Update of the New Zealand Health Strategy

Analysis of submissions

Citation: Ministry of Health. 2016. *Update of the* *New Zealand Health Strategy: Analysis of submissions*. Wellington: Ministry of Health.

Published in April 2016 by the  
Ministry of Health  
PO Box 6140, Wellington 6145, New Zealand

ISBN 978 0 947515 02 7 (online)  
HP 6396

This document is available at health.govt.nz



**** This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence,you are free to: share ie, copy and redistribute the material in any medium or format; adapt ie, remix, transform and build upon the material. You must give appropriate credit, provide a link to the licence and indicate if changes were made.

Contents

Summary of public consultation on update of the New Zealand Health Strategy 1

The consultation process 1

The 12 major themes from consultation 1

Good health outcomes 1

The impact of people’s circumstances on their health 2

How we deliver health services 3

Other comments 4

Specific feedback from workshops, hui and fono and stakeholder groups 5

Workshops 5

Māori hui 5

Pasifika fono 6

Stakeholder groups 6

Putting the messages from consultation to good use 9

# Summary of public consultation on update of the New Zealand Health Strategy

In November and December 2015 the Ministry of Health consulted publicly on a draft update of the New Zealand Health Strategy (the Strategy). This summary provides an outline of what we heard.

## The consultation process

‘A good health strategy should be responsive to the needs of the people which it aims to serve.’ (Submission 388: Cancer Society of New Zealand)

In November 2014, the Minister of Health requested an update of the New Zealand Health Strategy. The Strategy had not been updated since 2000.

The consultation process sought views from a wide range of clinicians, health system leaders, organisations and population groups. This included Māori stakeholders, Pacific peoples, Asian populations, people with disabilities and the general public.

More than 400 formal written submissions were received. The consultation website received 7170 visits and an online discussion forum attracted 2431 visits with 119 comments posted. The Ministry also held more than 100 workshops, meetings, hui and fono, which involved face-to-face meetings with more than 2000 people.

## The 12 major themes from consultation

Overall feedback from submissions supported the principles, themes and direction of the draft Strategy, and the concept of the roadmap. Across all submissions the following strong themes were raised.

### Good health outcomes

Many submissions sent a strong message that the Strategy needed to focus on achieving good health outcomes for a wide range of people, especially the most vulnerable.

#### 1. Access to services

Submissions described the importance of appropriate access to health services in achieving good health outcomes. Some submitters felt that the Strategy did not focus enough on the impact of factors such as income deprivation, mental illness, intellectual and physical disability, age, gender and sexuality, on access to services. Submitters shared differing views that increased use of technology could either enhance or reduce the ability for some groups to access services.

We support your vision: … reduce disparities in health outcomes, and make sure the health system is fair and responsive to the needs of all people — young and old, from all ethnic groups, and wherever they may live. (Submission 55: Health Equity NZ)

#### 2. Treaty of Waitangi

Submitters commented on the need to acknowledge and prioritise the Treaty of Waitangi in the Strategy. Some said that Māori need opportunities to contribute to all aspects of the health system. It was suggested that the Strategy needs to show more culturally appropriate ways to address health problems that affect Māori (in particular tangata whenua and tikanga-based principles in health care). On the other hand, some individual submissions suggested the Treaty is not relevant and should not have such prominence in the Strategy.

…while we are making some gains in some areas, tangata whenua partnership, participation and protection in many areas is being eroded and diminishing. Just look at this strategy and ask yourself if this document is a true reflection of the intention of Te Tiriti o Waitangi? (Submission 254: individual submitter)

#### 3. The ability to understand health information

Almost all submissions wanted to increase the ability of New Zealanders to understand health information. This would help people to better manage their health and interactions with the health system. Submitters agreed this would also improve outcomes for some vulnerable populations. However, many submissions added that the responsibility for this increased understanding needs to remain with health professionals, not individual consumers.

As health care has become more complex, health literacy and obtaining independent, evidenced based information can be difficult. (Submission 220: Women’s Health Action Trust)

### The impact of people’s circumstances on their health

Submissions commented on the need for the Strategy to address the impact of social circumstances on health outcomes.

#### 4. The conditions in which people are born, grow, work, live and age

Many submissions said the main reason why some population groups have such different health outcomes is because of the social conditions in which they live. Many submissions praised the way the Strategy had addressed this area. However, many others suggested that social conditions should be addressed more specifically in both the Strategy and the Roadmap of Actions.

Social and economic factors, like education, income, gender, heterosexism and racism, are key drivers – or determinants – of health. Uneven distribution of such determinants means some groups in New Zealand have a disproportionate burden of health risk and ill-health. (Submission 322: Family Planning Association)

#### 5. Social agencies working together

Submissions strongly supported the goal of different sectors and government agencies working together to improve health outcomes. Many submissions focused on the need to remove the barriers which prevent agencies from working together. Submitters felt that making changes to the way services are funded will promote collaboration. Submitters said that the Ministry of Health and district health boards should set an example in this area.

Cross-government agencies working in concert with a shared philosophy will be able to address complex, long-term problems that currently exist in New Zealand. (Submission 373: Royal Australian and New Zealand College of Psychiatrists)

#### 6. Prevention

Submitters felt that the Strategy did not talk enough about preventing illness or addressing the environmental factors that cause it (including the availability and marketing of alcohol, tobacco and sugary drinks). Some submitters said that we need more actions to increase health promotion activity. Many offered views on specific areas of health promotion activity, often related to their area of interest.

### How we deliver health services

Many submitters were concerned about how to deliver high quality services that meet people’s needs.

#### 7. Health workforce

Submitters agreed with the Strategy’s focus on the health workforce, and some said the focus should be stronger. Some submitters said we need to be clearer about why teams of health professionals need to come together to help patients with complex health problems. Submissions highlighted the important role of allied health professionals in community, primary and secondary health services, noting that they are often overlooked in the health system. There was also a strong message from a number of submitters about the importance of the unpaid volunteer workforce in health, and that this should be given greater importance in the Strategy. Submitters frequently mentioned the concept of having ‘health navigators’ who help people find services and navigate the health system.

We strongly believe that far more focus has to be given to the unpaid carers and the paid carers in the unregulated health workforce. Fundamentally, these people make a huge difference to the lives of the people they care for, yet go relatively unrecognised. (Submission 113: NZ Health IT Cluster)

#### 8. The impact of technology

The submissions generally agreed with the benefits of making greater use of information technology (IT) in the health system. The proposal to establish a national electronic health record was generally well-received. Submitters described many benefits to this approach. However many submissions also identified challenges such as privacy, the need to support people who cannot easily access technology, implementation costs relating to infrastructure, staff training, and consumer education and support.

Smart technology may have potential but equally could create inequity and amplify the problem for others if not properly established. (Submission 352: The Royal Australasian College of Physicians)

#### 9. Delivering services in the community

Submitters expressed strong support for a ‘One Team’ approach, including community-based services. Primary health care providers, allied health professionals, pharmacists, and non-governmental organisations wanted to have a bigger role in providing care in communities. Rural communities were particularly supportive of the Closer to Home theme and better use of telehealth.

A number of submissions from primary care or allied health providers recommended that funding should follow patients. This would allow more flexible solutions and integrated care than the current model, in which funding goes through DHBs. Submitters felt that this model limits the ability to provide more preventative or ‘whole of person’ services. Submitters expressed concern about the cost benefit of providing specialised services in regional areas. They mentioned the need for nationally consistent initiatives, and the risk that moving services could result in service gaps.

Any new primary care funding models need to have inbuilt flexibility to allow for local circumstances and conditions. For example, within Takapau – a high health needs rural community – we have one side of a street designated as decile 5 and the other side of the street is designated decile 8 which is nonsensical. (Submission 370: Takapau Health Centre)

### Other comments

Several other themes came up regularly in the submissions.

#### 10. Focusing on people

Submissions generally supported the Strategy’s ‘people-powered’ theme. They agreed with the theme’s emphasis on working together with families, carers, communities and health professionals to empower people to manage their own health and wellbeing. However, many submitters expressed concern that the term ‘people-powered’ puts too much responsibility for change and improvement on the individual person, rather than the health system.

Another group of submitters (including DHBs, unions, non-governmental organisations, Māori organisations and consumers) requested that ‘people-powered’ be replaced with ‘whānau-centred’ or ‘community-centred’. Some submitters said that the Strategy focused on the individual’s journey and did not include the Māori perspective of whānau-centred approaches.

…our reality is not individuals – we are part of a whanau. We manage our health together. (Submission 254: individual submitter)

#### 11. Covering end of life

Many submissions commented that the Future Statement in the Strategy (live well, stay well, get well) should include ‘end well’ or ‘die well’ to capture the importance of supporting people at the end of their lives.

The glaring omission in this section is to die well. Live well, stay well, get well, die well. Health systems are best measured by how we care for the most vulnerable – and the dying are totally vulnerable and at the mercy of the services provided for them. Dying can and must be included in this strategy (that people die with dignity). Palliative care services must be comprehensive, competent, and well-coordinated. This is not currently the case in all locations in NZ. Work needs to be done to ensure a good death for everyone. (Submission 86: individual submitter)

#### 12. The impact of climate change

Submitters noted that climate change should be included in the Strategy as being a future challenge for the health sector. Some professional associations and academics noted that future changes to our environment would have wide-ranging health and economic impacts on New Zealand society.

Climate change is already affecting, and will continue to have an effect on social and environmental determinants of health including clean air, safe drinking water, sufficient food and secure shelter. (Submission 326: NZ Council of Trade Unions)

## Specific feedback from workshops, hui and fono and stakeholder groups

Different communities and sector stakeholder groups have their own perspectives on the Strategy. Most support the general themes that came out of the consultation. A video providing a sample of the sorts of issues people raised at the sector workshops can be found at the following link.

[www.health.govt.nz/about-ministry/what-we-do/new-zealand-health-strategy-update](http://www.health.govt.nz/about-ministry/what-we-do/new-zealand-health-strategy-update)

This section expands on the general themes from consultation. It does not give a full description of the views held by individual stakeholder groups.

### Workshops

The main messages heard in the workshops are as follows.

* People need to be better enabled to manage their own health.
* Self-management of health should be supported through public health promotion – publicising practical steps people can take to prevent health issues from arising in their own lives and in the lives of family, whānau and community members (eg, stop smoking, eat more healthy kinds of food).
* General health literacy needs to be improved, and the best way to achieve this is to use a range of culturally appropriate and targeted forms of communication.
* People need better access to health services. Services must be seamless, affordable, and offer flexibility that responds to people’s needs. Services need to be available in a time, place and form that is convenient for the people who use them.
* We need to review how health services are currently delivered and funded. Settings need to make it worthwhile for providers to deliver services more effectively, efficiently and flexibly, to be patient- and community-centred, and to make sure they are reducing inequities and reaching the most vulnerable populations.
* The health sector workforce needs to be developed through planning and funding. Our aim must be to ensure that: supply meets demand; that the workforce is culturally competent; that services meet population needs (supporting the navigator role is one practical step in this direction); and that practitioners are able to put their skills and training to the maximum possible use.

### Māori hui

The main messages heard in the hui are as follows.

* Achieving equity in health outcomes must be given high priority.
* Health services for Māori should be designed and delivered in accordance with kaupapa Māori.
* Māori should have the lead in identifying their own health aspirations and how to achieve them.
* Health services need to be integrated, holistic and accessible.
* Promoting Māori leadership is an important part of improving health outcomes for Māori.
* Address the wider determinants of health (cultural, social, economic, environmental) not just ‘illness’.

### Pacific fono

The main messages heard in the fono are as follows.

* Engage with Pacific communities to learn what works for Pacific peoples.
* Health professionals need to be culturally competent.
* Use service delivery by Pacific peoples for Pacific peoples.
* Different sectors need to collaborate to address the wider determinants of health.
* Make concise and understandable health information available for Pacific peoples.
* Empower Pacific peoples to manage their own health.

### Stakeholder groups

During the consultation, each of the identified stakeholder groups identified their own specific focus areas.

* Consumer organisations emphasised themes of visibility and access.
* District health boards had a particular interest in how the different parts of the health sector work together and in overall system performance.
* Primary health organisations focused on ways of centring care around the needs of the patient, while other non-governmental organisations had a particular interest in ensuring that the service contracts supported sustainability.
* Professional associations focused on workforce sustainability and how to maximise the contribution that individual professional groups make to the health sector.
* Unions emphasised access to quality health services for their members, and the importance of consulting with health sector employees over the best direction of change for the sector.

#### Consumer organisations

We heard from two types of consumer organisation: those representing people with particular conditions, such as polio or cancer, and those representing individual sectors of the population (eg, Māori, women, and people working in rural areas).

The messages from consumer organisations were similar to the messages we received in the wider consultation process. However, they expressed a stronger emphasis on the themes of Visibility and Access.

Consumer organisations often mentioned that the Strategy needs to refer to their particular group or health issue, and to provide supporting actions. This might involve identifying the group as a national priority, giving it higher priority in discussion, or having a separate health strategy/plan for the particular group. The need for a practical plan of action was a consistent message.

The NZ Health Strategy offers an opportunity to make visible and redress inequities by identifying people with intellectual disability as a high priority group and population at risk. (Submission 125: [IHC New Zealand](http://www.ihc.org.nz/))

Visibility issues were often connected to other themes, like the need for cross-sectoral action to prevent the emergence of a particular health condition through health literacy and addressing wider determinants of health.

Many of those currently disadvantaged in their health outcomes are not able to live well due to environmental factors such as poor housing, limited employment opportunities, social exclusion, or community and whanau dislocation and isolation – working intersectorally across traditional boundaries is the only way to address these. (Submission 366: NGO Council of the NGO Health and Disability Network)

Fair access to health services was another strong theme in submissions from consumer organisations. They often gave examples of the difficulties that some groups experience (such as the need for people in rural areas to travel long distances to access health services).

Self-management of health through the use of IT came up regularly in discussions of the access theme. They noted that although IT creates certain opportunities, it is important not to exclude or leave any groups behind.

Please remember that there is a large number of elderly people who do not use a computer and they will still need to be catered for… We also need a reassurance that health professionals will remain to be accessible to discuss health concerns face-to-face with patients. (Submission 118: Grey Power Federation Inc)

#### District health boards

District health boards play a central role in our health system. They will be responsible for implementing many elements of the Strategy and Roadmap.

In line with the Minister of Health’s direction towards providing high-quality health services; healthy communities; a strong and engaged health workforce; quality aged care and mental health services – the NZHS needs to strengthen its role in strategically guiding the future of health and wellbeing and recognising the benefits and cost savings that can be made by preventing ill health and reducing inequities. (Submission 359: Bay of Plenty DHB)

Feedback raised the issue that DHBs will be expected by the Government to provide high quality services while operating within their budgets.

The Strategy needs to clearly articulate how to resolve the financial tension between doing more cross-sectoral and prevention/early intervention work and still managing to provide consistent quality treatment services (with substantial population growth and continuing to ‘do more with less’. (Submission 390: DHB Chairs and Chief Executives)

Some feedback noted that we must balance the centralised nature of government with the need to develop local solutions to local issues:

Local ability to influence and facilitate action (and accountability) in the key areas outlined in the draft Strategy could be enabled in a range of ways including moving some services currently held nationally to a regional/district approach. (Submission 309: Auckland DHB)

District health boards asked the Government to clearly define high level targets that would be used constructively to improve performance:

…a clear focus on measurable outcomes and a service improvement culture is needed, rather than a win/lose punitive target driven culture. (Submission 390: DHB Chairs and Chief Executives)

Overall, DHBs want the flexibility to meet the health needs of their population within a high level framework established by central government:

The opportunity is for MOH to take a leadership role with other government agencies on health and social service integration and enable the DHBs to deliver to their populations. (Submission 390: DHB Chairs and Chief Executives)

#### Non-governmental organisation providers

We heard from two kinds of non-governmental organisations: Primary Health Organisations (PHOs), and consumer organisations that also provide health services.

The PHOs expressed interest in shifting the focus of care to be centred around the needs of the patient. This perspective comes from their responsibility for delivering primary health care (particularly through general practices). They wanted to reduce the differences in the way that we fund primary and secondary services.

Address the out-dated funding frameworks which do not support the required transition towards a ‘one-team’, patient-centred and integrated primary care based service. (Submission 369: PHO Alliance)

Consumer organisations often said that they want health service contracts to give more certainty and security to the service provider. This would encourage more long-term relationships between the providers and the Ministry (as purchaser of those services).

#### Professional associations

Professional associations showed a particular interest in both workforce sustainability, and maximising the contribution that individual professional groups make to the health sector. They mentioned the importance of education, training and funding for building and maintaining the health workforce.

…the Road Map must include a plan to improve retention of primary care nurses and recruitment of GPs – and to encourage more Māori to train as health practitioners. (Submission 317: Royal New Zealand College of General Practitioners)

Options for greater flexibility in the use of professional skills came up regularly as a topic for discussion: should the role of nurses, or of GPs, be expanded? And if so, how? Role expansion was supported as a way of making the best use of the health workforce. This would be balanced with the need to maintain access to services.

Every health professional should be able to use their skill set, knowledge base and expensive training to the fullest advantage. The findings of the recent Physician Assistant trial would suggest strongly that GPs in particular are being paid to do a great deal of work that could quite clearly be done by others. (Submission 278: College of Nurses Aotearoa)

Professional associations were strongly interested in expanding their knowledge and tools so they could improve the services they deliver.

New models of working allow GPs to spend more time with those patients who have the greatest need. Telephone triage, electronic analysis of health records and other models all allow GPs to work more effectively and efficiently. (Submission 317: Royal New Zealand College of General Practitioners)

#### Unions

Unions noted the importance of consulting with health sector employees when we make decisions about future change for the health sector.

Involving the workers who do the jobs, and harnessing their ideas is the way to deliver high performing services. (Submission 316: Public Service Association)

Unions also focussed on the need to improve equity of health outcomes.

Though there is recognition of the disparities that Māori and Pacific Island people face, the health disparities faced by low-income people in general do not feature as areas of attention or focus of work in the Strategy, the five themes or the action plan. (Submission 326: New Zealand Council of Trade Unions)

Unions were particularly aware of the potential impacts the Strategy could have on employment for their members.

The new strategy’s future direction points towards a gradual slide towards the privatisation of health care. We are highly concerned about its bias towards contracting out of services and the possible expansion of social bonds programmes. (New Zealand Resident Doctors’ Association, Association of Professionals and Executive Employees & the New Zealand Medical Laboratory Workers Union Joint Submission)

Access to quality health services for their members was a leading theme for unions.

Accessible quality health services are critical to the hundreds of thousands of workers we represent and to their families and whānau. (Submission 326: New Zealand Council of Trade Unions)

## Putting the messages from consultation to good use

We took the following approach to using messages from the consultation.

* All input from consultation has been analysed.
* Some messages have been incorporated directly into the Strategy and Roadmap.
* Some will become part of ongoing dialogue with stakeholders.
* Some will be put to other uses (eg, input into other subsidiary strategies aimed at specific groups, such as the Health of Older People Strategy) or be a standing resource for stakeholders and the Ministry.
* Inputs from the consultation will be available to the public.