

Submission on Pae Ora (Healthy Futures) Bill

Committee: Pae Ora (Healthy Futures) Legislative Committee

Submitted on behalf of: Emerge Aotearoa Trust Board

Submitter: Dr Barbara Disley ONZM
Chief Executive

About Emerge Aotearoa

The Emerge Aotearoa Group is a national charitable trust that provides a wide range of mental health, addiction, disability support, peer, employment, offender rehabilitation, wellbeing and housing services including social, emergency, and transitional housing, throughout New Zealand.

Our mahi is all about strengthening whānau together so that communities thrive: *Whakapakari ngātahi i te whānau kia puāwai te hāpori.*

The Emerge Aotearoa Group oversees the following entities:

- Emerge Aotearoa Limited
- Emerge Aotearoa Housing Trust
- Mind and Body Consultants
- Ignite Aotearoa

The work of the Group is committed to empowering disadvantaged communities through our innovative services and programmes. This commitment is guided by our strategic priorities of *Māori succeeding as Māori, Lived Experience and Diversity are Privileged, and Thriving Pacific Peoples.*

We believe that all communities within Aotearoa can realise their potential and thrive. We have a vision of a country that is equitable and where everyone shares in its health and wealth. We particularly want all children to be warm, safe and have health, education and choices.

To do this the inequities that Māori and Pacific people's experience must be addressed. We know people with mental health and addiction challenges die approximately 25 years younger than all other groups and have many more physical health mortalities that are untreated. We know from experience that this can be changed where there is an unambiguous focus on health inequities and where services are provided in ways that meet needs.

With approximately 1300 kaimahi working in services across most geographic areas of New Zealand from Kaitaia to Invercargill, our focus is on helping people achieve their full potential by supporting whānau to be healthy, supporting communities to thrive, promoting, and advocating for equitable outcomes for all New Zealanders and by embracing diversity.

Our wide variety of services aim to help communities thrive. They address a range of needs including poverty, homelessness, substance addiction, unemployment, physical and intellectual disability, wellbeing, offender rehabilitation, and mental health challenges.

Summary of Emerge Aotearoa's Submission

We support:

1. The overall intent, principles and direction of the Bill.
2. The strong emphasis on addressing equity, particularly for Māori
3. The establishment of Health New Zealand
4. The establishment of the Māori Health Authority
5. The recognition of iwi-Māori partnership Boards
6. The development of a national health plan and the development of national service models that support provision within localities.

We recommend:

1. Strengthening the principles as set out in the Bill by replacing “should” with “must”
2. Being more explicit about the enactment of Te Tiriti within this Bill as this must be much stronger
3. Increasing the clarity around the leadership role of the Director General of Health across all aspects of government policy and actions that impact population or individual health to ensure social determinants are better addressed.
4. Ensuring a strengthened public health response with explicit powers for the Public Health Agency
5. Strengthening the requirements upon Health New Zealand to ensure that the health inequities experienced by Māori are addressed at every point in the health sector
6. Recognising and addressing the health inequities that are disproportionately experienced by people with mental health and addiction challenges, Pacific peoples and people with disabilities
7. Making explicit the role that people with lived experience of health inequities can have in determining and influencing the health responses they want and need.
8. Including a mental health and addictions strategy in the list of strategies that must be considered in commissioning and service provision

Support for the overall intent of the Pae Ora Bill

Emerge Aotearoa supports the overall intent, principles and directions of the Bill. We support the establishment of the Māori Health Authority and the strong focus on addressing health inequities particularly for Māori. Emerge Aotearoa fully support Te Tiriti o Waitangi and urge the Crown to use the opportunity that this Bill provides to enact its responsibilities under the articles.

Strengthen Māori Views within the Bill's Te Tiriti Intentions

In order to provide for the Crown's intention to give effect to the principles and articles of Te Tiriti o Waitangi (the Treaty of Waitangi), the Bill sets out a range of health system principles that seek to ensure greater healthy equity, engagement and participation. These principles could be strengthened as they presently use words like “should” rather than “must”. As set out the principles state in 7 (1) c:

“The health system should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both—

- (i) the strength or nature of Māori interests in a matter; and
- (ii) the interests of other health consumers and the Crown in the matter”

The attempt to balance the obligations to Māori, the requirement to consider the strength or nature of Māori interests and the interests of other health consumers and the Crown in the matter risks not giving adequate status to Te Tiriti. This proviso could undermine the intent of the Bill to ensure that existing health inequities for Māori are positively addressed.

The Bill provides a statutory purpose and framework for recognising iwi-Māori partnership boards as a vehicle to exercise tino rangatiratanga and mana motuhake at the local level. We fully support this.

Māori submissions and views on the Bill’s intentions in respect of te Tiriti o Waitangi must be adequately reflected in the final legislation.

Breadth of the Bill

The purpose of the Bill is to provide for the public funding and provision of services in order to:

- (a) protect, promote, and improve the health of all New Zealanders; and
- (b) achieve equity by reducing health disparities among New Zealand’s population groups, in particular for Māori; and
- (c) build towards pae ora (healthy futures) for all New Zealanders.

The Bill is focused on funding and provision of services to “build toward pae ora (healthy futures) for all New Zealanders”. Given that the greatest contribution to health equity and health outcomes lies outside the control of the health system itself, the Bill is not explicit enough about the leadership role across all public funded initiatives that impact on health. The Bill is not sufficiently explicit about the leadership role of the Ministry of Health nor the role that Health New Zealand has in driving accountability for health outcomes where these are adversely affected by the actions or lack of actions of other jurisdictions. For example, the Bill states that one of the functions of Health New Zealand is to “collaborate with other providers of social services to improve health and wellbeing outcomes”. This should be strengthened.

As we have found out with Covid-19, a strong effective national and regional response to public health issues must be in place. There are many issues confronting New Zealanders that require a strengthened public health approach. Over many years the capacity of our public health responses has eroded, yet we know that smoking, diet and exercise along with immunisation levels, maternal care and early childhood health support and care and substance misuse make a major contribution to poor health outcomes. Addressing this and the social determinants will be required if equity of health outcome is to be achieved. A much stronger public health response must underpin our future health system.

The Bill is also relatively silent about the leadership and stewardship role of the Ministry of Health across both health and other sectors that impact health. There is an opportunity to make the cross sector leadership role of the Ministry of Health more explicit given that the

determinants of health that have highest impact lie outside the health system. The Director General of Health should have a strong health leadership role across all areas of government policy that impact health.

All health agencies must have a strong requirement to work individually and collectively toward improving the wellbeing of people and the environments in which we live. We have seen the benefits in responding to the Covid-19 outbreak of community organisations (NGOs) working closely alongside health providers. The new environment must ensure a strong and explicit mandate across all agencies to create a health creating environment with a focus on prevention, promotion and intervention that seeks to address not only individual health needs but those of specific populations. The focus on ensuring greater health equity will need to be strong within the legislation and be an explicit requirement on all health entities. All entities should be required to take a prevention focus in the planning, commission, funding and provision of services and this should include broad based approaches to things like housing, income, food security, employment and education.

Addressing Health Inequities

The Bill sets out that Māori health inequities should be prioritised and all health funded entities (the health system) are required to address these. The principles set out in the Bill do focus on health inequities and engagement. There are a number of references through the legislation regarding addressing inequities with the wording specifically:

“the health system should be equitable, which includes ensuring Māori and other population groups

- (i) have access to services in proportion to their health needs; and
- (ii) receive equitable levels of service; and
- (iii) achieve equitable health outcomes”

We agree with the emphasis on addressing the inequities for Māori however we believe that there should be greater reference within the Bill to addressing Māori health inequities through giving stronger effect to Te Tiriti. It is insufficient to include Māori in the principles in terms of requiring “engagement” as the Te Tiriti requires a further level of obligation on the Crown This obligation should give greater power to iwi / Māori to determine the health responses that they want. Addressing Māori health inequities must also be prioritised by the Crown as an integral part of Te Tiriti response.

Inequities are also disproportionately experienced by people with mental health and addictions challenges, Pacific peoples and people with disabilities. These groups experience serious health inequities. We would advocate for specific requirements for these inequities to be addressed and for the principles to highlight that there should be a requirement for engagement, planning, service provision and monitoring that includes members of these population groups. The Bill is relatively silent about the role that people with lived experience of inequities will have in determining and influences the responses Health New Zealand will make. This should be made more explicit in the Bill.

Prioritisation of Mental Health and Addictions

There is no explicit mention or prioritisation of health equity for people with mental health and addiction challenges yet this group as a whole experience some of the most serious health inequities.

The Bill sets out that the Minister's role is to provide a Government Policy Statement (GPS) and the following health strategies:

- New Zealand Health Strategy
- Hauora Māori Strategy
- Pacific Health Strategy
- Disability Strategy

Given the serious inequities experienced by people with mental health and addiction challenges, the disproportionate impact on Māori and the continuing legacies of an inadequate and inequitable health response, we recommend that there be an explicit Mental Health and Addiction strategy added to the above health strategies list to support the priorities for Health New Zealand, the Māori Health Authority and all other entities. While it could be argued this will be done through the NZ Health Plan if mental health and addiction needs are not specifically high-lighted they often fall off the agenda. A specific strategy would support a more consistent and pervasive mental health and wellbeing response. The Covid-19 experience has shown us that psychosocial legacies are pervasive and that there needs to be a re-prioritisation for responses across multiple agencies. A broad Mental Health and Addictions Strategy would support galvanising of action.

Strengthen the mandate of the Public Health Agency

The Bill needs to be strengthened in terms of the priority that the Public Health Agency (PHA) and all other agencies including the Ministry of Health and Health New Zealand give to addictions and specifically to reducing alcohol related harm and tobacco harm. Alcohol and tobacco are significant drivers of poor health outcomes and are also factors in mental health, physical health and intergenerational health damage. Alcohol also features highly in social harm within our most vulnerable communities. While the PHA is located within the Ministry of Health it must be empowered to set a strong prevention agenda not only in relation to physical health but also mental health and addictions and have the power and resources to adequately monitor this and in particular, the impact for Māori. The PHA should also be empowered to take a strong cross sector approach to assess the impact on health of the actions, policies and responses of other government sector agencies that impact health. The vehicles and mechanisms for ensuring a strong public health response are not defined in the Bill. Health New Zealand must ensure that adequate public health resource is devolved to Iwi and Māori. Our communities have learnt from the Covid-19 vaccination response that providing resources direct to Iwi and Māori providers was essential to ensuring better outcomes.

Health goals and plans should influence the actions of other government departments particularly where they have the ability to influence outcomes. For example, the Department of Corrections provides health services to people in prison yet these could operate completely outside the parameters set by the Ministry of Health, Health New Zealand or the Māori Health Authority.

National Health Plan and Frameworks

The Bill sets out the responsibilities of Health New Zealand and the Māori Health Authority to develop a National Health Plan that will guide the commissioning and provision of services. It is important that the plan provides sufficient detail to guide the localised provision of services and responses. They must therefore be developed with high levels of input from the communities being served. Consultation with hapu, iwi and Māori health providers must form the foundation of an effective health plan for Māori and be developed under the auspices of the Māori Health Authority to guide its future commissioning of services.

In addition, it is important that all plans whether national or locality have strong input from people with lived experience of particular health challenges. Population groups that have been underserved by our existing health structures must have a say.

Localities and Locality Plans

We support the intention to develop locality plans however the Bill is unclear as to how a locality will be defined. It is important that locality networks and plans include the voices of iwi/hapu, non-government and community organisations, social sector, housing employment and education community agencies. If the new system is to truly give voice to the feedback many communities provided to the Health System Review and He Ara Oranga then it is critical that localities are not imposed from the centre but are carefully developed in consultation with hapu and iwi, communities and the local organisations that have a history of connection into those communities. The intent of the revitalisation of “Tier 1” community services was that these would not be driven from our existing medical health services but be empowering networks of which health services were a collaborative partner along with other broader health, social sector, education and community agencies.

The strength and value of this approach has been reinforced to us all with the liberating of community organisations, iwi, whanau ora, Pacific and non-government organisation providers in response to Covid-19 at the local level.

Appendix A : Emerge Aotearoa Group – Who are we

