

**Update of the New Zealand Health Strategy:
All New Zealanders Live Well, Stay Well, Get Well
Consultation Draft**

NZCCSS Submission to the Ministry of Health

Executive Summary

The New Zealand Council of Christian Social Services (NZCCSS) welcomes the review of the New Zealand Health Strategy and supports its overall goal for New Zealanders to live well, stay well, get well.

NZCCSS commends the Ministry for its thorough review of the health system (strategic direction, funding, capability and capacity review), and consultation process. NZCCSS sees the draft strategy as an opportunity to strengthen already existing work to integrate a broader range of health services into communities, develop an early investment approach across the age spectrum, build on the strength of inter-agency collaboration to improve the lives of vulnerable people, and engage technological advancements to empower people to be actively involved in their health.

The NZCCSS notes that the general *direction of travel* reflects some elements of the Community Investment Strategy (CIS) currently applied by the Ministry of Social Development to the social services sector, particularly those parts of the health strategy that support an increased focus on vulnerable children, young people and families/whanau.

Overall, the NZCCSS supports an investment approach to health but advises that this investment needs to be more than a re-prioritisation exercise; it requires new funds from which the specific health needs of 'high' risk groups are met. Over-targeting and prioritising has the potential to reduce access to services to those not in priority groups, and this may, as an unintended consequence, result in the overall decline in the health of the general population. NZCCSS would be concerned to see a reduction in the availability of early intervention services to people who are outside of the 'high risk' category set out in the strategy.

Key points:

1. The underlying motivation for improving the health and social outcomes of vulnerable communities should be driven by human compassion and not reducing 'liabilities' and savings to the public purse.
2. Given that New Zealand's aging population is set to increase, it is critical that the health system includes in its planning specific actions to manage this demographic change. NZCCSS refers the Ministry to its recent comments on the *Review of the Health of Older People Strategy* [copy attached].
3. NZCCSS supports a focus on '*building the capability and diversity of the workforce to meet the demands for more integrated health care*'. This focus raises a number of health workforce issues particularly for the older people (and disability) sector. Finding solutions to ensure the fair funding of the workforce is intrinsic to ensuring good health outcomes for older people.

4. NZCCSS acknowledges the benefits of digital technology but cautions that face-to-face access to medical services/information should remain available to those who are more effectively supported in this way.
5. The digital divide is narrowing but there remains some population groups, especially low income households, elderly people, Māori, Pacific people, and those living in small towns, who have limited access to digital technology. Given the focus of the strategy on digital access to health information, the issue of digital divide will need to be addressed.
6. The effectiveness of the health strategy to reduce inequities would be greatly improved if family/household income is raised. There is an abundance of evidence that supports the relationship between low income and poor health outcomes [Marmot 2010].
7. NZCCSS supports the consideration of a more refined mechanism for procurement of health and investing in services that achieve the 'best' outcomes. The mechanism for procurement, however should ensure that the broader 'community outcomes' achieved by local/community-based health services are included in funding decisions. NZCCSS refers the Ministry to Outcomes Plus – the added value from community social services, Nielson with Sedgewick and Grey, 2015).
8. The status of the document [From Cost to Sustainable Value: An Independent Review of Health Funding in New Zealand, 30 June 2015](#)] and its relationship to the implementation of the health strategy is unclear. More information is needed on any changes to the way DHB funding decisions are made.
9. NZCCSS agrees that good health begins at home and supports an approach that increases the availability of services, information and support as close as possible to home. This approach will be particularly beneficial to children and families/whanau with limited transport, along with older people who live in the community and are reliant on public transport, and those who live in provincial centres where public transport options are very limited or non-existent.
10. NZCCSS supports the application of technological advance to the health sector and agrees this change is likely to empower people to be more involved in their health, particularly young people. The collection, storing and sharing of personal information is a complex area however and raises important issues around privacy and confidentiality that will need to be fully addressed. There are likely to be some increased costs associated with implementing new IT and reporting systems. NZCCSS would like to see some recognition of the cost of introducing new IT and reporting systems in contracts to ensure the quality of service delivery is not compromised.
11. All government ministries are currently grappling with the same need to provide more robust data to meet population health, social and welfare targets set by government. It is critical that the Ministry of Health works in partnership with other ministries to develop common reporting mechanisms (reporting measures and portals) whenever possible to reduce the administration burden for community organisations and practitioners.

Introduction and Approach

The New Zealand Council of Christian Social Services (NZCCSS) is a national umbrella group representing the social services agencies of the Anglican Care Network, Baptist Union of New Zealand, Catholic Social Services, Methodist Church of New Zealand, Presbyterian Support New Zealand Inc. and the Salvation Army. The agencies we represent provide social and health services throughout New Zealand for people of all ages and particularly for people who are vulnerable and disadvantaged.

NZCCSS works for a just and compassionate society in Aotearoa New Zealand. Our role is to represent the common interests of Christian social service agencies and their clients, provide information to members, analyses, and advocacy for policies which will assist poor, vulnerable and disadvantaged members of society.

Mission and values

The guiding principles for NZCCSS' comments on the update of the New Zealand Health Strategy are our mission statement.

Mission: The New Zealand Council of Christian Social Services works for a just and compassionate society in Aotearoa New Zealand. We see this as a continuation of the mission of Jesus Christ.

Values: In seeking to fulfil this mission we are committed to giving priority to the poor and vulnerable New Zealanders and Te Tiriti o Waitangi.

Human value and dignity

NZCCSS' comments reflect our deeply held belief in the inherent value and dignity of all human beings. Integral to this is the belief that there is no requirement to achieve, earn or purchase this value and dignity; it is simply accorded by the grace of God at birth to all. We are created in the image of God and therefore we are identically valuable.

Underlying motivation of health investment approach

NZCCSS Supports the inclusion of an investment approach to the New Zealand Health Strategy, with a focus on those most at risk of poor health and well-being outcomes. It note this approach contains many of the elements (and language) of the Community Investment Strategy currently being applied by the Ministry of Social Development to the social services sector.

Member agencies have long expressed concern about the health and well-being of vulnerable individuals and families/whanau across the age spectrum. Financial barriers to primary health services and dental treatment, including debt incurred to a GP/medical centres, along with transport barriers, are consistently reported by our social service agencies. [NZCCSS Vulnerability Report series].

The general view of NZCCSS is that greater public investment is needed to improve the health and well-being of our most disadvantaged children, young people, adults and older people, and that a whole of government approach is also needed to support those with highly complex needs that go beyond health (education, employment, housing, social services).

NZCCSS expressed some caution, however, when the New Zealand Health Strategy was considered against background paper [From Cost to Sustainable Value: An Independent Review of Health Funding in New Zealand, 30 June 2015](#). Here, the investment approach is associated with fiscal/actuarial liability and return on investment. More information on the relevance of the above report on the updated strategy would be useful.

NZCCSS' concern lies in the underlying motivation of an investment/liability approach. Social justice is considered the primary motivation behind an increase in public investment to our most disadvantaged citizens, rather than reducing financial liability to the state. Human distress and frailty, often the result of persistent material deprivation and limited 'choices' due to inadequate family/household income, is not a financial liability; it is a moral failure.

1. Eight guiding principles for the health system

NZCCSS supports the proposed high level principles underpinning the updated health strategy. It is noted that Principles 2, 4, 5, 7, 8 are critical if New Zealand is to significantly address inequalities in health

outcomes. As the Ministry is fully aware, there is substantive health evidence that people across the age span living in Māori communities, Pacific communities, and economically disadvantaged communities, have poorer health outcomes and die younger than other groups of New Zealanders. [The 2013/2014 New Zealand Health Survey, Reducing Inequalities in Health 2002, Independent Life Expectancy in New Zealand. NZDep 2013. Index of deprivation]. This gap in health equity is long-standing and must be addressed.

2. Strategic Themes

i. People Powered

Face-to-face access more effective for some groups

NZCCSS supports all initiatives to ‘empower’ people to be involved in the management of their health, along with the expansion of digital technology to support self-management of health. NZCCSS is aware of some evidence that supports the use of apps to support some groups of people. The use of digital technology also offers the opportunity to engage and empower younger people to take a more active part in their health care. Reports from our network advise, however, that in cases where people are particularly at risk of poor health outcomes (often with mental health needs), the most effective approach is face-to-face contact. Opportunities for face-to-face interaction with health professionals and services should therefore remain available to those who are more effectively supported in this way.

Cultural dimension

Face-to-face interactions also enable culturally appropriate ways of communicating to be conveyed to those who are from other cultures. Western medical and health messaging needs to be conveyed in a way that links with the values of the recipients. For example, a whānau may need to understand that the western ways of health do not need to conflict with traditional values. This work has to be done face-to-face.

Digital divide

Given the emphasis placed in access to digital technology, NZCCSS wishes to raise the issue of the ‘digital divide’, which remains a concern, particularly for low income households. Information from the [2013 Census](#) shows that while [internet access](#) is increasing for all New Zealanders, more than half of households with the lowest incomes (under \$20,000) have no internet access. Nearly all of households with incomes over \$70,000 (over 90%) have internet. In addition, a recent report on internet use in New Zealand, identified the poor, elderly people, Māori, Pacific people and those in small towns have less access to internet, and make less use of core services provided [[World Internet Project New Zealand](#)]. The 2015 update of this survey is currently in progress and NZCCSS recommends health officials refer to this document for the latest trend in digital access, when available.

Know and design

Action 2, proposes collection and sharing of good examples of people-led service design, particularly for effective reach and understanding of high-need priority population (p34). NZCCSS strongly supports this action and recommends the extension to non-government organisations; there are many examples of good practice in people-led service design among NGOs and these learnings also need to be captured.

A focus on household income

Individual health and well-being cannot be separated out from family/household income. The socioeconomic, living and working realities for the people our member agencies walk alongside provide

an environment for what Karlo Mila called 'constrained' choices. [Inequality: A New Zealand Crisis, BWB, 2013. These constrained choices impact not only on an individual's needs but also the needs of their wider family/whanau (children, youth, elderly).

Over the years the Vulnerability Report series has captured the reality of low wages on the health and well-being of families, along with the impact of poor quality (and sometimes high cost) rental accommodation on families' ability to meet basic necessities, including health. While the proposed Actions (1 and 2) may well lead to positive health and well-being outcomes for some people, without increasing family/household income to a level that enable families to afford basic (health) life necessities, these achievements are unlikely to have a sustained positive impact on health inequities.

"People pay their doctor and don't buy food, or won't go to the doctor because they owe money from previous visits. We do have some schemes for supporting people in accessing medical care and prescriptions but these are in specific areas only. One centre reported a doctor's fee being \$67 for clients – just not affordable and when they have to visit to get clearance for W&I this is too much for them. Some clients choose not to seek medical treatment for themselves because of cost but ensure their children receive medical help."

Salvation Army

"People are not going to doctors as this is not seen as a priority when they have to pay for rent and food."

City Mission

"Even though these people look very unwell, Work and Income require a medical certificate to prove this but they don't have money to go to the GP and/or need support to make an appointment to go."

Kokiri Marae Health and Social Services

"There is instability at present with private rental housing. Home owners / landlords are riding the real-estate wave; selling the homes leaving tenants homeless. In one case I have had a single working mum with 3 dependants who had 3 moves last year due to the rentals been sold from underneath her. This meant each time she had an increase in bonds & letting fee that put her into additional debt including moving costs incurred. My client become quite sick with the stress and the strain."

VisionWest

"If whanau have GP bills they cannot attend the GP. We know of people who are unable to go to the GP and go to the hospital when their children are sick. Public health nurses are a wonderful resource in the community and support families as best they can."

Hawkes Bay Presbyterian Support

"Cost of Doctor visits means adults especially mothers are often ignoring chronic conditions. Early signs of mental health issues are not picked up".

Christchurch City Mission

"Dental care is a high need for the homeless population who don't have the type of money required to access the service. Costs are incredibly high and their dental needs are usually complex. One-off free dental days can be helpful but many require ongoing treatment to maintain good health (as do all people) and this is not financially viable for beneficiaries".

Wellington City Mission

ii. Closer to home

NZCCSS agrees that good health begins at home and supports an approach that increases the availability of services, information and support as close as possible to home. For the vulnerable families our members walk alongside, travelling to different service for treatment can presents a significant barrier to accessing health (and social) service. The provision of health services 'closer to home' is also essential for the elderly who live in the community and are reliant on public transport. This is especially true for those living in provincial centres where public transport options are very limited or non-existent.

"Living close to medical care is essential for people accessing those services. Transport costs are okay, but benefits don't allow for much of this each week".

Wellington City Mission

"In Rural Otago transport costs to these services are an issue and there are only a few public transport services available".

Otago Family Works

Children, Families/Whānau

NZCCSS commends the lifecourse approach and specific targets for vulnerable children in Action point 6. It clearly identifies the interagency partnership required and the targeted population. We are able to recognise how this action point relates to strategies of other ministries while maintaining the focus on health.

Inclusion of older people

NZCCSS wishes to express some concern that:

Action 5 (p38) does not include any specific mention of health conditions associated with older people. Given New Zealand's aging population is set to increase, it is critical that the health system includes in its planning specific actions to manage this demographic change. NZCCSS would like to see added to Action 6 the inclusion of long-term conditions that are specific to older New Zealanders.

Action 6 (p38) the health of older people appears to be excluded as a key health targets. In the development of the new Health Strategy, NZCCSS would like to see similar action points developed for older peoples health that targets the most vulnerable older people as has been identified for vulnerable children, young people, high needs populations.

An increased focus on our most vulnerable children is understandable given growing concern about children missing out on health care, and that health outcomes of this group of children is poorer in comparison to older people overall.

At the same time, however, NZCCSS sees no justification for losing focus on maintaining and building achievements for older people. Rather the focus on children's health should be seen as complementary and an area for additional investment and not a reason to reallocate scarce resources away from older people's health into child-focused health areas. If a whānau/family focused approach is taken to health, then the place of kaumatua and older people within whānau/family needs to be recognised and understood and a holistic approach taken to children's and older people's health.

NZCCSS refers the Ministry of Health to NZCCSS comments on the Review of Health and Older People Strategy (HOP) provided on 30th October 2015 [see attached copy] for its full position on older people strategy.

iii. Value and high performance

Collaboration across agencies

NZCCSS agrees that there is a need to understand how health and social service organisations are supported by a mix of funds (government agencies, philanthropic, and own funds) to promote health and wellbeing. It is hoped that a focus on targets does not destabilize the ability of community-based services to continue to provide services to people in their communities.

Broader definition of effective outcomes

NZCCSS supports consideration of a more refined mechanism for procurement of health (and social) services and investing in services that achieve the 'best' outcomes for consumers. The mechanism for procurement, however should ensure that the broader 'community outcomes' achieved by local/community-based health services is included in funding decisions.

NZCCSS refers Ministry officials to research Outcomes Plus – the added value from community social services, Nielson with Sedgewick and Grey, 2015), This study identified three components of 'community value' that provided the environment for sustained positive outcomes for individuals and families/whanau: 1. **Community cohesion** - the ability for whanau and families to identify with, be involved in and be mutually supported by their communities; 2. **Community development** - communities are engaged with and own their developmental projects and processes; 3. **Community empowerment** - the ability for communities to identify and achieve their own outcomes and results.

In order to gain full value for every dollar of public expenditure government agencies must ask, "What is the whole contribution of the organisation to 'community value' and through strong communities to sustained, positive outcomes for whānau and family"?

Targeted investment

An effective investment approach requires more than a re-prioritisation exercise; it requires new funds from which the specific health needs of 'high' risk groups are met. Over targeting and prioritising has the potential to reduce access to service to those not in priority groups, and this may as an unintended consequence result in the overall decline in the health of the general population.

The availability of universal, lower-threshold services has been a critical component of New Zealand's health gains at key life stages for the vast majority of New Zealanders. If the funding of lower threshold services are reduced in favour of targeted health services, there is a real risk that we will lose the health gains we have achieved over decades. Proportionate universalism recognises this need for the funding of both universal services and additional targeted measures (Marmot, 2010).

NZCCSS supports proportionate universalism on the basis that lower threshold universal services are not traded-off to fund targeted services. NZCCSS believes there are sufficient public resources to support an effective health system and that funding issues are largely a reflection of what as a nation we value.

Impact on smaller organisations

It is noted that the strategy has some potential for an inbuilt bias towards larger organisations that have financial resources to adapt their services to meet new expectations to deliver 'multi-disciplinary service'. This purchasing bias could have a significant impact on smaller, specialised services that serve a distinct population group and focus on a single health/social issue.

Iv. One Team

Lead whole of system format

NZCCSS agrees that the health system requires a more integrated system that supports the change of focus set out in the strategy. A whole-of-system forum (undertaken in advance of DHB planning) is set out under Action 17 however does not constitute a one team approach but rather this is a single event approach. More opportunities across the year for the different components of the health system to come together at the regional and national level is needed to make a sustained cultural change, promote a learning culture and provide opportunities for review of implementation across the sector.

Build system leadership, talent and workforce

NZCCSS agrees that workforce development, system leadership is integral to the effectiveness of the New Zealand Health System, and supports the inclusion of NGO in initiatives to strengthen skills and capability, and expand the support for the NGO/primary and voluntary sector [Action 16 (b)].

NZCCSS is aware of many examples of good collaboration between the Ministry of health and the NGO sector that should also be recognised. For example, in the mental health sector the Ministry officials and stakeholders have co-produced "On Track" Co-Creating a Mental Health and Addiction System New Zealanders Want and Need (Te Pou and Platform Trust).

V. Smart System

NZCCSS agrees that technological advance is changing the way people interact with government agencies, including health. It also agrees that sharing of (anonymised) data and introducing reporting systems could provide insights into the health system and contribute to service planning.

The collection, storing and sharing of personal information is a complex area, and raises important issues around privacy and confidentiality that need to be fully addressed. NZCCSS has been part of considerations around the development of an Approved Information Sharing Agreement (AISA) to support the sharing of information from NGO social service agencies. NZCCSS noted this was a complex process that required a national consensus about how organisations work, collect and store personal information and share this information to other agencies. The same thorough consultation process is required to engage NGO health services.

InterRAI

The implementation of the InterRAI needs assessment tool into the home based support and aged residential care sector has also shown the many challenges of moving to shared data collection and information technology platforms. It is important that the learnings from this experience is taken into wider health strategy work, especially when such change is part of a regulated and enforced transition process.

Cost of new IT and reporting systems

The cost of implementing new IT systems and reporting systems is likely to present a financial burden to some community-based providers, particularly smaller ones. NZCCSS would like to see some recognition of the cost of introducing new IT and reporting systems in contracts to ensure the quality of service delivery is not compromised.

Consideration impact of multiple databases/recording and reporting systems community-based providers are already required to use across government contracts (up to 5 or 6 in many cases currently) is also needed. All government Ministries are currently grappling with the same need to provide more robust data to meet population health, social and welfare targets set by government. It is critical that the Ministry of health works in partnership with other Ministries to develop common reporting mechanisms (reporting measures and portals) whenever possible to reduce the administration burden for community organisations and practitioners.

Contact details for this submission are Sonia Scott, Policy Advisor, sonia.scott@nzccss.org.nz, and Trevor McGlinchey, Executive Officer, eo@nzccss.org.nz, NZCCSS, PO Box 12-090, Thorndon, Wellington, Phone 04 473 2627. Paul Barber (older people), paul.barber@nzccss.org.nz.