**NEW ZEALAND HEALTH STRATEGY 2015**

**CONSULTATION SUBMISSIONS**

**114 - 172**

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| **114** | Submitter name | [redacted] |
| Submitter organisation | Health Navigator Charitable Trust |
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| Respondent ID | | 4375385833 |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Education/training |
|  | | Service provider |
|  | | Non-governmental organisation |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes, captures key elements of working more closely in partnership with individuals/whanau, services being closer to home rather than hospital based and all working more effectively as one health system. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | | Health Navigator Charitable Trust supports this Health Strategy and looks forward to working with the government and sector to continue improving the health and wellbeing of our communities. As stated by a number of international experts - the greatest untapped resource in our health sector are patients. At every encounter we need to consider how we can assist individuals and whanau/carers to develop self-care skills and confidence to manage well at home. |

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| **115** | Submitter name | Jim Warren |
| Submitter organisation |  |
| Respondent ID | | 4375349876 |
| Name | | Jim Warren |
| Position (if applicable) | | Professor of Health Informatics |
| Organisation (if applicable) | | University of Auckland |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Academic/research |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | On the whole this is an exciting strategy. Just two areas that spring to mind for further emphasis: 1. Design in the pathways for research use of health system data. We want to learn from what's going on. There should be a clear and routine process for researchers (e.g. University staff and research students) to get access to data for purposes such as epidemiological and health service delivery investigations under appropriate ethical guidelines including data anonymisation and review on results reporting. 2. The Strategy has some clear indicators for empowering the broader healthcare workforce (e.g. prescribing under certain conditions by nurses and pharmacists). Let's be sure that governance structures have clinical input from the breadth of the healthcare workforce (e.g. nurses and pharmacists, OTs and physios) - not just from physicians (notwithstanding broad health consumer input). |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? | |  |
| Do these five themes provide the right focus for action? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **116** | Submitter name | Belinda Coulter |
| Submitter organisation |  |
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| Respondent ID | | 4375349010 |
| Name | | Belinda Coulter |
| Position (if applicable) | | Paediatrician |
| Organisation (if applicable) | | LakesDHB |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | I like the focus on disability, however sometimes the definition of 'disability' can be a barrier. ie the somewhat artificial personal health need v disability need dichotomy |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | I don't like people powered. Too much focus on this makes the system more difficult for vulnerable people, esp those with cognitive, literacy or language difficulties |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | yes |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Making sure that all NZers can access the same quality of care regardless of address Ensuring that there is no post code lottery of service proevision |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | Ensuring that FV protection components are built into 'people powered' |
| Are there any other comments you wish to make as part of your submission? | | making sure that close to home, doesn't result in more fragmentation for small communities, sometimes it is better to centralise services so as to get a better skill base of providers |

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| **117** | Submitter name | [redacted] |
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| Position (if applicable) | | Dental Therapist |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Māori |
|  | | Pacific |
|  | | Service provider |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Children, adolescents, and adults of Maori and Pacific ethnicities and people of low socio-economic status have a greater unmet need to oral health care services Cost for Oral diseases is substantial and increasing. Oral diseases can cause and impact on other health conditions which in turn can impact on the quality of life |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Principle 3: add word "protection" in between health promotion and disease and injury prevention. Principle 6; add "quality and responsive" in between a high performing system |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Yes, as long as there is changes to the way the oral health system is delivered and organised. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Dentistry must be included to help in reaching our desired future |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | Ethnicity must be included as a priority in tracking and reporting. Sharing across other sectors and the quality of information is crucial to provide an overall view of improvements in the health status for disadvantaged groups. |
| Are there any other comments you wish to make as part of your submission? | | A closer alignment of oral health with general health would create a picture of the true NZ health status |

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| **118** | Submitter name | [redacted] |
| Submitter organisation | Grey Power Federation Inc |
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| Respondent ID | | 4375330806 |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Non-governmental organisation |
|  | | Consumer |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Overseas research shows that a people-powered system has some drawbacks. In the US patient portals are mainly used by white, middle class well educated people which means that the New Zealand health system will need to be structured in ways that that resonate with poorer and more marginal groups including vulnerable older people. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | If the above statements are correct will the system be able to re-orient doctors from seeing themselves as an expert instructor to working in partnership and collaborating with patients? |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | All reference to "ability to pay" be deleted as many people on low fixed income struggle to pay for medical services now. They will only be helpful provided health services are provided equable to all irrespective of age and affordability. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | 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. In time the number of people who do not use a computer will decrease..This is in our opinion 10 years away, We also need a reassurance that health professionals will remain to be accessible to discuss health concerns face to face with patients. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | District Health Boards should establish Community advisory groups who will meet to discuss issues and explain how the interpretation of policies could impact on peoples daily lives and wellbeing |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **119** | Submitter name | Bernadette Drummond |
| Submitter organisation |  |
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| Respondent ID | | 4375294904 |
| Name | | Bernadette Drummond |
| Position (if applicable) | | Professor and Specialist paediatric dentistry |
| Organisation (if applicable) | | University of Otago School of Dentisty |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | |  |
|  | | Oral health in university dental hospital and research setting |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Some consideration needs to be given to key input from oral health in planning the strategy. Oral health is ignored as part of general health but play an ever important role in an ageing population with diabetes, obesity, cardiac disease. Currently there is little support for oral health care after 18 years of age. The strategy needs to address this as poor oral health will significantly worsen chronic diseases like those mentioned above. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes But the partnership needs to be linked all areas of health not just those that are linked to DHBs or medical practices. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Yes |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | | The document notes we have a universal health system but we do not when it comes to oral health. This is becoming a significant problem for those living in poverty and for those with chronic illness. Oral health is not recorded in people's health records so their medical carers are not even aware of significant oral problems unless letters are written. The document notes increasing enrolment for dental services for younger people. That is not translating into a decrease in dental disease which is a more important outcome. Under 4. - One team and 5. Smart System, I would hope that oral health can be involved to insure that all health information is recorded and all ares of health work together to give advice that is appropriate - e.g.: healthy eating needs to include and oral health aspect. I have significant concern that there appears to be no oral health expert advising in the Ministry of Health. Who will guide the future spending of oral health dollars to the most appropriate place? |

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| **120** | Submitter name | 4375283659 |
| Submitter organisation |  |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Consumer |
| Release of personal details? | | I do not give permission for my personal details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Tobacco consumption should be specially mentioned as a challenge, it is still the leading cause of preventable death in NZ. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | What does people powered mean? It could mean the people that run the health system. More control and choice of services should be determined by the consumer / service users. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | yes. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | People-powered - people with long-term health conditions (including mental health) should have greater control and choice of the services they utilise. Currently they need to fit into what is offered by the DHB (whether it is what they need or not), rather than be able to choose a service that meets their needs. Individualised funding has worked for disability clients, I recommend that is model is available for other services too such as mental health, the enhanced individualised funding model for mental health clients would enable to them to choose a therapist, psychiatrist, support workers that they felt comfortable with. People-powered and One Team - the health system could make better use of the knowledge and experience of people with a lived experience of the illness. More NGO services, that cover a greater range of conditions need to be funded to provide real advice and support from people that know what is like to have the illness and what is likely to work and assist in navigating the system. In my experience of the health system the best advice on how to live with / treat a long-term condition has come from others with the same condition. Services provided by these patient-led NGOs are usually also cheaper than DHB or GP/PHO provided services and provide greater value for money than GPs. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | An additional action of investing in more disease specific patient-led NGOs to provide advice, navigation and support. Extend Individualised funding model to other conditions including mental health. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | | The current model of primary care is very limited and often doesn't get to the cause of the problem but addresses some of the symptoms only. Integrated medicine that takes a holistic view of a person's wellness needs to be more available and affordable. |

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| **121** | Submitter name | 4375274032 |
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| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | |  |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Overall yes. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **122** | Submitter name | 4375270780 |
| Submitter organisation |  |
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| You are submitting this: | |  |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Children, adolescents and adults of Maori and Pacific ethnicities and people of low socio-economic status have a greater unmet need to oral health care services. There is a huge burden of dental disease in NZ and this is causing emergency dental care to be on the increase Oral disease impacts or causes other health conditions/complications which in turn can have a negative impact on the quality of life OPPORTUNITIES Intergrating dental and medical to maximise greater health gains |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Principle 3: Collaborative health promotion, PROTECTION, and disease and injury prevention by all sectors. Principle 6: a high performing, QUALITY, AND RESPONSIVE system in whcih people have condfidence |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **123** | Submitter name | 4375243571 |
| Submitter organisation |  |
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| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | |  |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | no |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | yes |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **124** | Submitter name | 4375238813 |
| Submitter organisation |  |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Ex professional provider/ recipient |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Children are part of a family/whanau so to consider child health and well being then the family/whanau has to have high well being. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | The above principles cover all aspects of health/well being and how to achieve that. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Clear goals are necessary for strategies to be achieved. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Goals set by those who give direct services and those who receive direct services, including workforce development. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | A nation wide computer system with appropriate access for those giving/receiving services. Connection among people at all 'levels' within the health, welfare, economic systems. |
| Are there any other comments you wish to make as part of your submission? | | The issue of 'equity' rather than 'equality' is basic. Many people have a problem with the notion that 'equity' does not mean equality. |

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| **125** | Submitter name | [redacted] |
| Submitter organisation | IHC |
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| Respondent ID | | 4375224076 |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Service provider |
|  | | Non-governmental organisation |
|  | | Advocacy for people with intellectual disability and families |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Among the challenges identified is that of “those who receive unequal benefits”. People with intellectual disability clearly fall in this group experiencing poorer health, high levels of unmet health needs and significantly poorer health outcomes than the general population. They are also less likely to be included in public health initiatives. These persistent inequities in access and outcomes were identified in the Ministry of Health’s Briefing to the Incoming Minister, November 2014 with people with intellectual disability included in population groups where significant gains can be made by increased focus and commitment to those “who have poorer outcomes, complex health needs or need a stronger voice”(p.v). 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. A commitment is needed to implement the recommendations that result from the work underway on the Disability Action Plan 9c ‘Improving the health outcomes of people with intellectual disability. As in the general population people with intellectual disability are ageing and face the same challenges in being able to age in place. In addition people with Down syndrome have a unique greater risk of dementia than the general population (between ages 50-70 years) There are challenges in improving the skills of the health professionals in communicating with and making accommodations for people with intellectual disability in areas including supporting decision making, addressing diagnostic overshadowing and in providing accessible health information and health promotional activities to enable independence and self management. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | IHC endorses the emphasis on “all New Zealanders”. From the start this conveys a sense of inclusiveness. To improve access and outcomes for people with intellectual disability effective universal services that are responsive to all alongside specific additional services are needed. There is ambiguity in some of the terms used in the statement that is not clarified in the detail on the five themes. • ‘People powered’ means what and why not use ‘people-centred’ as discussed the text about the theme? Or person/family/whanau centred and/or directed? • ‘Closer to home’ - needs more of a sense of family, whanau and community. • What is meant by ‘value’ begs many questions. This is of particular concern for people with intellectual disability who are often seen as having less valued lives that are not as worthy of investment. We expand on these and the other areas in questions 3 and 4. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | The eight principles cover important areas. Missing, however, are references to and a grounding in the supporting text to human rights, citizenship, ethical decision making. Without these there is insufficient grounding to guide and translate the principles into action. The United Nations Convention on the Rights of Disabled Persons (CRPD) Article 25 –Health states “Persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability” From the refreshed NZ Health Strategy principles 1. Best health and wellbeing possible throughout lives – in the absence of being grounded in human rights and ethical decision making the rider “possible” could be used as a smokescreen for exclusion and discrimination 2. Improvement in health status of those currently disadvantages – clearly people with intellectual disability fit in the disadvantaged group requiring application of this principle into actions that lead to improved outcomes and equal outcome is required. 3. Collaborative health promotion and disease and injury prevention - should lead to actions in all publically funded health and injury prevention campaigns to include and reach people with intellectual disability 4. This principle requires strengthening – it is more than a special relationship between Maori and Crown. The Treaty of Waitangi is central and enshrines the principles of partnership, participation and protection. Actions related to other principles are commented on in later sections. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | 1. People powered – as in question 2 we consider that ‘people-powered’ doesn’t capture well the concepts of understanding, enabling, engaging, partnership, and being person-centred, person-directed that are in the text. 2. Closer to home – is about our interdependence and relationships - individuals, families, communities and in our systems and across sectors, not only closer to home but better integrated, investing early in children, families and whanau and being more proactive. All are important areas for action. More clarity and stretch is needed or rural areas and those situations where people will need to travel for to a regional or national specialist services that are unable to be delivered via technologies such as telemedicine. 3. High value performance – entails being able to look beyond short term outcomes to longer term outcomes and impact. Greater investment at earlier stages may result in better value in the longer term. More clarity and stretch is needed for guidance how to get the sought “clear lift in population groups previously disadvantaged such as Maori, Pacific peoples and people with disabilities”. Investment as outlined in the draft strategy appears to also be narrowly defined to Maori and Pacific when more nuance is required going forward for other populations such as people with intellectual disability, sensory and physical impairments, mental illness, aged and refugees. 4. One team – as a concept to get better working together should be extended beyond strengthening roles of people, families, whanau, communities and services to include community development, co-design, co-governance and co-evaluation to reduce fragmentation, increase collaboration and achieve a more cohesive approach. 5. Smart system – there are undoubted benefits from getting better information systems and taking advantage of new and emerging technologies. Not being visible in data collected or identified as a specific targeted priority alongside accessibility and cost issues often exclude people with intellectual disability from these benefits. A smart system should address these concerns. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | The areas identified are important ones. IHC particularly endorses areas actions: 1. improve coordination; 2. promote people led service design; 3.ensure the right services are delivered at the right locations in equitable and sustainable ways; 4. providing the right care at the earliest time; 12. continuously improve system quality and safety; 13. improve governance and decision making processes; 18. Increase data quality and transparency. inform and involve people, know and design, a great start for children, families and whanau, improve performance and outcomes, target investments and improve quality and safety We are heartened that ‘A great start for children, families and whanau’ is the focus of actions 6a-h. For children with disabilities and their families actions 6d to improve early childhood services and health services for preschoolers and 6e to improve social outcomes for children and young people are priority areas. IHC has expressed concerns about the application of a narrow investment approach in other areas. We are unsure from the consultation draft whether the refreshed strategy will result in a broader approach that invests in and values all people. As with the overall strategy, the social investment approach would be strengthened by a grounding in human rights, citizenship and ethical decision making. We suggest a change to the wording on p.42. Currently this reads as “All actors in the system”. This conveys a sense of acting rather than real life and belittles people’s commitment and life experience. Just say “All involved....” |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | We re-iterate our earlier points about co-design, co-governance, co-review and community development as approaches to support the ongoing development of the Roadmap of Actions. Workforce training could include people with intellectual disability and families as co-educators and trainers. Align the NZ Health Strategy actions for a ‘great start for children, families and whanau’ with the updated Disability Action Plan 6b ‘Develop policy options to improve government supports for parents, family and whanau of disabled children aged 0-6. We restate the need for people with intellectual disability as a priority population that includes but extends beyond the focus on Maori and Pacific peoples. Require disability to be a variable in all government statistics Provide information by impairment type so disability is visible and undertake impairment and etiologically specific sensitive analysis of health related data Link with the Office of Disability Issues and NZ Statistics led ‘Disability data and evidence working group’ |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **126** | Submitter name | Christine Henare |
| Submitter organisation |  |
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| Respondent ID | | 4375212811 |
| Name | | Christine Henare |
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| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Māori |
|  | | Consumer |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | The NZHS review is an important opportunity to emphasise unwillingness to continue to tolerate health inequalities. Explicit linkage to Pae Ora, as described in He Korowai Oranga national Maori Health Strategy, is needed. It is a strategic framework that has strong applicability not only to Maori but to all NZers. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | The statement relates to the system and in that sense it is valuable. However there would be great value in also adopting statements that describe the future we want for all NZers. Pae Ora consists of three elements that provide an awesome framework for wellness: Mauri Ora – healthy individuals, Whanau Ora – healthy families and Wai Ora – healthy environments. The Whanau Ora outcomes framework adopted by Ministers and Iwi leaders in 2015, resonate strongly with the elements of Pae Ora. They have the potential to anchor all intersectoral collaboration towards their attainment, a common set of outcomes for all. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | I support the eight principles but would suggest that no.2 is changed to ‘Elimination of health inequalities’ because reducing inequalities is no longer good enough. All NZers are entitled to equal health outcomes, and agencies should be obligated to strive towards that end. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Yes these are good. The Whanau Ora outcomes framework referred to under 'The future we want' describes ‘What great might look like’. There is no need to reinvent the wheel on developing population outcomes as the Whanau Ora set is appropriate, inclusive and aspirational for all. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | A policy environment enabling of local solutions would be sensible and likely to achieve more effective and sustainable outcomes. This would require more ‘joined up’ ministries at the centre, and the adoption of shared outcomes, such as the Whanau Ora Outcomes framework. These would provide a most solid platform for agencies to work collaboratively on. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | A common IT system, or one that enables cross sector/community/iwi compatibility. An agreed set of indicators of success (not unlike, but more substantial than the Better public services indicators) that are aligned to the agreed outcomes |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **127** | Submitter name | 4375178873 |
| Submitter organisation |  |
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| Postal Code | |  |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Service provider |
|  | | Professional association |
|  | | Academic/research |
|  | | Consumer |
|  | | District health board |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | removing silos of different funding and services at wellington level which administers different contracts to different services (sometimes not via the DHB) thus potentuating service perspectives Funding based on previus funding. Not an overall look at the the cost to the health system across the lifespan,,,heckman clearly shows you get better health gain and less cost if you intervene in the first years of life yet we spend 70% of health $ on the last year of life |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | yes |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | yes also a specific aim to reduce/remove inequalities |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | yes |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | big picture view and attendtion to detail |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **128** | Submitter name | [redacted] |
| Submitter organisation |  |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Māori |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Tobacco use is the most important preventable cause of death, disability and health inequities in New Zealand. Given the governments commitment to Smokefree Aotearoa 2025 it is should be central to this strategy and in partnership with other health priorities eg. obesity and diabetes.Without it this strategy is seriously deficient. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | The principles appear appropriate however the plan and actions miss the opportunity. If providing healthier homes does not address smoking & tobacco use, if whanau ora does recognise the impact of smoking and tobacco use and if there is no recognition of the relationship between mental health and addiction treatment and smoking and tobacco use then a huge opportunity to assist in then New Zealanders won't live well, stay well or get well. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | A system that caters for all where ever it is provided. |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **129** | Submitter name | 4375148500 |
| Submitter organisation |  |
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| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | |  |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Good imaging in all hospitals |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Yes |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **130** | Submitter name | Amanda D’Souza |
| Submitter organisation |  |
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| Respondent ID | | 4375143011 |
| Name | | Amanda D'Souza |
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| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Academic/research |
|  | | Children!! |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | 1. Responding to the overwhelming and growing evidence that childhood sets the foundations for life-long health. 2. Responding to the overwhelming and growing evidence that social factors have a major impact on health, especially during childhood. 3. Including consumer perspectives and especially the most vulnerable consumers, children and people with disabilities. 4. Putting an end to large ethnic inequalities in health. 5. Making explicit, and addressing the dominance of health-damaging corporate interests in policy-making e.g. alcohol, tobacco, junk food etc. Please see the WHO's Margaret Chan's comments about the challenges for NCD control. 6. Include population-based prevention, and upstream prevention - not only individual-level. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | The first clause is OK, but the later comments seem to only focus on health services for sick people, or treating people at an individual level. Must include better statement about prevention. E.g add We will be prevention-oriented. Also include - we will be inclusive. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Include the word inclusive |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Add Smart prevention |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Your challenge is to look at how the actions reflect the themes and principles. The actions are very service-oriented, individual-oriented, and high-risk oriented. The major gains for health will be from smart, population-based interventions - this will be key with an aging population. Currently the actions are very limited in scope. Prevention and health promotion needs to feature more strongly. Children and youth make up 25% of the population - child wellbeing features up-front in the principles, but needs to be embedded throughout this strategy, not just in certain limited ways. e.g when discussing providing information for consumers, think about how to do this for children as well. We have a wonderful universal Well Child framework. Given the evidence on the early years - use this as a framework for prevention and addressing the wider factors that help or hinder optimal child development. Don't limit it to things like foetal alcohol syndrome. Keep it broader as this is a crucial period in life - need every effort at getting things right, keep in mind all parents who face added barriers not just those of offenders. e..g additional supports for parents with mental illness, addictions, violence issues etc. Add more on alcohol and tobacco control - and not just through individually-mediated actions, include the more effective population based interventions. Be bolder. Don't just focus on need and high-risk. This focus alone won't be enough to fulfil the vision. Also - include a focus on health sector response to climate change |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | Regular, publicly available. Please include in the reporting framework the age group of children up to age 18 yrs - The Convention on the Rights of the Child requires this. |
| Are there any other comments you wish to make as part of your submission? | | I am concerned that there is only a strong focus on need and high-risk people. Please include a rights-based element - the health system is part of the NZ Govt's responsibility under human rights treaties, especially the right to health. NZers are entitled to have a health system that is accessible, effective and equitable. e.g. children under 13 have improved access to primary care. This is wonderful. Please don't limit the future development of the health system to one only based on need and risk. Especially for children. Concept of proportional universalism is helpful here (see Marmot, and WHO Commission on Social Determinants). Have you consulted with children? This is important work as the health strategy will have a major impact on children - essential to ask children their views. You have an obligation to consider their views. |

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| **131** | Submitter name | Prof J.S. Werry |
| Submitter organisation |  |
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| Respondent ID | | 4375137704 |
| Name | | prof js werry |
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| Organisation (if applicable) | | University of Auckland (Emeritus) |
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| Country | |  |
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| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Education/training |
|  | | Academic/research |
|  | | everything |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | This document is romantic idealistic vague and non operational goals. It will achieve little more than endless previous strategies. how can you chanege any thing if you dont know how the crrent system is operating? we need is a single achievable goal. Goal.to get the bigfest bang for our buck. Thst isa stock take of current health service operations and systems performed by an independent experienced organization such as deloittes Actions put up sure ice nt money to do a scientific assessment and development of a plan to turn the health service from an anarchic charity to a modern business. Finally committed to Changi ng the service to a modern business not an anarchic charity |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | |  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **132** | Submitter name | Kevin Pringle |
| Submitter organisation |  |
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| Respondent ID | | 4375131464 |
| Name | | Kevin Pringle |
| Position (if applicable) | | Professor of Paediatric Surgery |
| Organisation (if applicable) | | University of Otago, Wellington |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Education/training |
|  | | Service provider |
|  | | Academic/research |
|  | | Consumer |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Hospitals are an integral part of Health infrastructure. Rather than having the cost of hospital rebuilds/replacements coming out of the operating budgets of DHBs (which reduces the money available for direct health care), hospitals should be replaced on a 25-30-year rotation with the costs coming out of a central (National) Health infrastructure budget. A new hospital has an efficient life expectancy of about 15 years, so the 25-30-year timeframe is a significant compromise. The health system should be reconfigured around a series of regional tertiary-level hubs, with only truly quaternary level services being concentrated in Auckland. It is CRITICAL that all of the information services throughout New Zealand be compatible. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes. However, it will be important for the Government to support and facilitate the delivery of such services. An example of this is the fact that day-case Paediatric Surgery Services are only readily available in the South Island. They should be freely available throughout New Zealand. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | This is a good framework on which to build. People-powered is an important concept and as Primary, Secondary, and Tertiary health infrastructure is rebuilt, it will be critical for the new centres to be designed to be both as user-friendly and efficient as possible. I have already addressed the "closer to home" theme. It will be much more cost-effective to have a team of clinicians travel to outlying centres than to have the individual patients travel to more regional centres. Value and high performance will, of course, improve efficiency. The one team and smart system themes are complimentary. They imply a single, nationally-integrated health care system with Information Technology patient management and diagnostic systems that are compatible and can be accessed from anywhere within New Zealand. This would mean that if a patient from Dunedin who becomes unwell while visiting the Bay of Islands, ALL of their health care data would be readily accessible by the practitioner caring for them in the far north. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | I think that the current Roadmap of Actions is a sound foundation on which to build. However, given how rapidly Health Care is changing, it will be important to take a flexible approach to the "Map" and be prepared to "re-draw" the map if needed. If People power is truly desired, then it will be important to give this process appropriate wide publicity. However, that said, it is highly likely that the current recommendations around curbing obesity will prove to be woefully inadequate. It may important for the Government to pay a bit more attention to the scientific advice that has been delivered by members of the Health Sector, and a lot less attention to the self-serving lobbying of the food service industry. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | It will be important for the Government to listen to sound scientific advice, and not ignore it as has happened so often in the recent past (e.g. as in the debate around folate fortification of flour). |
| Are there any other comments you wish to make as part of your submission? | | I would be happy to contribute to further planning. |

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| **133** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | | 4375130118 |
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| Position (if applicable) | | [redacted] |
| Organisation (if applicable) | | [redacted] |
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| Address 2 | | [redacted] |
| Town/City | | [redacted] |
| Postal Code | |  |
| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Consumer |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | The major challenge to health and well being in NZ are the amount of people in NZ on a very low income, both the working poor and those on benefits. As disparities in health and well being are largely influenced by socio economic foctors then withough addressing these we will not close the inequality gap. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | People powered- this emphasis would be better called "people centred".. People power suggests that peole always have power over their circumstances and this is not always true- it emphasises individual over the environrmental factors- Closer to home- will always be a misnomer for some- (for some people the local hospital is much closer to them than another service in the community. Live well. stay well, get well, This needs a social determinants focus. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Its the way that these will be implemented that wil lbe the key- and there is not enough details on this- |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | There is no clear evidence that "closer to home" has any more positive effecton health- and certaily no evidence that this will result in cost savings..Integration is based on competing organisations vying for cotracts- real integration canonly occur where there are integrated conracts. Community organisations are not intrinisically better or worse then State agencies- Fragmentation of providers may make good service provision more diffiault as it inhibits communication.. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | The road map is missing clear population health goalsfor key issues- obesity, tobacco use and no substantive pans to tacke the obesegenic environment e.g.taxation,marketing etc Tobacco smoking NZ number 1 preventable risk factor and a major contributor to inequalities. The 2025 goal is missing.. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | Track and support social determinants- income equality, minimum wage, increased benefits payments. Long term structural interventions are needed. |
| Are there any other comments you wish to make? | | Much more emphasis on prevention, public health approaches- not just the words- but actions |

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| **134** | Submitter name | Koral Fitzgerald and Jill Nuthall |
| Submitter organisation |  |
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| Respondent ID | | 4365823248 |
| Name | | Koral Fitzgerald & Jill Nuthall |
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| Organisation (if applicable) | |  |
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| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Other professional association |
|  | | Canterbury Clinical Network (Project Manager & Consumer Rep, respectively) |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | There is room to consider ways in which Pharmacy can support better access for Maori, Pacific Island and CALD communities. IT platform for Pharmacy that provide efficient use of existing health information on a patient using a safe shared platform (e.g. HCS) to increase efficiency of the workforce. Increased health literacy options through community pharmacy. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes! Collaboration is growing: many areas have some adopters, but there is a trend towards 'sit back, watch and wait' - therefore many late and non-adopters. How do we manage those who steer away from change? |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | #6 - and trusting professional relationships. there is still an essence of ground protection as opposed to patient-centric holistic care. #8 is key for pharmacy to improve primary care outcomes. IT focus is critical Increased transparency regarding decision making. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Links to health literacy is important in pharmacy. A suitable IT platform 'understand the needs' by appropriate, trusting access to shared patient health info Community pharmacy is an ideal place to provide 'closer to home management of LTC' Preventative care is lacking mention here - pharmacy can assist in this area. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Balance skill / workforce expertise with resource availability. Support a culture that allows trusting and transparent primary health teams to work as a collective, supported by the right tools, skills and resourcing. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | Collate quarterly update reports form key groups / providers on specific statistics - quantitative with some qualitative data. |
| Are there any other comments you wish to make as part of your submission? | | Action 5 d &h - effective prevention engages sectors other than the treatment of illness services with many leadership roles played by health professionals. Actions proposed to address obesity must address the environment where people live and what support there is for healthier choices. Add to these actions support for public transport as this is more reliable and well proven method to reduce obesity. Action 7 - As the majority of health services are used by older people, expand these online initiatives to other modes that are easier to access for this group, e.g. email, person-to-person Action 11b - Longer term contracting is essential for NGOs to plan and provide top quality services. the one year contract has seen hundreds of skilled people leave the organisation / sector. |

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| **135** | Submitter name | 4375129254 |
| Submitter organisation |  |
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| Respondent ID | | 4375129254 |
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| Position (if applicable) | |  |
| Organisation (if applicable) | |  |
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| Postal Code | |  |
| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | |  |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Simply the v wordy goals to highly objective measurable ones much fewer in number. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | The way to hell is paved with good intentions, most of this stuff is like motherhood who could argue otherwise. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Ok but we need deeds not words |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Not specific enough |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Too many too ambitious |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **136** | Submitter name | [redacted] |
| Submitter organisation | ADHB Paediatric Community Services |
|  | |  |
| Respondent ID | | 4375120889 |
| Name | | [redacted] |
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| Organisation (if applicable) | | ADHB paediatric community services |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Māori |
|  | | Pacific |
|  | | Asian |
|  | | District health board |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | To highlight that health issues are inextricably linked with social wellbeing- while we are responsible for health delivery we also need to be leadng a whole of person approach with funding and contracting etc |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | not everyone will be "well" but they can live well perhaps leave it at live well. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | yes |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | yes |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | cross sectorial work/funding and contract outcmoes Stop having short pilots for intervention- you cannot see gains in community wellbeing if you stop and start all of the time. A cross party agreement not to stop and start things when they come into power |
| Are there any other comments you wish to make as part of your submission? | | yes see below headings 1.People powered Improve and sustain the workforce •Pathways for more Nurse Practitioners and Nurse Specialists Nurses to have limited prescribing rights – comprehensive training provided and funding regarding this •Medical Officers in the community •More Maori and Pacific workers within the community health team, strengthening the role of cultural health workers – more cultural focus especially Maori community workers. . •Culturally diverse team •Discussion within the service – listening to others, seeking cultural input •Community navigators – up skilling members of the community 2.Closer to home Shifting services •Funding should be allocated for infrastructure to enable the shift of services from the hospital to community e.g. very hard for •Nurse led clinics in all decile 1-3 schools •Good dental health services which is poorly resourced. Children fall through the gaps. Need community health workers attached so they can liaise with families of these children •Rheumatic fever patients – after 18yrs they should be eligible for free dental care and those under 18yrs according to our policy should have access to dental care twice a year •Need for availability of more after hour services such as dental, outpatient clinics •Better transport to the Hospitals – direct bus routes, free parking at the hospitals, shuttles • Extend free health care to 18yrs •Geographical hubs/community hubs. More clinics in the community – Paediatricians, ENT, Psychiatrists coming into the community and holding clinics within the community •More sexual health clinics •People centred/child centred care •Seamless continuity of care between sectors •Government to look at town planning – e.g. positioning of liquor and fast food stores 3.Value and high performance Improve performance and outcomes •Better technological resources and programmes which talk to each other •Better interface between services + with IT systems •Improved hospital and community communication •Improve relationship between health care sector and education sector •An approach that reflects the community that we work with –catering to the community that you are working with/knowledge of the community in which you are working •Increasing and up skilling our workforce Fragmented health services – sustained/sustainable health delivery •Improve regional relationships Challenges •To many fixed term contracts – Ministry of Health dictating work undertaken – several different contracts. •Cost of living/communities living in poverty |

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| **137** | Submitter name | [redacted] |
| Submitter organisation |  |
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| Respondent ID | | 4375072159 |
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| Country | |  |
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| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | District health board |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Outline in more detail how funding will change, eg. expectation of more funding for primary / community health care may reduce Secondary and Tertiary funding. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes, this health system statement sounds good. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes good principles and will be helpful |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | These themes sound good on paper, but will be potentially difficult to implement and change the "culture" in the way health care is delivered. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Appears appropriate broad action areas |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | | Additional information regarding changes in funding expected to implement this and also more specific ideas for Health Care workers in both primary and secondary care about how to implement these changes. |

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| **138** | Submitter name | Dawn Elder |
| Submitter organisation |  |
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| Respondent ID | | 4375064626 |
| Name | | Dawn Elder |
| Position (if applicable) | | Professor and HOD, Dept of Paediatrics & Child Health |
| Organisation (if applicable) | | University of Otago, Wellington |
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| Please indicate what sector(s) your submission represents. | | Academic and Clinical - Paediatrician |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | The intergenerational effects of family violence and its associated longterm affects on health |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | It doesn't articulate that not all people start off normal. Some are born normal and intermittently require healthcare throughout life. Others are born with significant abnormalities and need to have access to services that allow them to have optimal outcomes as appropriate for the best outcomes for their condition |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | I think the needs of Pacific People and immigrant populations need to be highlighted also Also the principle that access to good health care in childhood improves adult outcomes and should decrease the need for the expensive ambulance at the bottom of the cliff. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Not all care can be close to home so the access needs to be in both directions. We need to be better at getting more disadvantaged people to more specialised care that needs to be delivered more centrally. Especially children and their families. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | I am not sure ACC should be the main partner for family violence programmes. This needs to be well integrated with the whole of govt response to family violence. We need better assessment services in health for family violence including child abuse and neglect To improve performance you need to provide a good work environment for staff and have an appropriately resourced health system |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | | The health of our children has to be a priority. From there you will see significant onwards improvements in adult health |

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| **139** | Submitter name | 4375033451 |
| Submitter organisation |  |
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| Respondent ID | | 4375033451 |
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| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | District health board |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Psychsocial issues especially those related to poverty are affecting all aspects of health care. I applaud the strategies mentioned to address this but I'm not sure this will be enough. Can we look at strengthening communities e.g. Child/Youth friendly communities. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | The system needs to value the time of the family in getting to appointments as much as is possible in the time constraints of the system. Ambulatory services require significant time and energy for the family to attend so we need to ask "can anyone else do this?" use of primary care and outreach services would decrease the time and organisation for families. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes, I think these are excellent principles |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Yes, the themes give clarity and direction |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | No, I think these are good |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | I think each service should have to report to their DHB on how they will support the strategies and themes and then provide 6mthls updates on how they are doing. We need to keep the themes at the forefront of everyday work for them to be achievable. Every health professional should think about them everyday and strive to make a difference. small differences achieve great things! |
| Are there any other comments you wish to make as part of your submission? | | I think this is a very well thought out document and I like the fact that we are looking at the social/vocational and psychsocial aspects of health and not just physical health. |

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| **140** | Submitter name | [redacted] | |
| Submitter organisation | SuperGrans Aotearoa | |
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| Respondent ID | | 4375033114 | |
| Name | | [redacted] | |
| Position (if applicable) | | National Coordinator | |
| Organisation (if applicable) | | SuperGrans Aotearoa | |
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| Country | |  | |
| Email Address | |  | |
| Phone Number | |  | |
| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity | |
| Please indicate what sector(s) your submission represents. | | Non-governmental organisation | |
| Release of personal details? | |  | |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | SuperGrans Aotearoa proposes that 'Inadequate education and understanding regarding preventive health practices and the difficulty in taking personal responsibility at this level' is a significant challenge which should be acknowledged in this section. We suggest there should be reference to greater focus on MOH engagement at a preventative level. This is the why SuperGrans do what they do. They recognise that people may not be able to change their habits regarding nutrition and healthy living practices without insight and support to implement new ways into their daily lives - for themselves and for whanau. | |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | SuperGrans Aotearoa suggests 'So that all New Zealanders know how to and are able to live well, stay well and get well ........... | |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | | Yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | 1. People powered is a strong and positive statement. SuperGrans Aotearoa suggest a statement about being 'more proactively involved in their health....... Also need more focus on people knowing how to find the services they need. 2. Services closer to home: Great - but healthy living IN the home as an early investment should be a focus also. 3. | |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | |  |
| Are there any other comments you wish to make as part of your submission? | | Technology and digital is great once health has failed in some way. Good old fashioned healthy living is a major key to health prevention but people have to know how to do it first and to understand why they should want to. SuperGrans Aotearoa has helped in excess of 950 young people and parents in the last year - that is ~ 5,000 people positively influenced for better preventative health. We work with parents of children of any age. It is never too late to make a difference. The strategy is too focused on pregnant women and newborns. Sure this is critical but too limiting if we want to start changing New Zealand's future now. | |

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| **141** | Submitter name | [redacted] |
| Submitter organisation | NZ Pharmacovigilance Centre |
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| Respondent ID | | 4375022250 |
| Name | | [redacted] |
| Position (if applicable) | | Manager Information Systems |
| Organisation (if applicable) | | NZ Pharmacovigilance Centre (NZPhvC) |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Non-governmental organisation |
|  | | Academic/research |
|  | | Centre for Adverse Reactions Monitoring (CARM) and Medication Error Reporting Programme (MERP) - both groups within NZPhvC |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | No comment |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | No comment |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Basic underlying principle should be best health for all New Zealanders |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Overall - yes |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Overall yes these are important areas but we need to ensure that health is improved at a national level across the population and not as a reaction for targeted individual groups of the population |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | As indicated in my following submission, NZ has an advanced system from a technological viewpoint and some upgrading in priority areas will provide high reward for limited cost. Such rewards can improve the patient safety and reduce impact on the health system while longer term projects are being undertaken. Identify projects by ‘time to complete’ and ‘impact of rewards’ then prioritise on short term, high reward. |
| Are there any other comments you wish to make as part of your submission? | | Yes The strategy correctly focuses on “close to home” and “patient safety”. NZ already has a health system that is technologically more advanced than most countries. The focus of this submission is on two systems already in existence which can be brought up to future standards with a one-off investment. These are the national Medical Warning System and the National Immunisation Register. The national Medical Warning System (MWS). This is a very important system for patient safety • it can speak for the patient when they are unable to speak for themselves • it can speak for the patient when they cannot recall – eg which medicine they have had an adverse reaction to • it can alert a treating physician rapidly to a condition that could affect diagnosis or treatment This system is currently available only to hospitals. However not all hospitals use this system but do record in their own local system which is not visible nationally. This defeats the purpose and value of the national system to provide safety for all NZ patients all the time. With direction from MoH/NHB the national system should be promoted to all hospitals/DHBs with policies and protocols for use and upgraded to enable ‘Read Only’ access to : • Ambulance staff at the scene of an accident • GPs during patient consultations especially for ‘Out of Town’ patients, new patients or in an ‘After Hours situation • Accident and Emergency Centres • Pharmacies As the focus of patient health is at the GP level it is important to provide all possible resources to ensure ‘best care’. GP Patient Management Systems (PMS) allow for allergies to be recorded at the Medical Practice level but a patient is not always seen at their regular Medical Practice – ie After Hours, Out of town – and the patient does not always use the same Pharmacy. A link to the national system via the practice systems will ensure that all conditions are available to all Health Care Providers at all times. The National Immunisation Register (NIR). This register currently records immunisations given under the Immunisation Schedule. Although the level of recording of vaccinations is high for routine childhood vaccines, not all vaccines outside this group are entered. The NIR system needs upgrading to account for technological advancements and at the same time, protocols and practices should also be reviewed to ensure the correct entries are made with correct batch number formats for the correct age/dose. Good recording will ensure the patient record of immunisations is available for the patient and the national coverage of immunisation against each disease is available for DHBs and the country as a whole. With human migration between countries and increasing immigration along with the effects of climate change, this register will provide valuable knowledge for the patient and for the country. Completion of these two targeted projects will require a minor outlay for a major safety reward which in turn will reduce some impact on the health system. This submission falls under • Action 10 – Align Funding, specifically section (d) • Action 12 – Improve quality and safety, specifically sections (b) and (c) • Action 19 – Electronic records and patient portals • Action 20 – Strengthen the impact of health research and technology |

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| **142** | Submitter name | Erik Grangaard |
| Submitter organisation |  |
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| Respondent ID | | 4375016896 |
| Name | | Erik Grangaard |
| Position (if applicable) | | Consultant Paediatrician |
| Organisation (if applicable) | | Lakes DHB |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Government |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Coming from Northern Europe it is very supprising to mee the amount of poverty and realise that around 300 000 of NZ children are growing up in poverty which is shown in an abundance of studies to be the main driver of: child abuse, drug and alkolhold abuse, dysfunctional families that bring up dysfuctional children that do not achieve their potential - and thei in turn bring up dysfunctional children, and so on and so on. This tail is getting longer and longer and cannot be met by a dysfuncctional shame and blame social system, only by bringing these families well above the poverty line. This will need the middle an high income New Zelanders to agree on higher taxes and realise that "we are all in this together." |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Oen is missing: we have to eradicate poverty! The best way, proved in many projects, is simply to give more money to the poor and get rid of all the social workers (will save a lot of money) that mainly are looking over the shoulders of the poor to be sure that they do not get more "than they should"... |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Great might look like no child growing up in poverty. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | The roadmap generally seems great, but missing the point of pregancy and the first thousand days in a child's life is the basis for the rest. |
| What approaches might best support ongoing updates to the Roadmap of Actions? | |  |
| Are there any other comments you wish to make as part of your submission? | | Do not make it too compilicated. Attack what is obviously the greates need NOW or we will not have the resources when our tail of dysfunctional families are incresing. |

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| **143** | Submitter name | 4375008091 |
| Submitter organisation |  |
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| Phone Number | |  |
| You are submitting this: | |  |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Tobacco use is the most important preventable cause of death, disability and health inequities. It is significant that opportunities to a improve the health and wellbeing of our most vulnerable citizens and tangata whenua has been forgotten. Preventative measures have been proven to reduce health care costs and deliver better health outcomes long term. Without tobacco this health strategy is seriously deficient. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | |  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **144** | Submitter name | [redacted] |
| Submitter organisation |  |
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| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | I think we need a focus on social disadvantage and associated addictions issues. Alcohol and drug issues in the context of poverty and social stress is having a huge impact on children and whanau. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | This is fine. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | I agree with people-powered however we also need to acknowledge that some people will struggle with the independence that this implies. Many whanau need support to be able to manage their own health needs. I like the one-team strategic theme. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Yes these look good. But under "A great start for children, families and whānau" . I think there should more of an emphasis on addiction and family violence issues in the home. Women do not drink alone and pregnant women need help not to drink by wider community addiction issues being addressed. Likewise a more specific point about reducing family violence would be useful. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | No |
| Are there any other comments you wish to make as part of your submission? | | Not at this point. |

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| **145** | Submitter name | [redacted] |
| Submitter organisation | Deaf Action NZ |
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| Respondent ID | | 4374930426 |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Consumer |
|  | | Deaf people |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Accessibility to health services, access to information and effective communication particularly as New Zealand Sign Language is an official language in New Zealand. We as Deaf people want to work with services to show them how services and information can be good for us Implementing the Convention on the Rights of Persons with Disabilities is vital particularly Article 25: Health; Article 8: Awareness raising and Article 9: Accessibility. New Zealand ratified the Convention in 2008 so we want to see the Health Strategy use it. Many Deaf people also have mental health conditions as result of delayed language acquisition, lack of communication and other factors. The lack of real commitment from the Ministry of Health over the past 20 years on this has been hard to watch. We know one DHB is now doing serious work on this. When a group is low incidence/high needs it is vital to ensure creative means are considered to ensure we can access specialised services even if it means a partnership between local services and a centralised service with in-depth knowledge. Including Deaf people in the design process is an opportunity to do things right. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | We would like a commitment to accessibility too. If we can access information well we can then live well, stay well and get well. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Need to add the implementation of the Convention on the Rights of Persons with Disabilities as another value statement. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | We would like to see the themes and actions incorporate the following: • Employ Deaf people as professionals and paraprofessionals within services • Ensure every staff member has training in basic sign language and visual communication • Allow us to have a range of choices (currently limited) in terms of services to access • Recognise some of us are Deaf and have additional disabilities. Focus on communication before focusing on other activities so we are informed properly • We would like to explore using Individualised Funding also • Access to hearing aids is a big issue particularly if they stop working before the seven years is up. Would like flexibility as often hearing aids are essential for us to have employment. • Ability to access NZSL interpreters with ease. Also value having interpreters who have intimate knowledge of medical terminology • Include Deaf people in the planning of accessible services and accessible information • All videos from any health organisation to be captioned and audio described. We also believe there must be NZSL clips with key messages also. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **146** | Submitter name | | [redacted] |
| Submitter organisation | | Emerge Aotearoa |
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| You are submitting this: | | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | | Service provider |
|  | | | Non-governmental organisation |
| Release of personal details? | | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | | One of the gaps in the challenges would appear to be that non identification of the implications of increasing mental health incidence and the poor overall health outcomes of people with a serious mental health and addictions issue. The health outcomes, including the physical health outcomes, of this group are worse than for any other group within the New Zealand context. The challenges focus a lot on the fiscal challenges we face and not enough on the challenges that are presented to health by gaps and poor interfaces within the health sector itself and also with other housing, employment and social sectors. These gaps and challenges lead to people not being able to live well due to poor housing, employment opportunities, exclusion and community and whanau dislocation and isolation. The impact of illicit drugs within some communities and populations, particularly young children and young people where methamphetamine and synthetic drugs are creating complex health and social problems is also not seen as a challenge yet it does have serious health and social impacts. Given that the strategy has an emphasis on partnering and working across boundaries which is extremely positive, the challenges that better collaboration and partnering both within the health system and across other social sectors will ameliorate should be more clearly identified. One of the challenges (and opportunities) is the increasing pace of technology and the ability of the health system and those delivering services to utilise these advances. In addition, keeping up with pharmaceutical developments and ensuring these are appropriately accessed in a cost effective way also seems to be a challenge. A key challenge in the mental health sector is how to ensure that people who are on prescribed medications that have impacts on their physical health are provided with good access to physical health services. The traditional separation of mental health services and the cost barriers to poorer people accessing primary health care services means that many conditions go untreated for people who have mental health issues. We agree with the opportunities identified but also see that greater cross agency partnering particularly between health, housing, the justice system, education and child protections and whanau support services would lead to better health outcomes and to people living well. The opportunities provided by environmental interventions are pivotal to people living well within their natural communities. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | | Yes, we strongly support this statement and the language used |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | | Yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | | We strongly support the strategy and the five strategic themes, particularly the concept of living well. We find the language of the document inclusive and easy to understand. We believe that it articulates the most important concepts, complexities and challenges well. It would be useful to have more emphasis on the environmental factors that support people to stay well. These are sometimes outside the direct influence of health but in a more integrated approach the factors that impact on health outcomes (poverty, homelessness and poor housing, unemployment, violence) if improved will have a substantial positive affect on health resources. Our main concern is with the implementation of the strategy in an environment with increasingly independent DHBs. We would like to see a mechanism that describes and evaluates fidelity to the plan. We would like to see accountability where DHBs fail to address the challenges required by the plan and, at times, their potential to undermine or move in the opposite direction from the plan. People Powered - We believe that there could be a stronger emphasis on developing effective partnership between people being served, health providers, the non government sector, and the communities being served. Although this is effectively addressed in the strategy at a population level, we believe that it is important to also address this at an individual and family/whanau level, and acknowledge that people using services often feel disempowered in that role. This theme signals a very different way of working and it will require a substantial shift in power and a much wider understanding of the mechanisms of collaboration within the health system. Closer to Home - there is an opportunity to emphasise the importance of integrating with other public and community services to support people to live in healthy sustainable homes. Many of the people that we service with mental health, addictions, long term conditions and disability issues are hugely challenged by this, and this significantly undermines their ability to utilise effective healthcare. We believe that Action 3 could be strengthened by 'right services are delivered at the right location' being rephrased and extended to state that the 'right responses are delivered at the right location by the right workforce at the right time to maximise outcomes and service user experience.' We believe that the concept of closer to home could be extended to provision of services by people from more local communities or similar experiences (peers) which may be more acceptable, empowering and inspiring. In mental health service provision this is not just about PHO and General practitioners doing more it is also about the shift of clinical services into the increasingly competent NGO sector. Currently, despite the move to provide more services in the community through NGOs, the locus of control over people who experience more significant levels of mental distress resides within the DHBs. This could be substantially different if the pathways set out in On Track were given greater priority and expression. Value and High performance We would like to see the recommendations from the productivity commission integrated into this area. This would include strengthening of commissioning framework and the national outcomes framework. It would also require funders to be more objective and apply the same standards of accountability to the provider arm of DHBs. One Team There could be a stronger emphasis on recognising that Health is sometimes only a small part of a wider public and community response required to address a person or household's need, and that cross sector navigation and commissioning may be more cost effective. It is also important to be explicit about complexity created by co-morbidity and the requirement for integrated care plans that address multiple morbidities in an integrated and complementary way that promotes and protects health. This is particularly relevant for mental health and addictions populations with significantly lower life expectancy. Smart System While there is a lot to be done to ensure that the rich amount of data that is collected is turned into rich information that is usable and enhances an individuals health experience, new technology has the potential to be a “disruptive” influence in the health context. More could be made of the way in which new technologies will lead to more targeted health responses. Keeping pace with the new opportunities will require innovation, investment and education. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | | The following are suggestions to strengthen the Actions. Throughout the actions there is reference to “clinicians” – when the same actions would be appropriate to all people engaging with or providing services within the health sector. Clinicians are an important but narrow subset of the people who provide services. For example: Know and Design Action 2: b) support clinician led collaborations to engage with high-need priority populations on key health issues – this should be inclusive of everyone who is in a position of power – ie funders who make decisions, policy makers – This action needs also to be explicit about the need to include other sectors and the communities of context. Ie. More examples like the Tamaki project in Auckland. The mental health sector will never be able to respond to demand if there is not a more integrated, collaborative, partnering shared care context. At present this only goes so far as DHB retain the control of resources, responsibility and accountability and are reluctant to release this in a way which provides more shared care arrangements. Closer to Home As an action it would be great to see some daring innovation that shifts the locus of control for mental health provision into the community in a similar way to the provision of other services for people with chronic conditions. DHBs should not be providing community based mental health services as these should be located in primary health care or NGO contexts with care only being passed back to the secondary system as and when necessary. Mental health services have decamped to the community but not taken the next big leap which would involve a third wave of change that enables more integrated social service, housing and health service provision to be provided in a way that focuses on keeping people well and living well. Action 5: There should be a specific action that recognises the physical health disparities of people with psychiatric diagnosis who are on psychotropic medications. This group should at least have a care plan that ensures physical health complications from treatments are managed and that there is acknowledgement that they require more comprehensive regular physical health checks if we are to lower their morbidity due to heart disease and cancer. The actions set out in Action 6 for great start to children are really valuable and a similar approach could be taken to people with mental health needs and disabilities. Action 10 – It is great to see reference to the Productivity Commission Report and it would be even better if there were more specific actions in relation to the commissioning done by DHBs and across agencies around vulnerable populations. Likewise with Action 11 – it would be good to see some recognition of the health investment approach in relation to people who are diagnosed with serious mental illnesses as a targeted approach to address their physical health needs and their housing, employment and social needs would make significant difference to the life course of their wellbeing. Maori and Pasifika people’s health also would benefit from targeted investment through community based initiatives that enable people to live and stay well early in their life cycles. Many of these investments will need to come from non health resources but a more collaborative investment approach as suggested in the Productivity Commission report could lead to much enhanced health outcomes. In respect of the actions around One Team – these need to be strengthened to ensure that DHBs will have greater accountability to respond to the Health Strategy. Without this and without explicit key performance indicators, DHBs are at risk of not engaging with the direction coming from the strategy. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | | this would depend who you wish to engage in this. Regular web-based updates with a mechanism for people to contribute and feedback in the way that has been done to develop the strategy would be useful |
| Are there any other comments you wish to make as part of your submission? | | Thank you for the opportunity to participate in the recent workshops developing the NZ Health Strategy and the opportunity to give feedback to the Strategy and Workplan. Members of our organisation have participated in the workshops around the development of the strategy. We commend the Ministry for the highly engaging process and wide consultation that lead to the draft strategy. It was refreshing and positive to be engaged at the early stages of the development of the strategy and to be able to see the impact reflected in the draft. | |

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| **147** | Submitter name | Giles Bates |
| Submitter organisation |  |
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| Respondent ID | | 4374898594 |
| Name | | Giles Bates |
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| Organisation (if applicable) | | MidCentral Health |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | There needs to be work across the sectors - trying to break down the silos, especially between health, MSD and education. Move to work in different ways that promotes intercollaboration. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | People powered sounds great but it needs to be linked with evidence based. It may actually do harm in some situations. Focus on end of life sensible quality of life outcomes |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | There must be an emphasis on tackling poverty and affordable dry warm housing; reducing the gap between rich and poor; and reducing family violence and child abuse, as these are probably the most important preventative health factors for all age groups. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Unfortunately, there must also be 'affordable' in there. As well as accessible and linked in to community strengths. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | With all these things where what is the funding? There is little point offering the public great improvements if there is no funding to go with it. It will just be another rearranging of the chairs on the Titanic. |
| Are there any other comments you wish to make as part of your submission? | | As a Paediatrician I am seeing more and more chaotic struggling families, where the kids are not strongly emotionally linked with family. AoD, family violence, media, modern life are factors that play a part. When children get into crisis there are not the family supports in place to cope and there are then suicidal thoughts/actions etc. We need to look at the whole social fabric of our society. There needs to be more leadership from government and not hands off, not our problem. |

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| **148** | Submitter name | 4374887697 |
| Submitter organisation |  |
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| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | District health board |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | It does capture what we want. The resources available will need to match this aim. For example, for the high performance support for vulnerable families require dedicated, funded pediatrician time in every DHB to work in child protection. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | The strategy will require to consider life spans of new zealanders, rather than focus on one age group. FOr example, the obesity guidelines do not address children under 5. In addition, the whanau needs to be seen as a part of individuals life - health promotion for children needs to target whole family |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | We need improved collaboration and information sharing between primary and secondary care. Information has to be available both ways, otherwise useful and meaningful. For example, shouldn't paediatric hospital admissions to be flagged to well child providers (if child under 5) for them to be able to support the family once at home? |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | We need to get it right form the start - there is only limited amount of information available for children under 5 at present. Connecting child with health services is important, but we also need to invest on services that are meaningful, show results and are able to link families with other supports needed. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | WCTO quality framework already provides a lot of information - this should be provided at a provider level (which is starting to happen). The challenge is, too many indicators across the lifespan and the real information gets lost. |
| Are there any other comments you wish to make as part of your submission? | | I hope there will be a true investment on vulnerable families and the time and dedication this requires form health professionals. Childrens teams are developing, but they are not able to achieve large scale results unless professionals have dedicated time and money to support these families. |

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| **149** | Submitter name | [redacted] |
| Submitter organisation | Midland Cancer Network |
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| Respondent ID | | 4374853344 |
| Name | | [redacted] |
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| Phone Number | |  |
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| Please indicate what sector(s) your submission represents. | | Midland Cancer Network |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | The ability to "die well" palliative care and last days of life should be strengthened in the strategy. Cost access to primary care. Figure 1.3 add New Zealand Cancer Plan better, faster cancer care 2015-2018 |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes. Closer to home needs to be balanced and considered regarding the care pathway when there is a need for evidence based highly specialised services to be centralised. System needs to ensure that inequities do not occur for those that cannot afford technologies - refer to DHB Maori Health Profiles. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | |  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Cancer leading cause of death with high costs to the health system. Feedback from our regional group is that we would it to be more explicit in the actions. There is also a view that we need to consider the information needs and IT input into the strategy. There was a strong support for regional data being available - both to ensure people powered and also so we can monitor the quality of care by locality. Palliative care, last days of life and advanced care planning / directives needs to be included in the actions. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **150** | Submitter name | [redacted] |
| Submitter organisation | SuperGrans Tairawhiti Trust |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Māori |
|  | | Pacific |
|  | | Education/training |
|  | | Service provider |
|  | | Non-governmental organisation |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Understand needs from a regional perspective , more collaboration with Grass roots organisations and the people. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | As long as the one team does not drain the putea and leave nothing in the system for the real team doing the mahi on the ground. Dare I say it but do we want to end up like the Fishing industry. Unsustainable/governed by big organisations/writing their own rules/ no small providers left that actually were the ones enhancing and looking after the fishery/ only a few back pockets getting fatter. What makes New Zealand unique is that its public health system is still largely intact. This whole programme appears designed to commence a gradual slide into privatisation. Lets face it, the so called "individualised" aspect to funding is, at its core, the implentation of a voucher system whereby an artificial cap is set on how much money the state will pay for a person's health regardless of that person's actual needs. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | |  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | The "one team" concerns me as I feel it will take years to actually get that....In a perfect world absolutely yes! But are the themes actually really achievable? I would like to see more consultation on these themes. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | Public easy to use surveys.Feedback touch screens at the chemist's that they can input into whilst waiting for script. |
| Are there any other comments you wish to make as part of your submission? | | Firstly, apologies for the basic content but I was unaware of this strategy until yesterday afternoon. So I will just try and say it as to how it is: Strategically I would like to see implementation and more involvement from NGO's within this stragtegy. As an example SuperGrans Tairawhiti Trust. This Trust's vision is "Helping people to help themselves" Education is the key and prevention(Starting in the home) is what is needed not being the ambulance at the bottom of the hill. Some examples from SuperGrans Tairawhiti Trust We gain the clients trust maybe this is because we are not aligned with any Iwi/Govt Organisation but we find clients communicate openly about what is really happening in their world and tell us as it really is. A few examples: One lass 23 years old(Social anxiety and depression). Long term dependent on the system bought to our agency under the strict requirements that her care giver stay with her. 1st one on one workshop she told her care giver to leave as she felt comfortable and safe. After 5 one on one workshops later this lass was involved in community workshops with other clients. Two months later enrolled at EIT on a horticultural course and off the sickness benefit. This client puts it all down to SuperGrans Tairawhiti Trust for giving her the vision and tools to get well albeit over a kitchen sink? SuperGrans Tairawhiti Trust would welcome any acknowledgment for the mahi we do in pre diabetes courses/nutrition courses/smoking cessation around our Rohe by people who are the people.(FYI we train where ever we can in Health promotion) In the last ?? years we have never been funded by MOH. This year alone this organisation has reached over 300 individuals and enhanced their knowledge in areas of Nutrition Smoking Cessation Physical exercise Healthy minds Menu planning Learning how to cook Raised self esteem=providing for the whanau Budgeting Education around-Diabetes/Obesity/Mental Health The why's/what's and how's. Advocacy on behalf of clients (one on ones) The fact that we are non threatening and non clinical and we are the people, well it just seems to work. Please MOH collaborate more with grass roots organisations that are walking the walk. I implore the Ministry of Health to take the leap of faith in organisations like ourselves and pilot a few initiatives and then lets look at the real outcomes..... |

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| **151** | Submitter name | 4374790305 |
| Submitter organisation |  |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Māori |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | I think wellness and prevention covers future needs, on-going management of long term conditions covers immediate known concerns and urgent help should assist the unknown needs. An opportunity is definitely in partnerships with community providers, whanau and schools. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | I think it captures the future well. The journey to it will highlight the different levels of income, understanding, and education therefore the differences in how much service each group of people included in that "all: statement will need. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | For sure. It can only be helpful. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Moving your body should be as normal as brushing your teeth every day. Responsibility for self is the key to health and wellbeing for those who don't require disability services. People-powered health is the way to go |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | The Lead whole of system forum will definitely need to be representative of all those in our melting pot. Without comprehensive representation, an entire group could fall through the cracks. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | Having regular reviews to check how far reaching the communication is will uncover more ideas about how to report on progress of implementing the strategy. Whilst the digital world provides excellent communication for some age groups and areas, there are still those who are without those services. |
| Are there any other comments you wish to make as part of your submission? | | Thank you for the opportunity to read and comment on the Strategy. Changing some perceptions about good and bad nutrition is key to the future of our childrens' health. Looking forward to our whanau statistics requiring health services for preventable issues coming down in the near future. Ka nui te mihi. |

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| **152** | Submitter name | [redacted] |
| Submitter organisation | Health Quality and Safety Commission |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Government |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | We largely agree with the analysis of the health system’s current position and the challenges it faces (which are in line with those faced by most advanced economies), and the Commission looks forward to working with the Ministry to tackle the challenges it raises. In a document this size we understand that every topic can’t be covered in detail, but we suggest the potential benefits and savings arising from quality and safety improvement will also form an important part of securing a sustainable future for the health and disability system. This improvement is hinted at but not detailed, so there is an opportunity to improve the document by strengthening its quality focus. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | The future direction is a good summary. We have two thoughts about how this section could be improved. The first, as mentioned above, is to give greater prominence to quality improvement as an underpinning driver of the vision. Currently it is alluded to in the value and high performance theme, but we believe that this is a too limited view of quality in health care. It is not merely a technical aspect of care covering harm avoidance or positive experiences. We were delighted to see the New Zealand Triple Aim prominently displayed in the strategy. It asserts that quality improvement encompasses all aspects of a health care system. The strategy sets out a vision of what a high quality system looks like. Given this, it is an omission not to highlight quality improvement as one of the key mechanisms to achieve this. The second issue we would raise is the conflating of the Ministry’s responsibility to provide strong leadership with performance management (see p.22). Of course we agree that the Ministry should provide strong leadership, and performance management is undoubtedly a part of this. But strong leadership is a great deal more than performance management. The challenges of working across service and agency boundaries, putting patients at the centre of everything, asking ‘what matters to you’, being “one team” and a “smart system” requires leadership that focuses on facilitating and empowering the sector. Achieving that vision requires players in the sector with a great degree of mutual trust. And the vision itself has the ambition of moving the system from competition to trust, cohesion and collaboration (p.9). As we have seen in other countries, often with tragic consequences, an overemphasis on performance management erodes this trust. This is not to advocate a system without accountability, or to deny the importance of performance management. It is simply to recognise that the sorts of changes envisaged (which have never been achieved consistently across a whole health system anywhere in the world) will require more. As Don Berwick put it elegantly in response to the Mid Staffordshire Inquiry: ‘…real, sustainable, active improvement depends far more on learning and growth than on rules and regulations. And that is the balance we are suggesting that the NHS seek to strike – between the hard guardrails that keep things in proper order and the culture of continual learning that helps everyone to grow. … In such a culture, measurement is not a threat, it is a resource; ambition is not stressful, it is exciting; defects are seen as opportunities to learn; and curiosity abounds.’ These two points are important as they inform our comments on part two of the document. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes, although we recommend that quality improvement should be a feature of these core principles, to reflect the health sector’s strong focus on achieving a safe, high-quality health system and reducing avoidable harm wherever possible. We suggest that Principle 6 be amended as follows: 'A high-performing system focused on continual quality improvement, and in which people have confidence' There are also opportunities for a stronger reflection of the importance of communication and openness. We believe there is great potential for the ‘active partnership’ aspect of Principle 7 to be driven by consumer-led co-design of services and consumer engagement at all levels of decision-making through the health and disability system. Principle 7 could be improved as follows: 'Active partnership and engagement with people and communities at all levels to design services that work for every New Zealander' Principle 6 will be assisted by continued improvement initiatives and reducing preventable harm and waste including by addressing unwarranted variation. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Having the five strategic themes is a useful approach, and the Commission endorses the five themes identified. We also endorse the vision of ‘All New Zealanders live well, stay well, get well’. Overall, the themes are well-chosen. Stronger links with the action areas will develop as the Strategy is implemented and grows. For example, Strategic Theme 1, ‘People-powered’, is a good start, but there is also the opportunity to specify that services aren’t just designed with people’s input – there are real benefits to be derived from involving consumers in all health decision-making, at all levels. You do cite ‘people-led service design’ in Action 2 (Roadmap p.34), which is the right direction. The ‘People-powered’ section would also benefit from strengthening the focus on improving health literacy (mentioned at the top of p.11), recognising the importance of effective communication with patients, family and whānau using language they understand, and building the skills of the sector workforce to ensure this happens effectively and consistently. In Strategic Theme 3, ‘Value & high performance’, we are pleased to see the prominent focus on the New Zealand Triple Aim for improvement at the individual, system and population level. In Strategic Theme 4, ‘One team’, note that there is a typo in the Commission’s name on p.22. It should be ‘Health Quality & Safety Commission’, not ‘Healthy’. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | While recognising how hard the translation from vision to action is, we do not believe that the roadmap as set out in part two will lead to the destination set out in part one. There are a number of reasons for this. First, the language throughout is one of the Ministry of Health achieving things. The vision will ultimately be delivered by the health sector, and we know enough from other jurisdictions that the ability of central agencies to deliver high quality care by directions and performance management is limited. In addition, this tone jars with the vision of one team and increased trust, cohesion and collaboration. It feels ‘top-down’. Second, the map (p.29) is confusing. It seems to combine some very detailed work already happening with much longer term and rather less defined actions and aspirations. What is generally missing in this is what capacity and capability needs to be built in the sector (other than IT investment), in order to have a sector that can deliver the vision. A good example of this issue is shown by the road map for value and high performance. Currently this consists of creating a performance management framework (actions 7-9), a diverse set of procurement process developments (action 10), some innovative and interesting options around investment approaches (action 11), and a mix of relatively major and pre-existing quality programmes (action 12). While all are worthy, valuable and useful individually, they do not add up to a coherent roadmap for achieving the vision. Two things are missing: a how to build the capacity and capability of the sector to deliver value and high performance, and how all the actions add up to achieve the goal (discussed in 6 below). In terms of building sector capacity and capability we would point at two items in particular: developing quality improvement skills, knowledge and mindset, and enhancing clinical leadership. Our experience of our various quality improvement programmes suggest that these developments are critical for achieving long-term sustainable improvement, and that the best argument for undertaking quality improvement programmes is to create a team of people able to apply their skills more widely than the original project. Clinical leadership is also crucial. This isn’t just about developing and sustaining training programmes, but embedding and renewing this leadership into the fabric of every function across the sector. The other vital component for building the new sector capacity for the future is patient, consumer and whānau partnership in all areas. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | Considering how the actions add up to achieve the goal, and measuring how effective they are, will be essential to ensuring success. As currently presented, the Roadmap does not assist this. We are told ‘The areas of work set out in this Roadmap will have a critical role in driving change’ (p.31) but why this might be is not well explained. The use of a quality improvement tool such as a driver diagram might be the solution to this gap. The value of this approach can be seen by considering how the links between the vision and roadmap could be strengthened in the area of ‘people powered’. The vision describes a system that has moved to ‘what matters to you’ health care, but the actions set out on p.34 are almost entirely around IT investment. These will be necessary, but they are not the whole story to make the scale of change envisaged. Using a driver diagram approach would help identify what other developments are necessary. We noted the absence of a funding and incentives platform to drive the actions. This will presumably follow as the Strategy is implemented. Similarly, developing an outcomes framework will allow progress to be planned and evaluated effectively. Regular cross-agency engagement and a collaborative approach will be key to ensuring a well-coordinated development of the Roadmap initiatives. The sector must also be involved at every opportunity, with local champions used where appropriate to ensure that national initiatives make meaningful progress locally. A ‘top-down’ approach will likely struggle to gain traction in the sector. |
| Are there any other comments you wish to make as part of your submission? | | As the Strategy develops we are confident that the linkages between the Future Direction and the Roadmap actions will deepen. The next one to two years will be a useful opportunity to include a stronger focus on quality improvement, consumer engagement, and an emphasis on ‘doing the right thing’ as well as ‘doing things right’. As it matures the audience for the Strategy will become clearer – is it for the sector as a whole, or for the Ministry of Health as a leader within the sector? How will we all work together to achieve the Strategy’s collective vision? And how will we remain responsive to a rapidly changing sector, particularly in the context of the ‘smart system’ topic, where continuous improvement and flexible systems are essential. The Commission is looking forward to playing its part, collaboratively, in the implementation of this future direction, and discussing further with the Ministry how the partnerships that are required to implement the Strategy will reflect the Commission’s role as the leading agency for health quality and safety. Specifically, we would welcome a discussion about the details of Action 16d, ‘Work with the HQSC to equip clinical networks to lead quality improvement, emphasising clinical leadership’. Thank you for the opportunity to discuss the Strategy. |

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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | That too much funding goes into health technology and hospitals at the expense of delivering services in peoples communities or where prevention has more of a focus. There needs to be a broad range of services in primary health with more joined up working together with city councils |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes. But some health professions such as occupational therapy are under recognized and under valued and not funded in the primary health environment. The profession of occupational therapy has changed considerably and has a lot to offer in relation to this vision in particular in terms of helping people with long term and complex conditions managing in their own homes. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes these are good |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Yes these are good, but I wonder if consideration has been given to interprofessional collaborative practice and how "power" is shared between health professionals and clients. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Yes I think so. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | We dont really have a clear idea if investing money in primary health and having a prevention focus and providing services in peoples homes makes a difference to their lives and health outcomes or indeed how services provided at a primary health level keep people out of hospital. The Primary Health Care Strategy has some great ideas but many of these have not been operationalised in a way that involves allied health rather than just medicine and nursing. |
| Are there any other comments you wish to make as part of your submission? | | In a presentation I went to recently a health consumer indicated that they would like to be seen as an integral part of the team providing care rather than the usual model of client centered care with the client in the middle and the team surrounding and supporting the client. I also believe that Maori models of health and how health services are delivered have a lot to offer a health system that is dominated by European (read white middle class) and medical models. Also there should be greater focus on bridging the medical and social care models of health service design and delivery. |

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| Please indicate what sector(s) your submission represents. | | Education/training |
|  | | Academia, Research |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | You've pretty much covered off the main challenges. I would like to see more about: - the rapidly changing world we live in, with associated issues and opportunities, e.g. technology obsolescence in very short periods of time - the tension between consumer centric service provision and the conservative nature of medical care. If our health system is consumer/people centric, and the people live in rapidly changing environments/circumstanc  es, and the people want faster easier services that override medical conservatism and risk averseness, then how is this new kind of risk managed? - There is a strong emphasis on financial accountability and resource constraints. I would like to hear more about how the shift of clinical professionals (nurses and allied healthcare) will occur in terms of changes in training, scope of practice and support will happen. - It is challenging to identify and leverage resources in and for building and maintaining strong and healthy communities. How do you plan to do this to achieve the shift to primary and community health? |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes it does. I recommend that you strengthen how the 'live, stay, get well' progression works. It could easily become a mantra but at first seems incongruent. I would like to see a statement/storyboard very close to the vision statement in the final update document that explains why the specific order of words has been chosen, in order to inspire everyday people to live well in that order (and possibly avoid getting broken and needing to get fixed and 'get well'. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | The principles are good (and don't seem to be different from the principles in the 2000 strategy). Is there a way to word the second principle more optimistically? I ask because the update has been written as though for everyperson to read and with a view to involving ordinary people much more in their health and that of others. People don't personally identify as needing 'improvement in health status of those currently disadvantaged'. This kind of language endorses the idea that the services are provider-centric (this is provider language). Please rephrase it. The other point I would like to make is that although you've put information, ICT, technology, in the heart of the update, you've not added any principles to the list about these things. I would like to see a principle such as 'building and linking health knowledge among people in communities, between consumers and providers, using information technologies' |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Yes, the themes do provide good focus for action. Here comes my 'but'.... This document feels more like a marketing document (with specifics) than a strategy document (with high level aims and goals to be achieved in the next 5 to 10 years). I like that ‘health information systems’ are in the heart of the document, but am concerned that the goals of patient portals and telehealth are too specific for a strategy. What I would like to see is the incorporation of health informatics principles rather than the more limiting health information systems. Patient portals and telehealth then become examples of implementation of these principles. What is also missing is a strong indication of the need to rapidly and comprehensively build a well-educated and experienced health informatics workforce as a consequence of this centrality of health informatics in the strategy. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | The 20 actions are good. How do you plan to extend them if/when they are achieved? How are you keeping the options open for new actions to replace them in order to keep the ball of change rolling? Action 4: You say, 'Enable all people working in the health system to add the greatest value by making sure they are providing the right care at the earliest time while fully utilising their health skills and training.' Then you give a health informatics example (telehealth). I recommend that you adjust the wording to read,'Enable all people working in the health system to add the greatest value by making sure they are providing the right care and services at the earliest time while fully utilising their health and associated skills and training.' This new phrasing gives licence to people other than those who are clinically trained to contribute to Action 4's achievement. Action 5 (long term health issues). Please add the requirement of smart analytics, decision support systems, research, telehealth (in its broader sense of delivering care at a distance, including mhealth and ehealth technologies). Action 8 (develop health outcome focussed framework): - who will be the users of this framework? If the health system is consumer focussed, how will the framework speak to them and their perceived needs? How will they use it to achieve their own goals? - health as a system is complex, which makes be reluctant to sign up to a single framework. Is there scope for multiple frameworks that could interlock? Action 10 (align funding). Last dot point says, 'Agree on information technology (IT) project funding priorities with input from across the system.' I would argue that this statement should be stronger, with some indication of what is mandated and what is not. Without strong leadership on this kind of funding the priority will always be to take money from IT and give it to clinical care. This is not a bad thing, but what is the minimum level of alignment that will be tolerated so that clinical care is not compromised if IT is not delivered? Action 14 (clarify roles and accountabilities). The health informatics role doesn't appear to have a home in this strategy update even though information systems and technologies (with specific examples) are at the heart of the update. I would like to see clarity on the emergence of non-clinical roles such as health informatics (this is different from data analysts, or information managers - it's bigger and more valuable and more comprehensive and rapidly rising to professional status). Action 16 (workforce development). I would like to see some indication of how new professions such as health informatics will be built into the workforce. Since health informatics is in the heart of the strategy update, it would be good to see how you plan to build capability and capacity to handle the big data analytics we will need to achieve 'smart systems', the role of health informaticians in the spirit of innovation in the strategy, and the value of trained informaticians in delivering the principles of this update strategy. I love Action 17 (working as one). Action 18 (strengthening analytical capability). Ahem, back to building capability and capacity related to health informatics. Not only do we need to build a workforce of well educated and experienced health informaticians (the days of DIY health informatics and self-training are over), but we also need to train our clinical staff on how to use decision support systems, mhealth, ehealth, telemedicine, shared care records, patient portals and many other tools. This should be done in undergrad medial and nursing programmes urgently. Why limit yourself to working only with Superu? Even if you have a contract with Superu, a strategy document is not a good place to document this. Action 19 (national ehealth services). I like what you've got in principle. Research shows that it's unrealistic to create a formulary/registry of approved smart phone apps and mhealth tools. There is a turn in the research literature showing that it is more productive to teach clinicians and consumers how to assess apps for relevance, appropriateness, safety and good health outcomes - good models are emerging. I recommend that you rather teach people how to choose apps/mhealth tools and evaluate them than to tell them what to use (the former is less risky than the latter). |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | I would like to hear the consumer's voice more clearly. The first principle of the update is about being consumer-centric, and yet it's hard to hear the consumer's voice in the rest of the strategy. Measurements have been suggested (evidence based practice, outcomes evaluations, patient experiences) but they don't appear to measure how the consumer voice might change. Rather, they measure what the provider thinks should be changes. I'm not articulating this well, but I know (as a clinician myself, and disability rights activist) that it's hard to tune in to the consumer's voice, to relate to the lived experience, to link consumer goals to clinical outcomes. We need to do more of this 'tuning in' and less scientific measures. It's heartening to see an inclusion of qualitative measures in evaluations (in the capability and capacity review) but we need the pendulum to swing a little further away from the 'scientific' (positivist) measurement tools and more towards social measurement. |
| Are there any other comments you wish to make as part of your submission? | | The update is looking good but needs some fine tuning as indicated in my answers. Keep going! Keep the options open for future tweaking and adjustment and keep encouraging people to contribute to the achievement of this strategy (all people, providers and consumers alike). Give us a platform for change rather than try to manage us as we change. When you tell us where the platform is and how to use it, you will be surprised by the generosity of the people who can make the change happen! |

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| Please indicate what sector(s) your submission represents. | | Māori |
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| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | |  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | | People powered – page 33 • The design of the health and disability system reflects ‘person, need, outcome’ principles. The system measures what matters to people, and people’s involvement improves quality, safety, experience and health and equity of health outcomes . We see this point as the essence of a sustainable solution. “System measures” are now becoming well established and expected outcomes of “quality, safety, experience and health and equity of health outcomes” are becoming clearly defined. What is missing in this statement is the how. How are we going to deliver an outcome driven solution to the person across acute, chronic, prevention and wider social issues that is delivered in a way that also better manages costs and scarce human and infrastructure resources and therefore be sustainable long term. Current patient portals and shared care models are health care driven, fragmented and generally an add on to health service platforms. To be really effective a solution must be built from the patient back up into the health, social services, education, justice, and NGO’s if holistic integrated care for the person really is the desired end game. Such solutions are in the market place. To help the person determine what their goals are requires the health care team to spend time guiding and checking the goals are realistic and then putting a structured action plan in place. This requires time. Therefore an important part of the strategy is ensuring the funding model aligns to the outcome model. The current funding model is not outcome, value driven. |

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| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | The opportunities and challenges facing the New Zealand Health Sector are well understood and reflected in the draft strategy. In our view, there are two significant challenges facing the sector that should be further explored – cross agency and multidisciplinary team support, and funding of services. The challenge of funding enhanced services without increased spending is obliquely referred to as a challenge. A comprehensive approach to funding services should be a core part of the strategy. Taking a coordinated approach to contracting and funding that encourages collaboration will be a critical success factor. Similarly, “our ability to work together” should be regarded as a challenge rather than an opportunity. While there are some excellent examples of successful cross sector, multidisciplinary approaches to health care, the challenge will be making this the whole of sector norm rather than being limited to local, and project based initiatives. Local DHB decision makers are well positioned to respond to local community needs and integrate services however our member’s experience has been that this opportunity has not been fully realised. DHBs cite lack of funding as a significant barrier to implementing local initiatives, and the 20 DHB collective appear to have no mechanism to make a collective decision on those things that rightfully need to be decided nationally. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | In general, we support the statement and themes set out in Future Directions, however, we are concerned that “People Powered” is ambiguous and may be subject to misinterpretation. This encompasses three separate and distinct areas – partnership, empowerment, and communication. “Person centred” would more accurately reflect the intent. We support the development of integrated health services as a core component of the “closer to home” theme. Community pharmacy is well placed to provide this care in the community, closer to home. This care is provided from the distributed network of community pharmacies where people can visit a health professional without the need for an appointment. We agree that health systems should be designed for “value and high performance”. Community Pharmacists are easily accessible by patients, and represent a cost effective healthcare resource that are keen to make a greater contribution to the multidisciplinary team. In our consultation with the Ministry about the Draft Pharmacy Action plan, we have outlined areas where the highly trained and skilled community pharmacist can add value to the health system by providing enhanced services and healthcare closer to home. Of particular note is that the community pharmacy workforce is younger than other health professionals and a higher percentage are New Zealand residents. We support development of a national electronic health record (EHR) and believe this should be accorded high priority. With easy access to the patient’s health information, community pharmacists can ensure safer medication use and make medication adjustments or suggestions back to the patient’s prescriber. The shared care record can ensure that all members of the person’s healthcare team are able to work off the same care plan, the same medicines and allergies list and can reinforce the advice and suggestions from the other members of the team. Pharmacists will be better able to work collaboratively with other members of the healthcare team through reading and contributing to the shared record. We support work that will facilitate virtual integration of community pharmacy with other primary health services and health providers, enabling timely information sharing and collaboration of care around the needs of the patient across different sites. “Smart system” also encompasses funding options. Adequate funding streams must be in place to support new way of working, for example integrated IT systems to provide for sharing of data. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Principle eight speaks of thinking beyond narrow definitions of health and collaborating with others, however factors that impact on the health and welfare of New Zealanders such as economic, social and environmental conditions are not directly addressed in the document. To be meaningful, the guiding principles should be fully discussed in the strategy. The principles are visionary and aspirational rather than results focused. Performance management, to measure adherence to the strategy, and progress towards translating visionary principles into achievable outcomes, should be included as an additional guiding principle to ensure vision translates into reality. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | The strategy is an aspirational document that sets out a vision for the desired future state of the New Zealand Health Sector. Taken in that context, the ‘What great might look like in 10 years’ section is a good statement of intent. However, we would recommend that a bolder series of statements or stretch goals would be more appropriate in a high level strategy document like this. Some general comments are set out below. Theme 1 “people powered” The outcome statements under this heading are not future focused – they are more in line with initiatives that are currently underway across the sector. We would suggest statements such as “people make informed decisions on the type and scope of high-quality timely and appropriate services they choose to access”. This statement describes a future state in which health consumers have developed a high level of health literacy. People often find the health system confusing and daunting. Community pharmacists commonly help people to navigate the health system so that people can make informed choices from what is available. Theme 2 “closer to home” We believe the “care” component of the closer to home theme is important if we are to improve the health and well being of our communities. The efficient and effective delivery of services cannot be achieved unless care of the individual is a core underlying principle. We ask that this theme be reworded as “care closer to home.” Community pharmacists are the health professional seen most often in the health system. It is important that community pharmacies continue to be wide spread as an additional point of contact with the health system, to contribute to public health campaigns and minor ailments provision and as an additional point of care in the community. This is especially important for those people who do not consider themselves to be unwell or who when unwell do not necessarily visit a GP. Statements could be more focussed on outcomes for instance statements such as “Our health system contributes to lifelong health through its support for parents, children, families and whanau” should be avoided. This statement does not describe a desired future state; it describes a general principle under which underpins the New Zealand health sector as it functions now. Theme 3: “value and high performance” We agree that radical integration across the health sector is essential for us to provide the level of care we want for the population within the funding available. We have already mentioned the use of Electronic Health records as a way for community pharmacists to better contribute to the shared care environment. We also note that clear accountability of who is responsible for what is an essential part of the shared care environment. We note that medicines are one of the cheapest and most effective interventions in the health system but only if they are taken appropriately. To ensure that the best value is obtained from the medicines purchased we suggest that a system that is redesigned to ensure “value and high performance” would ensure that patients have ready access to pharmacist input. This input will need to cover how to take their medicines and support the patient to understand and want to take their medicines. Pharmacists already provide this advice to people and there is potential to increase the specificity and amount of support that pharmacists provide in this area. Theme 4: “one team” We support the concept of one-team and effective collaboration for the benefit of the patient. We know that community pharmacists already work closely with the prescribers they share patients with. We believe that greater collaboration can be facilitated with effective IT and better linkages. We believe that community pharmacies remaining at locations separate from GP surgeries have a number of patient and health system benefits; • the relationship that a person has with their community pharmacist will always be quite different from the relationship the person has with their GP team. This relationship results in an important source of information that can (and often is) shared with the GP; • people visit their community pharmacy to see if they need to go to their GP or if they can self treat. Community pharmacists triage, treat and refer many times on a daily basis; • these above interactions could be formalised by having an electronic health record that all members of the person’s health team have read/write access to; • community pharmacists are better able to reinforce the GP messages by being seen as independent from the GP surgery; and • people visit a community pharmacy when they are well and when they are unwell. This gives an additional point of access into the health system and an additional point of contact for public health messaging and interventions. We agree that for change to be affected within the health system it will require strong leadership from the Ministry of Health. The people responsible for achieving the desired outcomes need to be those who have the ability to influence how much money is spent and what on. Theme 5: “smart system” Smart system should not be limited to describing a health system driven by technology solutions, it should emphasise open and transparent communication and true collaboration underpinned by technology and information sharing. We would recommend adding the following statement; “Communication amongst health professionals and between health professionals and their patients is open, transparent and free from bias” to reflect this. We would recommend that “what great may look like” should be reviewed on a regular basis – much has changed within New Zealand society and the health sector since the original strategy was published in 2000 and much will change over the next 5 - 10 years. Regular review of the strategic themes, “what great may look like”, and the strategy as a whole will ensure that the strategy as a whole remains relevant, outcome focused and reflects the current and desired future state of the New Zealand health sector. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | The health strategy is a high level aspirational document that describes a desired future state. As such, detailed action items should not be included as it is not intended to be a project plan, or project initiation document. In our view, the summary of actions set out in appendix one of the document should form the basis of the Roadmap for Actions. Specific action items should be included with action plans targeted at specific areas of the health sector – for example the draft pharmacy action plan currently in circulation. These would then be allocated responsible persons and timeframes. As a general comment on the action points: We see a number of areas mentioned under care closer to home that community pharmacists would be keen to be involved in. They will be particularly useful at contributing to prevention and early interventions. While we see that pharmacists can certainly contribute their skills as part of the GP practice team for some actions but pharmacists will most effectively contribute to “care closer to home” in prevention and early intervention from their distributed network of community pharmacies. We refer you to our response to the Draft Pharmacy Action Plan to outline how pharmacy can support implementation through; • extending the range of national clinically based pharmacy services offered to our communities, and more medicines management input from community pharmacists; • providing a service network to enable DHBs to deliver on the Ministry’s intent of care closer to home; • systemised delivery of health promotion and personal health messages. The widely distributed Community pharmacy network is well placed to deliver public health initiatives, not only to the users of health services but also those who are well; • acute demand management services within community pharmacy. There is value in making this service available with public funding for the most vulnerable in our communities, who may otherwise elect to access free services through the emergency department; and • providing more services to enable patients to optimise the benefit they receive from their treatments, for example medicine usage reviews provided to appropriate patients by their community pharmacist. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | The roadmap provides limited detail on the Ministry’s proposal for setting out roles, responsibilities and accountability for the delivery of the desired outcomes set out in the health strategy. The lack of a central coordinating authority to manage the multiple project streams required to give effect to the vision set out in the strategy may lead to an ad hoc and inconsistent approach that lacks a whole of system perspective. We would recommend the Ministry establish a Health Strategy project coordination office to monitor activity across the sector on progress towards delivery of the high level outcomes described in Future Direction and the Roadmap for Action. The Office would take the lead in identifying and communicating Government priorities, ensure sufficient resources are in place to deliver on those priorities, provide advice and support to project teams, and hold them accountable for delivery and implementation. Our expectation is that this group would liaise closely with key provider groups across the sector. |
| Are there any other comments you wish to make as part of your submission? | | The New Zealand Health Strategy was originally published in 2000. While the goals and principles set out in the strategy are still relevant, the challenges facing the health sector have increased in the years since then. It is therefore timely to undertake a comprehensive review of the health strategy to ensure that it remains fit for purpose. Translating vision into tangible results should be the underlying driver that draws all the elements of the strategy together. Regular review of the strategy including audit of progress assessed against vision and desired outcomes, and incentivising DHBs to focus on MOH goals in negotiating contracts with service providers, will ensure the New Zealand Health Strategy remains relevant and fit for purpose into the future. It is time for New Zealand as a country to have a challenging conversation about universality. We need to determine the value of private funding of health and incentivising this appropriately to free up services and support for the more vulnerable members of our community. Targeted funding should be reconsidered so the more vulnerable pay less for care, and the less vulnerable pay more, to ensure services remain sustainable. |

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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Māori |
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|  | | Academic/research |
|  | | Education/training |
|  | | Service provider |
|  | | Primary health organisation |
|  | | Other professional association |
|  | | Please note that I submit this in my Professional Capacity as a GP predominantly working in the high needs community of Porirua. |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | I agree with the Challenges and opportunities that are recorded. However, there are additional challenges that are not acknowledged that are highly relevant to the NZHS. These additional challenges that need more acknowledgement include: a) Much of the impact on the health outcomes of New Zealanders comes from influences outside the health sector. These influences can be seen from studies by Blakely et al showing macro-economic policies (such as housing rental costs and benefits) can have a significant impact on health of populations. In particular, poor people are adversely affected by neoliberal macroeconomic policy reforms because they have less resources to buffer them from the effects of the policies. 2. It is difficult working across government sectors. Whilst there was some mention in the strategy about examples of actions across sectors, these efforts so far are fragmented and "hard wins". Working across sectors more would provided opportunities. In particular, we know that improving housing for people (especially for those of low SES) has a significant impact on health (ref Baker et al) including a reduction in hospital admissions. If there was more collaboration between sectors, (including the possibilty of Housing New Zealand working with the Ministry and the Universities to monitor health outcomes) overall health status- particularly of the poor- would improve 3. Environmental challenges. The environments we live in have a huge impact on health. The way we structure and build our cities have a huge impact on health (especially obesity). There are huge opportunities for the Ministry to work closer with other sectors to help build healthy cities. In addition, Climate change is not mentioned as a key challenge. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Equity is not mentioned in this this statement. It needs to be explicit. I feel that the overall strategy - and it's road map- does not adequately address the determinants of health so I think that it is a bit of a push to say "live well, stay well". If there was more examples of working on improving housing, urban design etc, I feel it would be possible to have these words in there. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | As principals, I feel they are OK. However, how are these principals enacted through the document. I feel that the Treaty is acknowledged but not enacted in the road map. If the principals influence the document, they should be seen in the implementation plan. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | There is a very clear discord between the guiding principles and the strategic themes for action. In particular, the Principals mention equity, health and wellbeing, the Treaty of Waitangi, equitable access and collaborating across sectors. Thus, the principals appear to acknowledge that the health of New Zealanders depends on the conditions where we live work and play and that an intersectorally cohesive system will be required to achieve an equitable outcome for ALL NEW ZEALANDERs. In contrast. the five strategic themes are very much focussed on health system interventions. While there is some acknowlegement of work with housing this flies in the face of the selling off of State Housing that is currently occuring. There is limited attention on prevention of disease that is at odds with the principals behind the NZHS. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | You need to have mandatory reporting by ethnicity- particularly Maori and non-Māori comparisons. It is not fair to acknowledge the treaty then not have mechanisms to monitor progress for our Treaty partners. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | It is not a Roadmap. Please don't call it this! If it was a roadmap, I would be able to see the relationship between Point A and point C (ie going through B). I see limited evidence of this and the '10 year vision' is not clealy mapped in the roadmap. There needs to key 'points' on the map that need to be met on the way to our 10 year outcomes. I feel that the "Roadmap" needs to have clearer place names. Let's have some SMART objectives in there (by ethnicity) that we can monitor as we go along |
| Are there any other comments you wish to make as part of your submission? | | The strategy is not cohesive. In it's pre-amble there is limited discussion about how it fits with other relevant strategies such as Te Korowai Oranga. There is limited connection between the Principals, the Strategy and the Roadmap of Actions. As such, this is not a very logical document and is hard to use. As such, implementation is not going to be very successful. Thanks very much for the opportunity to comment |

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| **158** | Submitter name | [redacted] |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Other professional association |
|  | | The National Advance Care Planning Cooperative, an group of over 1,200 people working to ensure that all New Zealanders have access to effective advance care planning |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Every one of us will die. How we live out the end of our lives profoundly affects us and those left behind. Too often these experiences are far from ideal impacting negatively on people, their families, whanau, our health workforce wellbeing and how we use our limited resources. Initially, we were of the view that the words “live well” could be interpreted to include living well right to the end. But without explicitly mentioning end of life it will not receive the focus that it needs. We are concerned that the focus on wellness is too narrow and excludes those that are not well and will die from their conditions. Wellness is defined as a philosophy of life and personal hygiene that views health as not merely the absence of illness but the full realization of one's physical and mental potential. We do not hope to eradicate illness and disability so this seems discriminatory and out of balance with reality. To focus our strategy on wellness exclusively is to do a disservice to every one of us – the vast majority of us are going to die of a chronic illness or frailty. A wellbeing focus may be more inclusive – defined as “the state of being comfortable, healthy, or happy” including a sense of value and inclusion and a feeling of being cared for. If we are going to stay with wellness then we suggest: Start well, live well, die well We would also like to suggest an alternative that recognises that the key role of the government support agencies, including health, is to help people to be who they value being and do what they value doing – to live value-rich lives right to the end. How about: “So that every New Zealanders can live a life they value, we will be people-powered, providing services closer to home, designed for value and high performance, and working as one team in a smart system.” |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes and it is great to see the inclusion of collaboration. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | We would like to specifically comment of the theme of people-powered. It was great to see that the Health Strategy mirrors the vision and aims of Advance Care Planning (ACP). ACP is all about supporting people and their families to think about, talk about and plan for the future care, including end-of-life care. This starts with a conversation - a Conversation That Counts as Dr M. Wilsher was saying in the film clip. But it is not a once off conversation, it is an ongoing conversation and resulting relationship with the person and their family/carers. To do this well we need to ensure our healthcare workforce is well trained in the communication and relationship building. It takes an empathetic listener to support people to think about what matters the most to them in their lives. It takes courage and patience to then use that information to underpin care planning. It takes a smart system to support that. The People-powered theme and 10 year actions mostly capture this. We believe that it could be strengthened by including a further element to the second bullet point under what great might look like in 10 years. Here is our suggested wording: “Everyone who delivers and supports services in the health and disability system understands the needs and goals of each individual they are supporting, their family, whanau and community, and focuses the care they provide on helping each person meet those needs and goals.” Unfortunately the 5 year action plan fails to address the skills development and relational requirement of this - the need to support and train our workforce to be able to understand the needs and goals of the individual they are supporting. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | The People-powered theme and its 10 year actions are underpinned by effective communication and the need for our workforce to be able to understand the needs and goals of each individual they are supporting, their family, whanau and community, and focus the care they provide on helping each person meet those needs and goals. The 5 year action plan only emphasises people accessing information. In a sense you are suggesting talking at people instead of with people. The emphasis might well leave people less supported. Pushing information out to the community is only part of informing and involving people. The current actions fail to address the required workforce communication skills to build relationships and trust – to effectively involve people and empower them to plan for their wellbeing and care. We need to support and train our workforce to be able to understand the needs and goals of the individual they are supporting. Specifically, under the sub-heading “inform and involve people” the emphasis of the action is on informing with no action directed at involving. We would like to suggest an additional action as part of this sub-heading: Action 2: Support and train the health workforce to effectively communicate with people in a way that empowers the person to participate in their own care through partnership and shared understanding. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | [redacted] |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | [redacted] |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | [redacted] |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | [redacted] |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | [redacted] |
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| Please indicate what sector(s) your submission represents. | | Non-governmental organisation |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | The challenges of an older population, an increasingly diverse population, long term conditions, persistent inequalities, rapid advances in technology, a highly mobile workforce, and large fiscal pressures are well captured. Where NZ performs well is also captured well particularly against similar countries e.g. our higher than average life expectancy and very high perceived health status. What is not captured however, is where we don’t perform so well. E.g. The OECD’s Health at a Glance 2015 publication shows our obesity rates are one of the highest in the OECD ranked 3rd amongst 34 countries and our rates of Ischaemic Heart Disease are 18% higher than the OECD average. These should be included to highlight where more work is needed. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | We are supportive of the overall statement “All New Zealanders live well, stay well and get well” but question whether this frame gives enough emphasis on Long Term Conditions. With the aging population, Long Term Conditions will place an ever increasing burden on the health system. Nick Mays in his report to Treasury on Fiscal Sustainability in 2013 suggests “There is a growing consensus supported by an increasing body of evidence that health systems need to be re-balanced to respond better to the changing pattern of need generated by long term conditions”. Long Term Conditions are included as one of the four main points in the “Closer to Home” theme but suggest it needs to be more pervasive in the plan to address the growing burden coming towards us. We also suggest one of the key themes is to be ‘outcome focused’. It is important that when we provide services closer to home, work as one team in a smart system it is with clear outcomes in mind. Without clarity on the outcomes we are trying to achieve it will be difficult to judge whether a particular shift to provide services closer to home generates the outcomes we are trying to achieve. Without this anchor point there is a risk we may move services closer to home for the sake of shifting services without it being anchored in a set of outcomes we are trying to achieve. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | We support these principles. The principle of co-design is becoming more and more important where it has been shown to be very effective in developing more effective services for patients and communities. Therefore wonder if we could be more explicit in principle 7 e.g. “Active partnership and co-design with people and communities at all levels” |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | We are very supportive of the “people-powered” theme. It is important to be more patient focused and oriented to their needs. It is great to see the “focus on wellness and prevention of long term conditions” in the ‘Closer to Home’ theme. However, there is very little in “what great might look like in 10 years” around long term conditions. In 10 years we should be proactively identifying those living with long term conditions, jointly creating a care plan, a support team and help monitor their progress. For example, only 50-60% of those with heart disease take their recommended medications and they need support to increase and improve their uptake to medications. Yes, the notion of more integration, closer to home and inter-sectoral work will help but it would help for these to be more explicitly linked to reducing the burden of Long Term Conditions. From a prevention perspective, being Smokefree by 2025 should be included in the 10 year vision along with other targets around non-communicable diseases such as those which multiple parties have previously called for and part of the global NCD targets: - Reduction of childhood overweight and obesity prevalence to 25% by 2025 - Reduction of salt intake by 30% by 2025 - Reduction of total energy intake from saturated fat for adults from 13% to 11% by 2025 - Reduction in harmful use of alcohol by 10% by 2025 - Reduction in physical inactivity by 10% by 2025 - Increased uptake of evidence-based medications and lifestyle interventions following an NCD event or diagnosis These targets and outcomes are vital to the improved health of individuals and the broader population and need more prominence in the plan. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | We generally support all the actions in area 5 to ‘Tackle long-term conditions and obesity’. In particular, it is great to see the action 5h around implementing a package of initiatives to prevent and manage obesity. We also strongly support the development of an outcomes framework in action 5a and action 8 alongside the use of clinical networks to strengthen those collaborative approaches. We also support 5b to reorient planning guidance and performance to support improved long term conditions outcomes. What is missing from the Roadmap in this area however is any high level actions to achieve Smokefree 2025. Smoking is responsible for over 5,000 deaths per annum which are all preventable. It is crucial we continue to make progress on the good work that has already started around New Zealand’s tobacco control efforts. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | | We commend the general themes in the plan to be more patient oriented, integrate services more, act as one team and use technology more for patients and efficient operations. These will all go a long way to a more patient oriented and responsive service. However, the plan is light on long term conditions and population health objectives. We applaud the focus on childhood obesity but there is little on other population health initiatives to address our growing burden of Long Term Conditions and Non-communicable diseases. We would strongly advocate for the inclusion of the 10 year vision and commitment to achieve a Smokefree 2025 and actions to achieve this in the Roadmap. We would also recommend the inclusion of other NCD targets around, our intake of saturated fat and salt, reductions in alcohol consumption and reductions in physical inactivity in line with the global UN and WHO focus on non-communicable diseases through the goal for a 25% reduction in NCDs by 2025. We are more than happy to work alongside officials to provide advice in these areas. |

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| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | | |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | | |  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | | |  |
| Are there any other comments you wish to make as part of your submission? | | People powered – page 33 • The design of the health and disability system reflects ‘person, need, outcome’ principles. The system measures what matters to people, and people’s involvement improves quality, safety, experience and health and equity of health outcomes . We see this point as the essence of a sustainable solution. “System measures” are now becoming well established and expected outcomes of “quality, safety, experience and health and equity of health outcomes” are becoming clearly defined. What is missing in this statement is the how. How are we going to deliver an outcome driven solution to the person across acute, chronic, prevention and wider social issues that is delivered in a way that also better manages costs and scarce human and infrastructure resources and therefore be sustainable long term. Current patient portals and shared care models are health care driven, fragmented and generally an add on to health service platforms. To be really effective a solution must be built from the patient back up into the health, social services, education, justice, and NGO’s if holistic integrated care for the person really is the desired end game. Such solutions are in the market place. To help the person determine what their goals are and then provide a structured plan takes time. It is important that there is a funding model put in place that encourages this discussion. 30 minutes would be realistic and an online questionnaire before the meeting with the healthcare team would add significant value. No targeted funding will result in poor outcome driven initiative uptake as there is no incentivisation to do so. | | |

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| Please indicate what sector(s) your submission represents. | | Religious organisation |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Challenges and opportunities The Strategy reflects a range of challenges and opportunities that are relevant to New Zealand's health system. Some of these are outlined in I. Future Direction on pages 5-7. 1. Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? Thank you for the opportunity to make a submission to New Zealand’s Health Strategy 2015. Your draft strategy sets out a most inclusive way forward for our health system, one that focuses on the needs of the consumer, the patient – “what matters to them, and their families. A person-centred care.” The formulation of a health strategy based upon person centered care provides an opportunity to consider all aspects of an individual’s sense of health and well-being. In some cases, this will include an individual’s spiritual views. Many New Zealanders such as myself hold spiritual or religious views that they consider to be integral to their health and well-being, and such views should be taken into account in determining how to meet individual needs. I would like to cite an example from my own experience as a Christian Scientist to illustrate the importance of taking spiritual or religious views into account in meeting health needs. Christian Science is a religious non-medical system of healthcare that has been practised in NZ for over a century. The Christian Science church does not dictate or in any way influence individual healthcare choices. However, many Christian Scientists choose to rely on a religious non-medical approach for their healthcare, not out of opposition to medical care, but because they find it effective. This has been the case for me in my lifelong practice of Christian Science. In 2002 I was attacked by two dogs and phoned the Animal Control Team at the local council, where I worked, to report it. They asked me to go to a doctor and request a letter confirming that the wounds and bruises I had were as a result of a dog attack. I had had no need to consult a doctor in Kaikohe in the nine years I had lived there, so the medical centre assigned a doctor to me. She told me that I needed a tetanus injection, numerous stitches, and medication. I then explained that I was a Christian Scientist, expecting to explain what that meant in terms of my approach to healthcare. Instead, she told me that she was familiar with Christian Science because Christian Scientists had addressed her class during her medical training. She treated me in a dignfied, non-judgmental manner, respecting my decision not to have the treatments but asking me to watch out for signs of infection, which I agreed to do. I went back to work that day and the wounds healed quickly and without complication. Taking into account an individual’s spiritual or religious beliefs will look different in each individual case based upon the nature of the belief and its prominence in the individual’s life. However, exploration and consideration of such beliefs, where welcomed, should be considered an important aspect of person centered care |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | “So that all New Zealanders live well, stay well, get well, we will be people-powered, providing services closer to home, designed for value and high performance, and working as one team in a smart system. “ 2. Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? While this statement provides a helpful shorthand regarding the attributes of an effective health care system, I would like to reiterate my suggestion that it be implemented in a way that respects patients’ choice of health care and includes consideration of religious and spiritual factors where welcomed. Such an approach might include training or guidance to ensure that health care professionals are cognizant of an individual’s right to refuse medical treatment, and that they will inquire about religious or spiritual beliefs and take those into account if important to the individual. As an example, the Department of Health in England issued statutory guidance last year under the Care Act 2013 explaining that; the factors [with respect to promoting individual well-being][ will vary in their relevance and application to individuals. For some people, spiritual or religious beliefs will be of great significance, and should be taken into particular account. For others, this will not be the case. Local authorities should consider how to apply these further principles on a case-by-case basis. This reflects the fact that every person is different and the matters of most importance to them will accordingly vary widely’ (https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/315993/Care-Act-Guidance.pdf , at ¶ 1.15). |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Eight principles A set of eight principles is proposed to guide the New Zealand health system. These principles are: • The best health and wellbeing possible for all New Zealanders throughout their lives • An improvement in health status of those currently disadvantaged • Collaborative health promotion and disease and injury prevention by all sectors • Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi • Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay • A high-performing system in which people have confidence • Active partnership with people and communities at all levels • Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing. 3. Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? I would like to express particular appreciation for Principle 8 (Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing) because it supports respect for for patient choice and would allow for the consideration of religious or spiritual factors if relevant to the individual. Implementation of this principle will be helpful in ensuring that our healthcare system is truly person centered and enables each individual to achieve his or her highest practicable level of well-being.. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **163** | Submitter name | [redacted] |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | public health |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | It will be important to explore the driving forces underlying many of the challenges facing the health system. For example, the major role of food and beverage companies in the epidemic of obesity, the tobacco industry and the uptake of smoking by young adults, etc. I don't recall any mention of climate change and its likely impact on the health of New Zealanders. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Yes, but the strategic themes will not deliver on this wonderful goal. Population health /health promotion interventions need a more prominent place in this strategy. A small point, I suggest using "inequalities" rather than disparities. Inequalities in health are a major stain on the health system, and society as a whole. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes, but health promotion and disease and injury prevention are not given the attention they deserve, and we need for an efficient health system in the future. Access, I suggest adding 'comprehensive and evidence-based range etc" |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Need a strong theme on public health interventions, or population health interventions if you prefer. Perhaps this si the place to mention the Smokefree 2025 goal and the government's plan for achieving this goal. The key role of tobacco use in causing preventable death and disability in New Zealand is hardly mentioned. This world-leading goal should be a key strategic aim - we know what needs to be done to achieve this goal, including how to reduce tobacco industry induce health inequalities. The Smokefree goal should become a "Better Public Services' target. Similarly, we need strong and ambitious population health goals for other key risk factors for chronic diseases, eg, salt reduction, alcohol control, childhood obesity etc.. the Government has signed up to the NCD voluntary targets and these should be mentioned in the strategy. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Smokefree actions should be specified: Standardised packaging, tax increases, licensing of retail outlets, targeted media campaigns, stronger support for cessation, smokefree cars, etc. Similarly, effective interventions for the other key public health challenges should be specific in the action areas. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | transparent accountability towards key outcome measures, eg, the smokefree goal - are we on track for the interim 2018 targets. |
| Are there any other comments you wish to make as part of your submission? | | This has the makings of a wonderful strategy. However, it doesn't yet capture the key chronic disease (NCD) challenges and what we need, and can, do to reduce this burden. The fact that we are not on track to reach the Smokefree 2025 goal, especially for Maori, is a major concern and should be addressed as a priority in this strategy. |

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| **164** | Submitter name | [redacted] |
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| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Service provider |
|  | | District health board |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | The challenge of 'justice' and 'doing no harm', i.e. providing equitable care to patients when many treatments are available, but not all of those treatments are likely to achieve a positive outcome. Having realistic conversations with patients about treatment outcomes and arriving at a shared decision. There is no mention of death and dying in this document. Patients receive the majority of their healthcare costs within the last year of their lives, we have an opportunity to address this and ensure that each treatment offered adds value to that individual, especially when they are dying. Death is not a failure of the health system, it is an important part of life and as such should be emphasised within this strategy |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | The statement implies that it is possible for all New Zealanders to live well forever, and that a failure to live well is necessarily a bad outcome. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | That New Zealanders have an opportunity to make the best decisions around their health in collaboration with the healthcare team That New Zealanders have an opportunity to plan their care in advance, especially at the end-of-life, to ensure their voice is heard |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **165** | Submitter name | 4369353084 |
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| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | |  |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | A bigger emphasis on prevention, specifically environment and how that impacts health and well-being. E.g. in lower socioeconomic neighborhoods especially, the healthy choice is not the easy choice when you consider density of fast food outlets, marketing of nutrient poor foods and access to transport and infrastructure to nutrient dense foods (food security). |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **166** | Submitter name | [redacted] |
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| Name | | [redacted] |
| Position (if applicable) | | Tertiary educator |
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| You are submitting this: | | on behalf of a group or organisation, or in your professional capacity |
| Please indicate what sector(s) your submission represents. | | Māori |
|  | | Professional association |
|  | | Consumer |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | The addition/different challenge I'd like to see the strategy tackle is talk about the missing social dimension that leads to the following statement "some population groups receive unequal benefits from the health and disability system" (future directions p 8). Our health system still responds most easily to the health problems of the "white, middle class, able -bodied male who generally does not require healthcare (until they have an accident). We need to see this background issue stated clearly on every health-related document because we know this is the case, but it seems that we cannot keep it in our heads. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | it is a bunch of words. We don't know what living well is quite frankly. 'Living well' for some means living within walking distance of a pub they go to every night. ;living well; for others means trying to pass the pub they used to go to every night before they got sober. I am not sorry to say that I nave no suggestions for change. I want discussion on what we as a community are prepared to accept 'living well' means - and that will be one very long discussion...... |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Unless there is geeneral community agreement about what these principles mean - and her I am not thinking of clearer goals, but of hard question/answer discussions at every level of our community, we are not going to improve our current position. An oh yes, please do not offer Paul Henry to be adjudicator for any of these discussions. He will just make a mockery of them - that that would be embarassing |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | No - for the reasons outlined above. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | It is stated that the roadmap will - support and equip all New Zealanders to be informed about and involved in their own health. How can we possibly do this well if we are reducing the ability for students to interface with tertiary education, unlocking (I use this term advisedly) the potential for (more) non-trained staff to work in our school systems? People in this country need the best kind of education possible so to become effective self-monitors of their own health. At the moment young people are more inclined to listen to celebrities talk about how they sorted their health issues than their own drs. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | no - but this question presumes that reporting on progress is a good thing, that it is possible to do without bias, and that it might ultimately be helpful. As it stands at the moment I do not thing we have the tools to provide a progress report that is free of any of these three conditions. |
| Are there any other comments you wish to make as part of your submission? | | This is not the first submission I have tried to comment on. Every time I find I have to fight my way through a certain type of almost rhetorical question that just makes me want to go to sleep. I can see that as a member of the public I have become innured to this way of formulating the english language. I am tertiary educated. What hope does the 'ordinary' citizen who might want to make a point |

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| **167** | Submitter name | Cathy Moriarty |
| Submitter organisation |  |
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| Name | | Cathy Moriarty |
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| Country | |  |
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| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Māori |
|  | | Pacific |
|  | | Education/training |
|  | | Consumer |
|  | | District health board |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | It has been acknowledged in the Health Strategy that health disparities persist, yet the single most preventable cause of death and health disparity remains tobacco use. Best practice evidence and research clearly demonstrates that tobacco reduction underpins what good health can look like for New Zealanders who are not smokefree. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | The word 'all' in the strategy does not address new Zealanders biggest health disparity; tobacco and tobacco products which is why the governments Smokefree 2025 goal should still be at the forefront of everyone's agenda. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Under Principle 1: Identifying what influences poor determinants of health outcomes such as tobacco use, diet and alcohol should be described. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Where is the governments Smokefree 2025 goal? This theme is paramount as current projections indicate that the Smokefree 2025 goal will not be met for Maori. We need this extra theme to prevent a backward step in reducing inequalities in our country. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | The governments Smokefree 2025 goal is not mentioned and yet it should be as smoking is linked to a range of illnesses, most of which only become apparent after many years of smoking. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | | Continue and broaden current Smokefree interventions in the Roadmap such as standardised packaging, regular and large tax increases, Smokefree cars legislation, smokefree central business districts legislation |
| Are there any other comments you wish to make as part of your submission? | | I am perplexed as to why the omission of the Governments Smokefree 2025 has not been mentioned as smoking is a preventable ill health and premature mortality for New Zealanders, in particular for Maori. |

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| **168** | Submitter name | 4369071904 |
| Submitter organisation |  |
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| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | There should be specific mention of eliminating inequities in outcomes (and not just access) for certain populations |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Acknowledging the treaty is too vague . Needs to be a commitment to adhering to specific framework/principles |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | There should be an overarching strategy that surrounds all these strategies - to eliminate inequity |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | | We should take the opportunity to have equity as a primary outcome of any strategy |

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| **169** | Submitter name | 4367283062 |
| Submitter organisation |  |
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| Postal Code | |  |
| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | |  |
| Please indicate what sector(s) your submission represents. | |  |
| Release of personal details? | |  |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | I am surprised by the way the 'challenges and opportunities' have been portrayed on pages 5-7 in Future Directions. Our health system is not functioning 'well enough today' and it will only get worse unless the underlying causes of sickness and disability are addressed. e.g. June 2015 marked the registration of the 100 million'th chemical, many of which are released without adequate testing of the chemical itself, let alone in combination of any of the other 99,999,999 it may end up combining with or even acting synergistically with. It took 40 years after the disaster in Japan before mercury was finally reigned in by WHO. just this year the IARC of WHO declared glyphosate, the active ingredient in Roundup and many other herbicide formulations, a probable human carcinogen, and yet Auckland Council, and others, are proposing to increase their already excessive use of it. Similarly with sodium monofluoracetate or 1080 compound, where the government has embarked on aerially dropping it over 700,000 hectares of New Zealand, and even into Auckland's water catchment in the Hunuas. The US EPA has banned such usage declaring it to be too hazardous for human health and yet our Health Department ignores the threat. We already have the disaster from the Ivan Watkins Dow plant in New Plymouth, and the Vietnam vets showing how devastating exposure to such chemicals can be and how hard it is to have their illness even acknowledged let alone get help. Same for families up and down the country exposed to aerial drops of 2,4-d and 2,4-5-T as exposed in the documentary 'Let Us Spray'. ACC continues to dodge the issue also as exhibited by the lack of concern for the women picnicking in a 1080 drop zone and the LSVolunteers caught in the drop above Thames in September where DOC claimed they didn't close off the Kauaeranga Valley because they didn't see the baits as a risk. Until our health services takes these sorts of risks seriously and address them appropriately people are going to continue to be incapacitated and add additional burdens to an already overstretched health system. Again with obesity, the public health officials refuse to take effective action by imposing a junk food tax - or at least one for sugary drinks and removing such items from school cafeterias. I would rather see the GST removed off all organic fresh raw produce which would make this fundamental of good health at least more accessible: and R&D needs to be spent on ways to ensure such produce can reach all sectors of the community in good condition. Reliance on more and more expensive drugs is not only taking money away from basic health care as described, but is also increasing the risk of iatrogenic illnesses which already account for 40% of all hospital admissions in many areas. As has been shown for fluoridation, certain ethnic groups are more susceptible to the harm from such toxic chemicals, including lead and mercury, and the disruption to thyroid functioning for instance can contribute to the increased susceptibility to obesity, heart disease and cancer etc Trying to hide all this damage by blaming an increase in longevity in the population doesn't tell the full story and we all know that dementia is occurring in younger and younger age groups. I have an 88 year old friend whom I found in a deplorable state earlier this year in pensioner housing and all while I could keep him off the fluoridated tap water and give him vitamised drinks of fresh raw organic fruit and vegetables he stayed well. Unfortunately the home help he was given was inadequate and failed to keep these measures in place once I could no longer visit him every day as I had done for 6 weeks and he is now in a dementia unit costing the health system $1200 per week? - compared to about $60 for bottled water and fresh organic fruit and vege! |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | Unfortunately in practice the NZ health system tends to only provide for people prepared to become dependent on the recommended drugs and practices, which in many cases are incompatible with optimal health. Look at the recent revelations about statins and mammography - and hark back to thalidomide and even smoking! - we need a system that supports EVERYBODY in their health choices: recognising and valuing those of us who prefer natural health options wherever possible, rather than as a 'last resort'. If we are to become the 'best system in the world' we need to drop the idea that there is only one way for everybody; only one team in a smart system; and develop multiple options not tied to Big Pharma - otherwise it will never be 'fair and responsive to the needs of all people'. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | These guiding principles for the system all sound very well and good BUT: I would add in 5 for instance - ' . . . regardless of ability to pay and free from the manipulations of Big Pharma': keeping in mind that the Chinese government recently fined GSK $400M being the amount they had used to bribe doctors to use their products. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | I find these themes seriously alarming! It is already difficult enough if you don't agree with common practice, to get any sort of real help at all. e.g when I found my health improved dramatically when I suddenly stopped drinking the fluoridated water, my GP did nothing to help me get to the bottom of it not to support my approaches to Water Care to obtain a non-fluoridated supply - it has since cost me $50-60 per week to keep my household safe from this scourge and I am presently spending $10,000+ to secure a safe water supply - her response was that they all drank the tap water at the Medical Centre and they were all OK! Similarly with mammograms, because I have always thought it bizarre to subject such delicate tissue to such rough treatment I have always declined the offer and been made to feel stupid for doing so - who's the stupid one now then??? The same with statins and calcium supplements - I have always preferred to spend on good organic produce as much as possible knowing that they offer far more than artificial treatments. I offer but four examples of the continuing battle I have to get any help from the health system to improve my health and / or to stay well and this is largely because of the dogma that exists and the underlying culture of bullying - agree with us or suffer the consequences. 1 People powered would be very good if it truly did deliver the services that different people need for their good health; however 'helping to make healthy choices' appears limited to only the choices that the present drug-orientated system promotes and therefore disenfranchises those of us who prefer not to take the risk of such medications. You could reduce my stress on going to hospital by ensuring that my medicines of choice were as freely available as Big Pharmas are presently. It may even save the health budget a lot of money where inexpensive homoeopathic remedies may well see people recover far faster and better than expensive and dangerous drugs - and less antibiotic resistance if they were used only when absolutely necessary rather than will nilly. Big bold steps are needed to make things like megadoses of IV vitamin C available in every hospital for example - truly putting control back to people and putting out-of-control greedy Big Pharma in it's place! |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **170** | Submitter name | Anne Pala |
| Submitter organisation |  |
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| Respondent ID | | 4366697894 |
| Name | | Anne Pala |
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| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Non-governmental organisation |
|  | | Pacific |
|  | | Asian |
|  | | Ethnically diverse communities/Injury prevention |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | |  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |

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| **171** | Submitter name | Carla Arkless |
| Submitter organisation |  |
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| Respondent ID | | 4366297051 |
| Name | | Carla Arkless |
| Position (if applicable) | | Nurse Practitioner/Level 4 Trainer for the ACP Training Programme |
| Organisation (if applicable) | | PSS/ACP Training Programme |
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| Town/City | | [redacted] |
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| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Education/training |
| Release of personal details? | | I do give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | No. This is well laid out I think. I like that we are talking about health in its wider context. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | | I like it. I wonder why 'people-powered' was chosen instead of 'person-centred'...? Maybe they are saying the same thing; however I can't help thinking that perhaps it can be people powered without necessarily being person-centred (especially thinking about individuals in different health/illness situations. I think the 'person-centred' aspect is important (as comes through in the rest of the document). |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | Yes, I think appropriate. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Yes, the themes provide good focus I think. The 'what great might look like in 10 years' is a good way of laying out what we're aiming for - I like it. There are things to add/tweak in some of the sections, however in general there is good clarity. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Advance Care Planning (ACP) is not explicitly mentioned anywhere in the document, although there are many references to person'centred care principles. I do not believe you can have truly person-centred care without ACP (and vice-versa). I strongly suggest that ACP needs to be mentioned explicitly, particularly in some of the action points (see my suggestions below). For more information on ACP please visit: www.advancecareplanning.org.nz 1. People-powered: I suggest adding to 'what we want in 5 years' another bullet point saying, "People have access to and support with Advance Care Planning as a normal part of their healthcare." ACTION ONE: I suggest adding a bullet point, "Promote public awareness about Advance Care Planning" and adding a third point under 'd' to say, "Expand and promote electronic sharing of Advance Care Plans and supporting documentation. ACTION FIVE: ACP is a vital component of managing Long-term conditions, therefore I strongly suggest mentioning it explicitly. [ACP can be used to inform point 'a']. I suggest a separate action point, "Engage in activities that raise public awareness of ACP" [more detail about why this is so important can be found on the website mentioned above]. I suggest a second point under Action Five, "Empower health professionals to engage in Advance Care Planning with people by supporting and expanding access to the national ACP training programme". 3. Value and High Performance: Again, ACP needs to be explicitly mentioned in this area, as it is a key component to value and high performance - by directing services, interventions, technologies and so on to what people want (in terms of healthcare), as well as what is medically appropriate, this automatically enhances value and performance. I suggest adding another point to 'What do we want in 5 years?': "People are aware of and have access to Advance Care Planning in all settings as part of usual care." I also believe that communication (as in person-person communication rather than IT/sharing of information) is crucial to value and high performance. I think this should be explicitly mentioned in the bullet points (or another point added) under, 'What do we want in 5 years?': Inter-personal communication will be consistently effective and of a high standard". ACTION 7/8/9: I wonder if there needs to be another action point in here, regarding ACP explicitly. ACP is a critical part of improving performance and outcomes, therefore this is an ideal place to something along the lines of, "Support the implementation of ACP processes across the health sector, including promoting widespread engagement with ACP training for healthcare workers and providing support and incentives for organisations to develop ACP processes and to incorporate ACP principles into everyday practice." Inter-personal communication also needs an Action Point and I think it would be well placed in this same section. The action point could be, "Develop and implement a nationwide advanced communication skills programme." This could be rolled out over time, targeting senior health professionals. There is already a framework for effective, strongly evidence-based training within the ACP Training Programme, which with funding/resources could be fairly readily expanded. 4. One Team: I think this is so important, and will improve efficiency (which is crucial as demands increase of course). I can't help thinking that in Action Points 13 and 16 in particular, there is opportunity to incorporate workforce interventions aimed at improving "resilience". I know of research and interventions in this area that have occurred in the UK, led by Dr Dee Gray. There may be similar work closer to home that I am unaware of. Such interventions set out to empower healthcare workers 'on the ground', enhancing performance and leadership. I think this approach to workforce development would certainly we worth considering. Please ask me for more information if you are interested. 5. Smart System: I think a point could be added to 'What do we want in 5 years?' regarding having a nationally accessible system for Advance Care Plans - accessible by individuals and any healthcare provider who may need access to a person's ACP, no matter where they are in the country. This could also be reflected in Action point 19. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | | Thank you for an inspiring document. All the way through, I see implicit references to Advance Care Planning (ACP) - ACP needs to be overt all the way through the document. This should be a priority area - a key component of this health strategy, in view of the wide positive impact ACP has on health, which is evidenced internationally. As you are no doubt aware, the ACP Training Programme has been established for nearly 4 years with a very positive impact. The Ministry has the opportunity to help expand this impact, in line with the objectives of this Strategy. The other main thing that seems to be missing is the inter-personal communication element - again, implied throughout, however it needs to be overt, and there needs to be action points related to enhancing interpersonal communication. This is an essential component to improving performance and efficiency in my opinion. Thank you for the opportunity to provide feedback. |

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| **172** | Submitter name | 4366216978 |
| Submitter organisation |  |
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| Respondent ID | | 4366216978 |
| Name | |  |
| Position (if applicable) | |  |
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| Address 2 | |  |
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| Postal Code | |  |
| Country | |  |
| Email Address | |  |
| Phone Number | |  |
| You are submitting this: | | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents. | | Māori |
|  | | Pacific |
|  | | Asian |
|  | | Consumer |
| Release of personal details? | | I do not give permission for my details to be released. |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | | Smoking has hardly been addressed in either the strategy or roadmap actions. We have a government commitment to be smokefree by 2025, surely this is a key strategy that must be included? |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | | I think that there needs to be more about developing government policy that supports people to make healthy choices. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | | Again, some mention of developing government policy that supports people to make healthy choices. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | | Smokefre2025 has not been mentioned, there needs to be an area focusing specifically on smoking and what we need to do in the next 10 years to reach our goal of a smokefree Aotearoa. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | |  |
| Are there any other comments you wish to make as part of your submission? | |  |