
Pae Ora (Healthy Futures) Bill

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Family Planning Submission

1. Family Planning is New Zealand's only national provider of sexual and reproductive health services in primary health care and sexual health promotion. We are a non-governmental organisation (NGO) operating 29 clinics throughout Aotearoa New Zealand as well as services in schools and through community partnerships. We offer accredited clinical courses and workshops for doctors, nurses, midwives and other clinicians working in sexual and reproductive health, and health promotion courses for teachers, parents and the community.
2. Family Planning supports health system reform, including the establishment of Health New Zealand, the Māori Health Authority and formalising the role and purpose of iwi-Māori partnership boards.

Part 1:

Purpose of the Act

3. Family Planning is surprised that the purpose of the Act is not more aspirational. This is a once in a generation reform of our health system, which presents an opportunity to project a positive view of an equitable health and disability system where all people are able to realise their right to health.
4. For example, 3(a) could read: ensure all New Zealanders have the opportunity to realise their right to achieve the highest attainable level of health.¹ A statement about the right to health would link the legislation to international human rights standards and promote government accountability for equitable health outcomes using a human rights lens.
5. Section 3(b) should ensure the goal of the Bill is to realise health equity. For example, this could be restated as "achieve equity by ensuring equitable health outcomes among New Zealand's population groups, in particular for Māori." Reducing disparity is not the same thing as achieving equity.
6. The current legislation establishing the health system, the New Zealand Public Health and Disability Act 2000, includes the following statement as part of the purpose: "to achieve for New Zealanders - the best care or support for those in need of services". There is no mention of meeting the health needs of New Zealanders, or providing the best quality of care, in the purpose statement of the new Bill, which seems like a significant omission.

¹ World Health Organisation (2017) Human rights and health. <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>.

Interpretation

7. The Bill defines the term health entity as “Health New Zealand, HQSC, the Māori Health Authority, Pharmac, or NZBOS” and defines the health system as follows:
 - “...all of the following entities, and includes activities funded by them:
 - (a) the Ministry (including its departmental agencies); and
 - (b) all health entities; and
 - (c) the Mental Health and Wellbeing Commission, the Health and Disability Commissioner, the New Zealand Artificial Limb Service, and the Health Research Council of New Zealand”.
8. Non-governmental organisations (NGOs) and private providers are not included in this definition of our health system. NGOs and private providers play a major role providing health services in New Zealand, particularly in primary health and community care. While we understand that this Bill is focused on establishing government structures underpinning the new health system, it still seems a very narrow definition of the New Zealand health system. The final report on the Health and Disability System Review states: *“The health and disability system must act and be managed as a single integrated system comprising public, private and non-governmental organisation (NGO) providers.”*² The definition of health system in the Bill should include NGOs and private providers.

Health System Principles

9. Family Planning strongly supports the focus on equity in the proposed health system principles. However, instead of using the word “should” in the principles’ statements on equity and engagement with Māori, the Bill should use the word “must”. For example, instead of “the health system should be equitable, which includes ensuring Māori and other population groups...” the statement should read “the health system must be equitable, which includes ensuring Māori and other population groups...”.
10. Given that it is well-understood, in New Zealand and internationally, that social determinants of health can, and often do, play a larger role in determining health outcomes than health services,³ the principles of the Bill should reference social determinants of health, and the need for an all of government approach to improving the health and wellbeing of New Zealanders. We are aware that other organisations have advocated for this in their submissions including Whānau Āwhina Plunket.

² Health and Disability System Review (2020) Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR. Pg 6. <https://systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report.pdf>

³ World Health Organisation. Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

11. Our health system, and the principles on which it is based, should make prevention and primary health care more visible as a priority. While 7 (1)(e)(i) states the health system should adopt “population health approaches that prevent, reduce, or delay the onset of health needs...” the principles do not explicitly prioritise prevention and primary health care. The principles should more clearly articulate that primary health care and prevention should be a priority for funding and service delivery in order to prevent disease and health problems and promote good health and wellbeing. The final report on the Health and Disability System Review states: *“Despite primary health care strategies and numerous reviews of the system recommending more focus on keeping people healthy rather than simply treating illness, the structure, funding streams and accountabilities built into the system have not made this culture change happen.”* For real change, it is essential that the new health system is reoriented to focus on primary health care and prevention.
12. It is worth considering whether a commitment to universal health coverage should be included as a principle of the health system. Internationally, there is a growing movement to realise universal health coverage (UHC).⁴ Countries around the world, including New Zealand, committed to universal health coverage when they adopted the Sustainable Development Goals (SDGs) in 2015, and again when adopting a political declaration in support of universal health coverage in 2019.⁵ The SDG 3.8 target is to *“achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.”*⁶ Universal health coverage is about ensuring all individuals and communities can access core health services without financial hardship. It centres free and low-cost primary health care services as essential to achieving good health.⁷

*UHC means that all individuals and communities receive the health services they need without suffering financial hardship.*⁸

13. It is unclear why the Bill explicitly states that the health system principles do not apply to PHARMAC.

⁴ United Nations (2021) Universal Health Coverage [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

⁵ United Nations (2019) Political declaration of the high-level meeting on universal health coverage. <https://undocs.org/en/A/RES/74/2>

⁶ Sustainable Development Goals <https://sdgs.un.org/goals/goal3>

⁷ United Nations (2021) Universal Health Coverage [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

⁸ Ibid.

Part 2:

Health New Zealand and the Māori Health Authority

14. We note that Health NZ will be a crown agent, while the Māori Health Authority will be an independent statutory entity. It is beyond the scope of Family Planning's expertise to comment on the different types of statutory entities and their functions. However, we do note that in order to support a true partnership between Māori and the Crown, there should be equitable distribution of power across these entities to guide how they work together, and equal accountability for health outcomes for Māori. This seems essential for giving effect to Te Tiriti o Waitangi.
15. The Bill indicates that the Minister of Health appoints members of the Māori Health Authority Board and can also remove them. The Minister of Health also has the power to resolve any disputes between Health NZ and the Māori Health Authority. This degree of power provided to the Minister of Health does raise questions about the independence of the Māori Health Authority, and its capacity to challenge government about issues of concern.
16. It is unclear what role of the Māori Health Authority will play in the development of health policy led by the Ministry of Health. Should this relationship be clearly expressed in this legislation? Section 19 (1)(j) states that a function of the Māori Health Authority is to "contribute to key health documents in subpart 5". Should this read "to partner", "to develop" or "jointly develop"?

Key Health Documents

17. Key health documents, including the government policy statement and health strategies, should be required to include the ways that the policies give effect to Te Tiriti. Judge Steven Clark, in his letter to introduce the Waitangi Tribunal Hauora report wrote the following about the Tribunal findings:⁹ "Finally, we found that the omission of specific Treaty references in lower-level [health policy] documents amounted to a concerning omission of the health sector's Treaty obligations."
18. There should be a statutory requirement to develop a women's health strategy alongside the other required strategies (NZ Health Strategy, Hauora Māori Health Strategy, Pacific Health Strategy and Disability Health). Sexual violence, intimate partner violence, gender inequity and stereotypes contribute to poorer health outcomes for women and girls. Gender inequity has also resulted in the marginalisation of women's health services in the health system resulting in inequitable access to a range of services including

⁹ Waitangi Tribunal. (2021). Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf

contraception and abortion, menstrual management and maternity care. Wāhine Māori, Pacific women and girls, and women and girls with a disability are disproportionately impacted by gender inequity because it is compounded by racism and other forms of discrimination. A national strategy, similar to the Australian Women's Health Strategy¹⁰ is necessary to provide leadership, direction and accountability for improving women's health and wellbeing in Aotearoa New Zealand, particularly women and girls currently experiencing the poorest health outcomes.

19. Family Planning is aware that New Zealand Women in Medicine (NZWIM), a group of over 5,000 doctors, is also recommending that the Bill include a requirement for a women's health strategy – an effort we strongly support. Other organisations including The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the College of Midwives also support a women's health strategy.
20. While the Bill includes workforce development as an area to be included in each of the health strategies, Family Planning would advocate for a separate strategy, which sits alongside all of the other health strategies. For the health system to function well, there must be a skilled, highly trained workforce able to provide culturally safe and relevant services to New Zealanders. Issues like pay equity and the gender pay gap should be addressed in a workforce strategy, and pay gaps between providers (eg NGOs). Workforce development is a key challenge for the current health system. Workforce development should be a more visible priority for the new health system.

Localities

21. The Bill defines localities as geographic regions for the purpose of arranging services, but makes few other provisions for how localities will function within the broader health system. It is concerning that localities are included and broadly defined in this legislation, yet important details remain largely undetermined.
22. For example, there is no minimum or maximum number of localities in the Bill. Is there a danger that localities will result in duplication? How will each locality have the resources needed to effectively assess community need and commission services appropriately? There is a real risk that too many localities will result in a system which is administratively burdensome, with too many separate plans and reporting requirements for the population being served, and ongoing inconsistencies in provision across regions.

¹⁰ Australian National Women's Health Strategy 2020 to 2030 <https://alswh.org.au/post-outcomes/national-womens-health-strategy-2020-to-2030-2/#:~:text=In%20April%202019%2C%20the%20Department,mst%20risk%20of%20poor%20health.>

23. Given so little is known about how localities will operate, would it be worthwhile leaving localities out of this Bill until the purpose, function and make-up of localities is further clarified? For example, localities could be defined later in legislation or even in regulation?
24. In the proposed legislation, locality plans are only required to cover three financial years. This is a short duration given the amount of time, assessment and consultation required to develop a locality plan. A longer minimum duration for a locality plan could help provide certainty to service providers commissioned under the plan, as well as reducing the administrative burden of developing plans. It would also give time to see the results of initiatives or policy changes to improve health outcomes in a locality.
25. There is no indication in the Bill that each locality will be required to offer a core set of services, particularly core primary health care and community services. While core services would likely be set out in regulation, the Pae Ora Bill should at least reference the need to ensure core services requirements are met in each locality. While the Bill states that locality plans must “give effect to the relevant requirements of the New Zealand Health Plan”, it is not clear whether those requirements will relate to specific essential health services.
26. Why isn't there a requirement for Health NZ to consult with primary health care providers and NGO organisations, like Family Planning, when developing locality plans? This requirement should be explicit alongside the requirement to consult with social service agencies.
27. How will locality planning give regard to statutory requirements for the equitable provision of services? For example, the Contraception, Sterilisation and Abortion Act 1977¹¹ requires that the Director-General of Health review and report on equitable and timely access to contraception, sterilisation and abortion services and make recommendations to improve equitable access if needed. How will these types of statutory requirements be addressed or given regard to through the locality plans?

Part 3:

Public Health Agency

28. The Public Health Agency will exist as a unit within the Ministry of Health. The Public Health Agency will not be a separate entity with any unique statutory power. This raises concerns about the degree of influence and visibility the Public Health Agency will have within the new healthy system and how public health is integrated. Currently, public health is marginalised within the health system and has historically been overlooked and

¹¹ <https://www.legislation.govt.nz/act/public/1977/0112/latest/DLM17680.html>

overwhelmed by other areas of the health system. The lack of structural and statutory change related to public health raises questions about how this situation will change in a new system, and how the influence of the public health agency will be elevated. While the Bill does establish an expert advisory Committee on Public Health, it is unclear how public health and health promotion will be prioritised within the Ministry of Health, Health NZ and the Māori Health Authority.

29. There is no clear mechanism in the legislation for integrating public health approaches and initiatives into strategies and plans. Family Planning recommends considering whether there should be a formal mechanism for ensuring public health is prioritised within the system in strategies, plans and service provision.

Iwi-Māori Partnership Boards

30. Family Planning strongly supports the formal statutory recognition and clarified purpose of the iwi-Māori partnership boards as a mechanism for giving effect to Te Tiriti o Waitangi at the local level.¹²

In summary

31. Family Planning:
- supports the reform of the health system and, overall, supports the structures and processes established by the Pae Ora (Healthy Futures) Bill
 - recommends strengthening the purpose statement including realising the right to health as a purpose of the Bill
 - recommends including NGOs and private providers in the definition of health system
 - recommends explicitly prioritising primary health care and prevention in the health system principles
 - recommends including a women's health strategy as a statutory requirement
 - recommends a workforce development strategy as a stand-alone strategy
 - recommends removing localities from this legislation until there is greater clarity about the role, purpose and functions of localities in the new health system

¹² New Zealand Doctor (2021) Juiced up Iwi-Māori partnership boards can drive equity: Māori providers. October. <https://www.nzdoctor.co.nz/article/news/juiced-iwi-maori-partnership-boards-can-drive-equity-maori-providers>

- recommends that the Select Committee consider whether there should be a formal mechanism for integrating and prioritising public health within the health system in strategies, plans and service provision
- recommends that locality planning must include consultation with NGO and primary health care providers.

Thank you for the opportunity to comment.

Ngā mihi nui

A handwritten signature in black ink, appearing to read 'Jackie Edmond', written in a cursive style.

Jackie Edmond
Chief Executive