Establishing a Health and Disability Code of Expectations for New Zealand

Ka pū te ruha, ka hao te rangatahi
The old net is cast aside, while the new net goes fishing
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental health conditions and advises governments on mental health care.

The RANZCP has more than 7400 members, including around 4900 fully qualified psychiatrists and over 1500 doctors training in the field of psychiatry. Of those, there are over 900 New Zealand members, including 240 doctors training in the field of psychiatry.

Background

In Aotearoa New Zealand, the National Committee, Tu Te Akaaka Roa, represents the RANZCP by advocating and working to improve the mental health of our community, and collaborating with stakeholders - Governmental agencies, NGOs, people with experience of mental health conditions, and other health organisations – to support the delivery of high-quality psychiatric care in New Zealand. The RANZCP values lived experience perspectives when developing relevant policies and position statements and ensures these are incorporated in our documents. We view our role as a partnership with tāngata whai ora, supporting them through their journey to wellbeing. Psychiatry is a diverse discipline addressing the needs of people and their whānau/families from childhood and adolescence into adulthood and old age.

Contributions to this submission were received from RANZCP Committees including Tu Te Akaaka Roa, whose membership includes a consumer representative, Te Kaunihera – the Māori mental health Committee, and the Community Collaboration Committee (CCC). CCC members include Fellows and people with lived experience of acute/long-term mental health conditions and their carers. The RANZCP policy platforms were used to guide this submission.

The RANZCP policy platforms

Tu Te Akaaka Roa have developed four key policy platforms that place people and whānau at the centre of mental health and addiction services in Aotearoa. To actualise this aspiration, people, whānau and community need be involved in planning services and policy. We believe partnering with people with lived experience of mental health conditions is a key tenet to realising the vision of health equity for New Zealanders.

1. Don’t Forget the Five Percent

People living with serious mental health conditions are a priority and need to receive integrated, wrap-around care. The Mental Health and Addiction Inquiry report, He Ara Oranga, focused attention to expanding mental health support to 20% of the population. However, the five percent with serious mental health conditions should not be left behind and must receive the expert care and support they need.
2. Let’s Work Together

Our focus is on connecting care and expertise across the sector by facilitating co-design, working with primary care, strengthening the NGO sector, maintaining and improving secondary care, and developing national strategies and services. Alliances forged across the social services sector, primary care, specialist services and national services will help people living with mental health conditions to access care when they need it and support their journey to wellbeing.

3. Look at the Evidence

We advocate for the greater sharing of evidence and knowledge regarding translation of evidence into practice, across the sector to reduce the likelihood of “reinventing the wheel”. Evidence is derived from two sources – that which is derived from the scientific method, and that which is derived from established bodies of cultural wisdom.

4. Get the right people in the right places

Developing a strong workforce is paramount to achieving equity of health outcomes for tāngata whai ora. Building workforce capacity across the entire sector (both mental health and the health sector) is a priority. Within the mental health and addiction sector we need more psychiatrists, clinical psychologists, Alcohol and Drug clinicians, lived experience leaders and workers, mental health nurses and people versed in kaupapa Māori services. Given the key role of primary care in supporting people with mild to moderately severe need, a thriving capable primary care workforce is also critical.

Introduction

The RANZCP is pleased to have the opportunity to provide a submission on the Code of Expectations (the Code). We welcome the introduction of the Code as a vehicle to show that the health and disability sector aspires for excellence concerning the service people receive, and that the sector has the intent to hold itself accountable to the community. The Code joins but a few international examples where people’s expectations have been articulated in policy as has been done by the Health Quality and Safety Commission (HQSC).¹

Te Tiriti o Waitangi

The RANZCP endorse the HQSC’s use of five principles¹ of Te Tiriti o Waitangi as values to guide partnership and leadership between tāngata whenua and the Crown. TeTiriti o Waitangi is our founding document and must guide all we do in health care. The principles identify the responsibilities of the Crown to work collaboratively with Māori to ensure the health and disability system meets the needs of tangata whenua. The Code affirms the importance of the principles and promotes the achievement of

¹ Tino rangatiratanga (self-determination), Ōritetanga (equity), Whakamaru (active protection), Kōwhiringa (options), and Pātuitanga (partnership) – see more information in the Appendix.
equitable health outcomes for Māori as described in the WAI 2575 Health Claim to the Waitangi Tribunal\(^2\) and outlined in the \textit{Hauora} Report\(^3\) and the Ministry of Health’s Māori Health Action Plan\(^4\). The RANZCP have a position statement on \textit{Recognising the significance of Te Tiriti o Waitangi}, which affirms its position as the founding document of Aotearoa New Zealand.

\textbf{Values}

The RANZCP support the values describe in the Code to guide effective engagement with people with lived experience and whānau. There are clear expectations that engagement is inclusive, built on trust, shared decision making, shared leadership and information sharing to ensure understanding between people with lived experience, whānau and health and disability providers so fully informed decisions are made.

\textbf{Equity}

The HQSC sets out clear expectations regarding equity and includes factors that will guide the health and disability system response to engage appropriately with people with lived experience and whānau. The RANZCP support the list of actions as an approach that will reinforce responses designed to meet greater health need, assist in creating better outcomes and lead to greater health equity. Factors listed such as the effective participation of people with lived experience and whānau and valuing knowledge and expertise drawn from lived experience are also highlighted in a series of the RANZCP position statements. The position statements \textit{Partnering with people with a lived experience}, \textit{Partnering with carers in mental healthcare}, \textit{Whānau Ora} and a guideline for \textit{involving families and whānau} provide a comprehensive repository of information from the RANZCP that concur with the system response to equity as articulated in the Code.

The RANZCP note that the Code does not include the expectation that there is joined up understanding of equitable service delivery between government processes. It is a challenge to deliver equitable services when sectors that interact with the social determinants of wellbeing such as housing, health and justice are not connected through the same expectations of service delivery.

\textbf{Engagement expectations}

We support the list of factors identified in the section engagement expectations to support and facilitate engagement, partnership and shared decision making across the health and disability system.

We also convey our support for monitoring the Code’s implementation across the health and disability sector. We note that currently there are no proposed mechanisms to give HSQC oversight of who is adopting the Code, how it is being implemented and what outcomes, if any, occur for people accessing services and systems because of its introduction. Measurement of success as determined by people with lived experience and whānau is encouraged in the list of engagement expectations including reference to evaluation. It is unclear how HSQC will keep abreast of this data and how stakeholders can measure the progress of the sector towards the aspirations as set out in the Code.
References


Appendix: Draft Code of Expectations

Purpose

The Code of Expectations sets how health and disability service providers and organisations will involve, share decision making and work effectively in partnerships with consumers/whānau. It is essential that health and disability providers apply the principles of Te Tiriti o Waitangi in every engagement with consumers/whānau.

Background

A ‘consumer’ is a person who has used, is currently using, or is entitled to use, a health, mental health, or disability service. The term ‘consumer/whānau’ refers to a consumer, and those identified by the consumer as people (whānau, family, aiga, friends or others) they want involved with their ongoing support, treatment and care.

Consumer/whānau involvement in healthcare services improves the relevance and quality of services and improves service ability to meet consumer/whānau needs (Bolz-Johnson et al 2020). Health and disability services perform best if they engage well, understand experience and act on what the people and communities who use them say (Doyle et al 2013). Consumer/whānau engagement is a powerful mechanism for improving services and systems (Thorstensen-Woll et al 2021)

Te Tiriti o Waitangi
Te Tiriti o Waitangi provides the basis for shared partnership and leadership between tangata whenua and the Crown. The following five principles of Te Tiriti o Waitangi underpin this Code of Expectations. The principles come from the latest decision relating to the WAI 2575 Health Claim to the Waitangi Tribunal and are outlined in the Hauora Report and the Ministry of Health’s Māori Health Action Plan (Ministry of Health 2020).

**Tino rangatiratanga (self determination)**

The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

**Ōritetanga (equity):**

The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.

**Whakamaru (active protection):**

The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

**Kōwhiringa (options):**

The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

**Pātuitanga (partnership):**

The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

**Scope**

The Code of Expectations applies to direct care, policy, governance, leadership, commissioning, design, planning, development, delivery, measurement, and evaluation undertaken within the health and disability system.
The Code of Expectations works with the Code of Health and Disability Services Consumer Rights (The Code of Rights) to support quality care for consumers and whānau. Whereas the Code of Rights specifies important individual rights a consumer has when they use a health or disability service, including the right to complain (Health and Disability Commission 2021), the Code of Expectations sets how those working within the health and disability system will engage with consumers/whānau to effectively understand and meet their needs.

**Values**

The following values describe and guide effective engagement with consumers/whānau. These values are not presented in order of importance.

**Relationships of mutual respect and inclusiveness:**

Engagement is built on trust, authenticity, reciprocity, transparency and a willingness to share and learn from each other.

Processes are inclusive of all population groups and of those with specific needs.

Engagement includes a process of reciprocity as an expression of gratitude for the knowledge of the consumer/whānau. Reciprocity can happen at multiple points; before, during and after engagement with consumer/whānau.

**Partnership supporting shared decision making and shared leadership:**

Consumers/whānau partner in shared decision making and shared leadership with providers and the health system.

All relevant information is shared and understood, so that fully informed decisions can be made about all options.

**Equity:**

Health services and the system recognise engaging appropriately with consumers/whānau will support appropriate responses to greater health need, assisting in better outcomes and greater health equity.

There is a clear commitment to achieving equity of health outcomes.

Effective outreach to less engaged sections of communities occurs.

**Valuing consumer/whānau contribution:**
Knowledge and expertise drawn from lived experience is valued alongside clinical and other knowledge and expertise.

Consumers/whānau are appropriately reimbursed for their expertise.

Consumer/whānau expertise is developed and fostered.

Workforce ability to support consumer/whānau engagement and leadership is developed.

Commitment to quality, safety and cultural safety:

Health services and the system are able to respond to the specific needs of consumers/whānau.

Consumers/whānau experience and partnerships underpin quality, safety and equity.

Consumers/whānau experience safe care and are not harmed.

Consumers/whānau experience culturally safe engagement to support their participation.

Efforts to analyse, understand and share/cede power are made by health services and the system, to support the effective participation of consumers/whānau.

Engagement expectations

The expectations of the health and disability system for engaging with consumers/whānau are based on processes that support and facilitate engagement, partnership and shared decision making. These processes support and work alongside other responsibilities and expectations of health and disability services and the wider system.

Presence

Consumers/whānau are asked about and supported to be present to engage in ways that are the most effective for them.

Purpose

Consumers/whānau co-design the development of shared purpose for any intervention or process they participate in.

Planning
Consumers/whānau partner and co-design plans for intervention and measures to be used as indicators of success.

**Implementation**

Consumers/whānau partner and share oversight of implementation.

**Measures**

Consumer/whānau measures, such as patient experience and reported outcomes are used to better understand quality and where improvement is needed.

**Evaluation**

Consumers/whānau share oversight of evaluation and partner in deciding what has worked well and where improvement is needed.

**Completion**

Consumers/whānau partner in closing the loop and determining next steps, if any, when an intervention completes.