

# Pae Ora (Healthy Futures) Bill

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New Zealand Council Of  
Christian Social Services

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Organisation Name:	New Zealand Council of Christian Social Services (NZCCSS)
Organisation description:	<p>The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback on Pae ora (Healthy Futures) Bill</p> <p>NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian and the Methodist and Salvation Army Churches.</p> <p>Through this membership, NZCCSS represents over 250 organisations providing a range of social support services across Aotearoa. We believe in working to achieve a just and compassionate society for all, through our commitment to our faith. We are committed to advocating for the enactment of te Tiriti o Waitangi. Further details on NZCCSS can be found on our website <a href="http://www.nzccss.org.nz">www.nzccss.org.nz</a>.</p>

## Tirohanga Whānui | Overview

The New Zealand Council of Christian Social Services (NZCCSS) supports in principle the purpose and objectives of the Pae Ora (Healthy Futures) Bill. We look forward to more details on how the new health entities, strategies, and locality plans will interact, and on the level of funding needed to adequately resource each part of the new system.

NZCCSS supports the Government's proposal to replace District Health Boards with a single agency, Health New Zealand, a Māori Health Authority to address health inequities among tangata whenua, and a stand-alone Public Health Unit to lead public health strategy. We agree that this will provide consistency in health services around the motu.

All New Zealanders should experience equitable health outcomes, but it is clear that this is not the case. It is unacceptable that Māori and Pacifica health outcomes are significantly poorer compared to other ethnicities. Data shows on average Māori live seven years less than non-Māori (Independent Health and Disability Review, 2020). This is a clearly a breach of te Tiriti O Waitangi, and a morally unacceptable situation which must end.

Inequities in health however sit within a wider system of structural inequality underpinned by racism and stereotypes. The inter-generational damage of colonisation and institutional racism across education, the justice system, social welfare and employment, is widely acknowledged as social determinants of poor health outcomes.

Our member services see every day the impact of these structural inequities playing out in communities: poverty and deprivation, poor nutrition, social exclusion, high rates of incarceration, transience and poor-quality housing, addiction and mental health problems, and barriers to access health and social services, and government supports. The health system reforms on their own will not address health equity without broader structural change within our society.

The following are specific comments on clauses within the Bill for consideration by the Pae Ora Legislation Committee.

## Taunakitanga | Recommendations

NZCCSS supports:

1. the intention of the Bill to give effect to principles of te Tiriti o Waitangi.
2. the requirement for Health NZ and the Māori Health Authority to collaborate with social sector agencies to address social determinants of health and Māori health respectively.
3. the inclusion of the NGO health and social services sector to leverage collaboration and ensure the full scope of issues across the whole of the health sector are captured in workforce planning and development.
4. the inclusion of the word 'risk' and a stated timeframe '5 to 10 year' to ensure risks across each of the stated population groups in the Bill are identified.
5. a statutory requirement for government to undertake public consultation on all health strategies to ensure interested parties have an opportunity to comment.
6. a public health campaign to provide clear information on the health reforms and what changes at the local level to expect.
7. more information is needed on how the Health Charter will be designed, the level of consultation intended and how it will be implemented.

Our main points are:

### **1. Clause 6. Te Tiriti o Waitangi**

NZCCSS strongly supports the Bill's intention to give effect to principles of Te Tiriti o Waitangi. The establishment of a Māori Health Authority and powers to commission kaupapa Māori services, work in partnership with Health New Zealand to support locality planning, and Iwi-Māori partnership board creates potential for rangatiratanga and mana motuhake. If well implemented this is possible at the national and local / community level.

We note the health system principles (clause 7) underpinning the Bill have been informed by [WAI 2575](#) – Health Services and Outcome Inquiry Waitangi Tribunal Inquiry. The support of iwi leaders for these health principles in so far as they reflect the intention of WAI 2527 is critical to the success of the health reforms to achieve health equity for Māori.

### **2. Clause 13 ( c ) and Clause 18 ( c ) Collaboration with other social sector agencies.**

NZCCSS supports the requirement for both Health New Zealand and the Māori Health Authority to collaborate with social sector agencies to address social determinants of health. As noted above, the health reforms on their own will not be sufficient to bring health equity to all New Zealanders without addressing the drivers of economic and social inequities. The government and the wider social sector has a role to play to ensure all across Aotearoa have access to good health and a meaningful life. The research has been clear for a number of years that transdisciplinary practice is the most effective model for positive outcomes, it makes sense to commit to this in the bill.

### **3. Clause 37 (c) NZ Health Strategy: Workforce Development.**

New Zealand is experiencing a chronic shortage of health workers across DHBs and community-based health services, and this puts at risk achieving the health outcomes set out in this Bill. NZCCSS supports the inclusion of the NGO health and social services sector in relation to consultation on workforce issues. This will ensure the full scope of issues across the whole of the health sector are captured in workforce planning and development. The current acute shortage of registered nurses in the not-for-profit aged care sector is an excellent example of the need for this approach. It will also be crucial to clarify the role specific professions play, and ensure they are engaged to operate within their scope of practice – a common issue for social service and NGO providers.

### **4. Clause 38 Hauora Māori Strategy (3) (b), Clause 39 Pacific Health Strategy (3) (b), Clause 40 Disability Health Strategy (3) (b)**

In line with clause 37 (3) (c) NZ health strategy, NZCCSS supports the inclusion of the word 'risk' and a stated timeframe '5 to 10 year' into clauses 38,38,40,(3) (b) to read (b) contain an assessment of the medium and long-term trends and risks that will impact on health outcomes across the next 5 to 10 years. The risks across each of these population groups need to be identified so that they can inform solutions at the strategic planning stage.

### **5. Clause 41 process for making health strategy (1) (b)**

The clause is not specific on the extent of community consultation on the health strategies named in this Bill. The requirement to consult is determined by the Minister and based on whether a health entity or group is 'reasonably likely to be affected by the health strategy'. NZCCSS supports the strengthening of consultation requirements to include a statutory requirement for government to undertake public consultation on all health strategies to provide an opportunity for all interested parties to provide comment. The NGO sector plays a significant role in the delivery of both health and social services but at times has struggled to have sector issues included in strategic planning and decision-making.

### **6. Clause 49 Locality Plans**

Locality plans to bring services closer to the particular needs of communities, and enabling people to say what services they want provided, have value but more information is needed on the processes by which localities are defined, services are integrated into 'localities', and funding is allocated at the community level. Before these changes are made it is critical people understand the significance of these health reforms. A public health campaign is needed to provide clear information on the extent to which local health services will change.

Note – there is an interface between health services and social services, but the funding structure doesn't easily allow for the interface. This occurs along with government silos which continue to exist and create challenge and unnecessary requirements to focus time and funds on operational work.

### **7. Clause 50 Minister must determine New Zealand Health Charter**

We note the purpose of the NZ health charter is to "provide common values, principles, behaviours to guide health entities and their workers". Again, more information is needed on how the Health Charter will be designed, the level of consultation intended and how it will be implemented. It is however critical to consult widely to ensure a diversity of views inform the charter.