

# Response ID ANON-6793-8GK2-N

Submitted to **Health and Disability System Review - Plain English**

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## Phase One Questions

### 1 What are the most important values for our future public health and disability system?

#### What are the key values that you would want to underpin our future public health and disability system?:

Regional Public Health strongly supports the focus of the review being on improving equity. We believe this should be reflected in the values underpinning our future health and disability system.

We would like to see a health and disability system that commits, as a Crown response, to supporting tino rangatiratanga by honouring Te Tiriti o Waitangi. Māori must be recognised as leaders and partners in every aspect of the health and disability system, rather than being seen as stakeholders who are consulted. The health system needs to value and trust Māori knowledge, expertise and experience.

We also believe the health and disability system needs to be whānau-centred, with a core value being respect for people and communities.

### 2 Think about how the best health and disability system for New Zealand might look in 2030. How would that be different from the system we use today?

#### If you imagined the ideal health and disability system for New Zealand in 2030, how would people's experiences differ from today?:

The best health and disability system for New Zealand would be one that truly honours Te Tiriti o Waitangi. This would be a system that supported and enabled every child born in New Zealand to live long, happy and healthy lives. Currently Māori babies born today have a life expectancy 6.8 years (females) and 7.3 years (males) below that of non-Māori babies (Ministry of Health, 2018a). We need a health and disability system that ensures this inequity is not present in 2030.

In order to address disparities in life expectancy and health outcomes we must address the drivers of poor health and inequity, many of which sit outside the traditional health sector. Social determinants of health such as education, housing and income all play a critical role in regards to health and wellbeing. This means that an ideal health and disability system would be one that prioritises and invests in collaboration across sectors, with clear structures and systems to make this happen. By considering the health impacts of all central government and local government policies we have the potential to make large equity gains.

The current health and disability system is heavily focused on treatment once people have become unwell. The best health and disability system would be one that has an increased focus on wellbeing and prevention of disease.

In an ideal health and disability system prevention would then be backed up and supported by strong primary care. In 2017/18 31.1% of adults reported barriers to accessing primary care, either due to cost, transport or availability (Ministry of Health, 2019). An ideal health care system would ensure people had timely access to appropriate and affordable primary care. Care that is close to home and responds to whānau needs.

As part of the Health and Disability System review, we support critical thinking around the division of centralised and decentralised public health services. There are currently bespoke systems and processes created by public health units in each region, which leads to duplication of work, reinvention of systems and inconsistency in service delivery and reporting across the country. We support greater public health expertise and resourcing centrally, to ensure national leadership and guidance. This would enable centrally-developed systems and processes to be tailored to fit the needs of each specific region, community and whānau.

### 3 What changes could make our health and disability system more fair and equal for everyone?

#### What system level changes would you recommend to improve equity of health outcomes and wellbeing? What impact would you expect these changes to make?:

We know that the wider social determinants of health have a great impact on people's health and wellbeing (Ministry of Health, 2018a; The King's Fund, 2014). It is estimated that in New Zealand socioeconomic position mediates 46% of ethnic inequalities in mortality for males, and 42% for females (Blakely et al., 2018). This means that in order to truly improve equity within the health and disability system we need to focus upstream on improving and addressing the underlying social determinants of health. This requires strong central leadership, with committed and sustained investment in public health and prevention.

The New Zealand Health Strategy sets out the importance of focusing on prevention and wellbeing to ensure we have a sustainable health system. The health system is currently heavily weighted toward treatment rather than prevention. For example: it is estimated that the dollar investment in prevention of diseases attributable to tobacco, alcohol and unhealthy food is less than 0.5% of Vote Health; however, these commodities contribute to an estimated one third of health loss in New Zealand (New Zealand College of Public Health Medicine, 2019). As the population ages, and people are living longer with more long-term conditions, business as usual in terms of health care delivery will be unsustainable. We need to shift the focus to public health and prevention.

A systematic review of public health interventions (at both local and national levels) found that they were substantially cost saving, with a median return on investment of 14:1 for health spending (Masters, Anwar, Collins, Cookson, & Capewell, 2017). It is critical that the health and disability system considers public health spending as a high-value investment rather than a cost.

### 4 What changes could most improve health for Māori?

#### What system level changes would have the most impact on improving health outcomes for Māori?:

The suggestions made in questions 2 and 3 above will all be critical to improving health for Māori, notably:

- Commitment to supporting tino rangatiratanga and upholding Te Tiriti o Waitangi

- Greater investment in public health and prevention
- Valuing Māori views and experiences

In addition to this, in order to have a health and disability system that meets the needs of Māori there also needs to be an increase in Māori-designed and implemented service delivery models.

Institutional racism is embedded throughout the health and disability system, with one example being in the contracting of Māori health providers. Research on public health providers has shown that Māori providers have shorter contract timeframes, higher perceived compliance costs, more intense monitoring and are audited more frequently (H Came, Doole, McKenna, & McCreanor, 2017). To improve health for Māori there needs to be deliberate, concerted and sustained work to eradicate institutional racism throughout the health and disability system (Heather Came, McCreanor, Manson, & Nuku, 2019; Chin et al., 2018).

The health care system must also be held accountable for improving Māori health, with transparent monitoring, reporting and evaluation. This is part of honouring the Māori right to monitor the Crown's progress and should include consequences for non-performance in relation to Māori health outcomes. It is clear from the evidence presented in stage one of the WAI 2575 Waitangi Tribunal hearings that as well as the health system failing to deliver appropriate health services to Māori, there are no consequences for this failure.

In order to improve health for Māori, we need to have a health workforce that better reflects the demographics of the population. Māori currently make up 15% of the population, but account for 7% of the nursing workforce and only 3.6% of medical doctors. It is estimated that the number of Māori employed by DHBs must double in the next 15 years if it's going to meet the needs of the country. A systems approach needs to be used to increase the number of Māori working in both the regulated and unregulated health workforce. Consideration should be given to implementing recommendations from Rautinga Raupa, a report commissioned by the Ministry of Health in 2008, to investigate recruitment and retention of Māori in the health and disability workforce (Ratima et al., 2008).

As part of improving health for Māori, the health and disability system needs to take a broad view of health, including recognition of culture and wairua as critical components of health. It also requires recognition of the importance of our natural environment for wellbeing and as a resource for health. Climate change is a health issue, and an equity issue (Bennett et al., 2014). As well as ensuring that the health and disability system is able to respond to the health impacts of climate change, it is also critical that the system considers its contribution to greenhouse gas emissions and other contributors to climate change.

## **5 What changes could most improve health for Pacific peoples?**

### **What system level changes would have the most impact on improving health outcomes for Pacific people?:**

The suggestions made previously will also be critical to improving health for Pacific peoples, notably greater investment in public health and a sustained commitment to improve social determinants of health, such as housing and income inequality.

There needs to be an increase in Pacific-designed and implemented service delivery models that are adequately resourced, with different approaches valued and respected. It is important that the health and disability system recognises the difference in age-structure of Pacific communities compared to non-Pacific communities, and resources appropriately. This needs to be accompanied by ongoing support for workforce development to increase the number of Pacific peoples working at all levels in the health system.

There is also a need to recognise that the demands and impacts on Pacific communities differ from those of non-Pacific communities, for example: the effects of climate change on Pacific countries and territories and the fluidity of movement between New Zealand and the Pacific Islands. This will have impacts on health service provision.

## **6 What changes could make sure that disabled people have equal opportunities to achieve their goals and the life they want?**

### **What system level changes would have the most impact on ensuring that disabled people have equal opportunities to achieve their goals and aspirations?:**

Health service design and implementation needs to occur in partnership with disabled people. We support the review panel's decision to take learnings from the Mid-Central Prototype for disability service delivery when forming recommendations. We strongly support the ethos of Enabling Good Lives, which enables disabled people and their whānau to have autonomy over how money available for support needs is spent.

A health and disability system that focuses on addressing social determinants of health will improve the health and wellbeing outcomes for disabled people. Disabled people are more likely than non-disabled people to live in rental accommodation, live in a damp home, live in a home that is too small for their needs and to report difficulties keeping their home warm (Statistics New Zealand, 2017). Disabled people have an average weekly income just over half of that of non-disabled people. As mentioned previously, addressing the drivers of poor health and inequities needs to be a priority of the health and disability system.

Health and disability services need to be flexible and able to respond to different needs. This includes better coordination and integration of services, with the needs of disabled people and their whānau placed at the centre.

## **7 What existing or previous actions have worked well in New Zealand or overseas? Why did they work, and how might they make things even better in the future?**

### **What existing or previous initiatives have best delivered improved and equitable health outcomes and wellbeing in New Zealand or overseas? Why have these approaches worked, and what is their potential to deliver further improvement?:**

To achieve the same health outcomes for everyone, different approaches and resources are needed for different groups.

In the preventative space, one example of an existing action that has worked well in Aotearoa New Zealand is the Healthy Homes Initiatives (HHIs) (Ministry of Health, 2018b). This programme is a health-sector driven way of addressing housing as a key determinant of health. Establishment and implementation of the HHIs required strong intersectoral collaboration, including between Housing New Zealand, Ministry of Social Development, Energy Efficiency Conversation Authority and Ministry of Business, Innovation and Employment. This programme could be strengthened and expanded and learnings could be taken to work to

address other social determinants of health.

In the treatment space, one international example of a holistic healthcare system that is working for Alaskan Native people is the Nuka System of Care (Nuka) designed by Southcentral Foundation (Gottlieb, 2013). Relationship and ownership is at the centre of Nuka and it out performs many other health systems because it is based on the wants and wishes of its customer-owners, and, in doing so has empowered those receiving the services to share responsibility. Exploring alternative delivery approaches that prioritise relationship and put responsibility and ownership into the hands of those most impacted helps to reduce the current inequitable health outcomes.

## 8 What are the most important changes that would make the biggest difference to New Zealanders?

### What are the top priorities for system level change that would make the biggest difference to New Zealanders?:

If we were required to prioritise two changes they would be to honour Te Tiriti o Waitangi and to have greater investment and leadership in public health and prevention, with systems and structures in place to enable better cross sectoral work to address the social determinants of health.

## 9 Is there anything else you wish to add?

### Is there anything else you wish to add?:

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## Demographics

### Is this an individual or organisation submission?

Organisation

## About Your Organisation

### What is the name of your organisation?

Organisation name:

Regional Public Health

### What best describes your organisation?

Provider of health and / or disability services

**Other, please specify;:**

**Please tick the organisation type from the list below that best applies to your organisation.**

Public sector

**Where is the head office of your organisation?**

**Organisation base:**

Wellington

**Other, please specify;:**

**What best describes the area your organisation services?**

Regional

**How many people does your organisation employ?**

100 – 149

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No, I am happy for you to publish my submission