and the Māori Health Authority. This means there will be consistent capability and expertise for health promotion campaign design and delivery easily available across the system.

A new expert advisory committee on public health will be established, to provide the Government with expert and independent advice on public health matters. The committee will be supported by the Public Health Agency.

Why?

While our response to COVID-19 has been world-leading, it also highlighted weaknesses, particularly that our 12 regional Public Health Units needed better national coordination and leadership when responding to nationwide threats, and to be able to better spread best practice and improvements across the system.

Our health and disability system can be better at using what we know about the health of our populations to inform how we can best deliver health services. This means bringing together key capabilities like analytics and intelligence at the centre of the system to inform policy, programmes and activities. We also know that more focus needs to be on prevention of disease, and designing and delivering services that promote and protect good health and wellbeing.

What will it look like in future?

The health and disability system will be more focussed on promoting good health and wellbeing, early prevention of disease and delivering care to people in communities.

Public health services will be more strongly led and coordinated across the whole system, to ensure stronger national, regional and local responses to threats to our health. This will ensure that prevention and intervention activities are fit-for-purpose and take into account the voices of people, whānau and communities.

Local services will be designed around the needs of communities, and planned around what their health needs will look like in the future. Data and other sources of intelligence will be used across the system to design policies and services that are better designed to prevent disease and to monitor environmental threats to public health.

What's next?

Over the coming months there will be more detailed design work around how the new arrangements will work in practice, and the involvement of local communities in the design of local public health services via localities. This work will include engagement with a range of experts and stakeholders.

Want to know more?

Further information about the work and progress of the health reforms is available on the DPMC website under the work of the Transition Unit:

www.dpmc.govt.nz/our-business-units/transition-unit