

9 December 2021

**Regional Public Health**

HAUORA Ā IWI KI TE ŪPOKO O TE IKA A MĀUI  
Better health for the greater Wellington region

Committee Secretariat  
Pae Ora Legislation Committee  
Parliament Buildings  
Wellington

**Re: Submission on Pae Ora (Healthy Futures) Bill**

Tēnā koutou,

Thank you for the opportunity to provide feedback on the Pae Ora (Healthy Futures) Bill.

Regional Public Health (RPH) is the public health unit for the greater Wellington region (Wairarapa, Hutt Valley and Capital & Coast District Health Boards). Our purpose is to improve, promote and protect the health and wellbeing of the population in the greater Wellington region with a focus on achieving equity.

We are happy to provide further advice or clarification on any of the points raised in our written submission. We do not wish to be heard on this submission. The contact point for this submission is:

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Naku noa, na

Peter Gush  
**General Manager**

Dr Craig Thornley  
**Medical Officer of Health**

## Regional Public Health's reasons for submitting:

We provide public health services in the greater Wellington region. We have a focus on improving the health of Māori, Pacific and whānau on low incomes, especially tamariki and rangatahi in these whānau. We work together with the people and organisations in our region to make our communities healthier, safer places to live. We aim to keep all our population well, improve health and prevent illness.

In 2018 RPH adopted a five year Strategic Direction: - "*PAE ORA: Healthy futures for the greater Wellington region*" built on whanau ora's six 'pathways':

- Whānau are self-managing and empowering leaders
- Whānau are responsible stewards of their living and natural environments
- Whānau are participating fully in society
- Whānau are economically secure and successfully involved in wealth creation
- Whānau are leading healthy lifestyles
- Whānau are cohesive, resilient and nurturing.

Health and wellbeing are influenced by many factors including housing, income, nutrition, and access to health and social services. Our public health work involves working together with communities and health services to influence these factors. The **Pae Ora (Healthy Futures) Bill** has the potential to contribute to improving our ability to contribute to equitable health outcomes for all.

## General comments

RPH **supports** the **Pae Ora (Healthy Futures) Bill** in part and **commends** the way in which the Bill seeks to honour Te Tiriti o Waitangi and strengthen the leadership and role of public health and prevention within the Ministry of Health.

However, RPH believes these intentions can be strengthened in the following ways:

### 1. Strengthen public health's power and functions

**RPH welcomes** the presence of a Public Health Agency, strengthening the role of the Director of Public Health and the establishing of an expert advisory committee for public health issues.

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 explains 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.

**RPH recommends** that there is ring-fenced funding for public health policy, monitoring, reporting and services. This funding should be a set proportion of Vote Health which increases over time to meet health equity goals.

**RPH recommends** that the Bill includes reference to the establishment of a *National Public Health Service* as part of the functions of the Health New Zealand (Part 2, clause 14) and acknowledge that the service work alongside Health New Zealand and the Māori Health Authority at the national level and with iwi-Maori partnership boards and the locality plans at the regional and local level to deliver public health services to achieve equitable health outcomes.

## 2. Recognise that social determinants of health play a significant role in equitable health outcomes.

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. Significant work is being carried out across government in multiple areas including the *Natural and Built Environments Act* and the implementation of the *Climate Change Response (Zero Carbon) Amendment Bill* both of which have long-term impact on equitable health outcomes of all New Zealanders.

Human-caused climate change is an increasingly serious and urgent threat to health and health equity in New Zealand. There is no mention of climate change or environmental sustainability in the proposed Bill. To achieve pae ora and equitable health outcomes, the opportunities to improve and protect human health through addressing climate change must be included. The health sector itself contributes significantly to greenhouse gas emissions and has a substantial environmental impact. The new health system structure should reflect a commitment to emission reduction targets to ensure that equitable health outcomes are supported.

**RPH recommends** that the Public Health Agency has clear responsibilities and expertise for wellbeing outcomes. The Director General of Health should be required to publicly report on key public health indicators, goals and outcomes for Aotearoa beyond infectious diseases, to include social determinants of health such as housing and climate change.

**RPH recommends** that the new health system acknowledge the threat that climate change is to human health and health equity and a commitment to address this. The Bill should include within the Explanatory Note an acknowledgement of the health harms caused by climate change and commit to reducing greenhouse gas emissions.

**RPH recommends** that the Public Health Agency has a mandated role to work across government to ensure that policies and laws contribute to public health and health equity for areas like transport, environment, housing and climate change.

## 3. Strengthen te Tiriti o Waitangi obligations

The new health system must truly honour te Tiriti o Waitangi and thereby achieve equitable health outcomes. This would be a system that supports and enables every child born in Aotearoa New Zealand to live long, happy and healthy lives.

To ensure that the Māori Health Authority is enabled to achieve positive health outcomes it must have joint decision-making for policies with the Ministry of Health. Guided by the Waitangi Tribunal (2019, pp. 165), **RPH recommends** that the Māori Health Authority must to be involved in developing and providing policy advice.

The Bill must make it clear that it is role of the whole of the health system to achieve equitable health outcomes for Māori, not just the Māori Health Authority. This includes ensuring consultation with whānau, hapū, or iwi, and hāpori Māori, cultural safety, expertise and responsiveness, and commissioning kaupapa Māori services. **RPH recommends** that that all agencies within the health system must have “achieving equitable health” outcomes written into their purpose.

### Specific comments

Section/Heading	Comments
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<p>General Policy Statement Paragraph 4</p>	<p>The Bill should be committed to achieving health equity not just reducing disparities. As per the recommendations of the Waitangi Tribunal (2019, pp.164), <b>RPH recommends</b> that the words “reducing health disparities” are removed from the purpose of the reform and replaced with the wording given in the report.</p> <p><i>The purpose of the reforms is to:</i></p> <ul style="list-style-type: none"> <li>• <i>protect, promote, and improve the health of all New Zealanders; and</i></li> <li>• <i>achieve <u>equitable health outcomes for Māori and other population groups equity by reducing health disparities among New Zealand’s population groups, in particular for Māori; and</u></i></li> <li>• <i>build towards pae ora (healthy futures) for all New Zealanders.</i></li> </ul>
<p>Part 1 Clause 7 Section 1b &amp; c</p>	<p><b>RPH supports</b> the inclusion of the Health Principles of ensuring equity, active protection, self-determination, the provision of options and the principle of participation. <b>RPH recommends</b> that the wording of the Health Principles be strengthened to closer reflect the recommendation of the Waitangi Tribunal (2019) to provide for tino rangatiratanga, Māori self-determination and mana motuhake.</p> <p><i>(b) the health system should <del>engage with</del> <u>provide for Māori self-determination and mana motuhake in the design, delivery and monitoring of health services and programmes, and engage with other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to raise hauora Māori outcomes:</u></i></p> <p><i>(c) the health system should <del>provide opportunities</del> <u>ensure tino rangatiratanga for Māori, providing for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both—</u></i></p> <ul style="list-style-type: none"> <li><i>(i) the strength or nature of Māori interests in a matter; and</i></li> <li><i>(ii) the interests of other health consumers and the Crown in the matter:</i></li> </ul>
<p>Part 1 clause 7 Section 1e</p>	<p>To ensure that the Bill recognises the way in which social determinants of health play a significant role in individual and community health and wellbeing and the existing health inequities, <b>RPH recommends</b> including an additional sub-clause:</p> <p><i><u>iv. collaborating across government to improve health and health equity by addressing the social determinants of health, including but not limited to racism, climate change, transport, economic wellbeing, education, nutritious food, physical activity and housing.</u></i></p>
<p>Part 2 Clause 14 Section 1g</p>	<p><b>RPH recommends</b> that the Bill include reference to establishing and maintaining a National Public Health Service to determine, implement and evaluate public health programmes as part of the functions of Health New Zealand and the Māori Health Authority.</p>

	<p>(g) <del>undertake and promote public health initiatives, including commissioning services to deliver</del> <u>establishing and maintaining a National Public Health Service to work alongside the Māori Health Authority to determine, implement and evaluate public health programmes specified by the Public Health Agency; and</u></p>
<p>Part 2 Clause 14 Section 1</p>	<p>In recognition that health and health equity are directly impacted by policies and practices from across government, improving health and health equity outcomes requires working across government. <b>RPH recommends</b> that an additional function be added to Health New Zealand. This function will allow them to request public health and health equity impact assessments from the Public Health Agency.</p> <p>(1) <i>The functions of Health New Zealand are to—</i></p> <p>(r) <u>request public health and health equity impact assessments from the Public Health Agency on proposed policy and laws from across government that impact on health including but not limited racism, climate change, transport, economic wellbeing, education, nutritious food, physical activity and housing.</u></p>
<p>Part 3 Clause 86 Section 2a</p>	<p><b>RPH recommends</b> that the wording be changed to reflect the wide range of determinants that impact on health and wellbeing.</p> <p>(a) <u>public health issues, including <del>factors underlying the health</del> <i>the social determinants of health</i> of people, whānau, and communities (including but not limited to racism, climate change, transport, economic wellbeing, education, nutritious food, physical activity and housing):</u></p>
<p>Part 3 Clause 86 Section 3a</p>	<p><b>RPH recommends</b> the membership of the Expert Advisory Committee on Public Health has members with skills and knowledge across the five core functions of public health as well as equity and</p> <p>(3) <i>The committee—</i></p> <p>(a) <u>consists of such members as the Minister determines <i>who collectively has knowledge of, and experience and expertise in relation to health assessment and surveillance, public health capacity, health promotion, health protection and prevention interventions as well as equity and te Tiriti o Waitangi.</i></u></p>
<p><b>RPH recommends</b> the wording changes listed below to ensure that health equity remains front and centre to: the purpose of the Bill; the intent of the newly established entities and associated required documents.</p>	
<p>Explanatory note Strategic, accountability, and monitoring documents</p>	<p><i>The Bill establishes a more cohesive system focused on long-term strategic direction and population health <u>and health equity</u> needs, providing for a number of key health system strategic, accountability, and monitoring documents</i></p>

Paragraph 1 Bullet point 4	<ul style="list-style-type: none"> <li>• <i>locality plans, which will assess health <u>and health equity</u> needs at the local level and are to be jointly agreed by Health New Zealand and the Māori Health Authority; and</i></li> </ul>
Part 2 Clause 13 Section c	<i>(c) to promote health and prevent, reduce, and delay ill-health, including by collaborating with other social sector agencies to address the <u>social determinants of health and health equity</u></i>
Part 2 Clause 18 Section c	<i>(c) promote Māori health and prevent, reduce, and delay the onset of ill health for Māori, including by collaborating with other social sector agencies to address the <u>social determinants of Māori health and health equity</u>.</i>
Part 2 Clause 29 Section 1c	<i>(c) Health New Zealand and the Māori Health Authority to develop a New Zealand Health Plan based on population health <u>and health equity</u> needs</i>
Part 2 Clause 45 Section a	<i>(a) contain an assessment of population health <u>and health equity</u> needs; and</i>

**Additional Comments:**

**Limited engagement from public health units and Medical Officers of Health**

Almost 100% of the New Zealand public health workforce is actively involved in the COVID-19 response at the direction of the Ministry Health. As a result, this submission process will lack the many valuable and experienced voices of local public health experts from across the motu.

## References

- Blakely, T., Disney, G., Valeri, L., Atkinson, J., Teng, A., Wilson, N., & Gurrin, L. (2018). Socioeconomic and Tobacco Mediation of Ethnic Inequalities in Mortality over Time: Repeated Census-mortality Cohort Studies, 1981 to 2011. *Epidemiology*, 29(4), 506-516.
- Cabinet Decision CAB-21-SUB-0092: Health and Disability System Review - proposals for reform (March 2021). Retrieved from: <https://dpmc.govt.nz/sites/default/files/2021-04/cabinet-minute-cab-21-sub-0092-health-and-disability-system-review.pdf>
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