Establishing a new Health and Disability System for New Zealand

Mā te āhuatanga o mua
E Arataki te huarahi
Hei haere whakamua
By the lessons of the past
We are guided into the future
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 illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 6500 members, including around 4900 fully qualified psychiatrists and over 1500 doctors training in the field of psychiatry. Of those, there are over 800 New Zealand members including 180 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, collaborating with stakeholders - Governmental agencies, NGOs, consumers, and other health organisations – to support the delivery of high-quality psychiatric care in New Zealand. The RANZCP values the consumer perspective, including psychiatrists who have experienced mental illness, when developing relevant policies and position statements, and ensures the lived experience is incorporated in our documents. We view our role as a partnership with tangata whaiora, guiding them through their journey to recovery. Psychiatry is a diverse discipline addressing the needs of people and their families from childhood and adolescence into adulthood and old age.

Introduction

The RANZCP is pleased to have the opportunity to provide a submission on the Pae Ora (Healthy Futures) Bill. We welcome the introduction of the legislation as a commitment by the New Zealand Government to develop a health and disability service that will work towards equity of health outcomes for Māori, Pacific People and Disabled People. The RANZCP has been a consistent advocate for investment in a health strategy that prioritises appropriate and effective service delivery to reduce the over-representation of poor mental health for Māori, Pacific People and Disabled People. Effective delivery of high-quality health care for these populations is required to address serious mental illness and other co-morbidities thereby moving the healthy futures vision toward success.

The RANZCP support the Pae Ora’s commitment to Te Tiriti through the establishment of the Māori Health Authority, and view this as an important step in the promotion of Māori wellbeing. Its mandate to prevent, reduce and delay ill health of tangata whenua in collaboration with other agencies enables Māori to define, determine and decide how Pae Ora is realised within a world view encompassing Wairua Ora, Mauri Ora, Whānau Ora and Wai Ora. For all components of the new system the embedding of culturally informed approaches to wellbeing and health workforce development are critical components of transforming the health and disability sector.

Our role

The RANZCP acknowledges the significant challenge faced in re-designing a new Health and Disability System (the System). This submission reflects our role and interest in participating as a strategic partner in moving forward. Given our role and contribution in this area, our submission advocates for a stronger focus on mental health and addiction to maximise the impact of a new system and avoid unintended consequences. The pathway forward has several challenges as our research with the psychiatry workforce shows where, for example, 94% of respondents viewed current services as not fit for purpose.
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Our advice is based on experience of working in a mental health system struggling to cope with the 73% increase in people accessing mental health and addiction services over the last 10 years. This has impacted negatively on the 5% of people with serious and ongoing mental health and addiction problems across their life-course who need improved access to care and treatments. Māori, Pacific, and people on low incomes are over-represented in this group.

Determinants of the legislative framework

The RANZCP have reviewed the Pae Ora Bill and we support in principle the key tenets of the Bill. We tautoko that an equity lens has been applied to the entire health system, but we note below that social determinants will also need to be addressed to see improvements in health outcomes across a range of target populations.

We note there are several areas where greater clarity is required.

Purpose of the Act

Section 3 (b) states the purpose of the Act is ‘to achieve equity by reducing health disparities among New Zealand’s population groups, in particular for Māori’. The RANZCP suggest that equity cannot be achieved by reducing health disparities alone. Social determinants of health must be addressed if equity is to be achieved and that requires significant commitment across all government agencies working together.

Whilst the objectives of Health New Zealand (section 13) include collaborating with other social sector organisations to address the social determinants of health there appear to be no levers by which directives can be mandated. We note that the expert advisory committee on public health (Section 86) has no mechanisms to actively engage other government agencies in work to improve the social determinants of health.

Workforce development is critical

There are five references to workforce development, the first is section 19 as per the Functions of the Māori Authority and the remaining inclusions are found in paragraph (3) (c) for New Zealand Health Strategy (37), Hauora Māori (38), Pacific Health (39), and Disability Strategy (40). Workforce development is not included in the functions of New Zealand Health or is it mentioned in relation to the New Zealand Health Plan (44 & 45). We contend that workforce development is a critical issue facing the successful delivery of Pae Ora and must be a focus of the New Zealand Health Plan and future Government Policy Statement (GPS). Workforce development is the area of mental health that is the biggest issue for RANZCP.

Interconnectedness of strategies and plans need to be articulated

There is no clear guidance in the legislation as to how strategic documents and plans interconnect to guide policy. It appears that section 29 and section 30 give permission for the strategies for each of the afore-mentioned population groups to be superseded by the GPS and the New Zealand Health Plan at intervals of no more than three years apart. There is a risk therefore that the strategic documents become inert.

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1 Note that Disabled People is the preferred term of reference for this population.
The role of ACC

The Pae Ora Bill does not articulate how ACC fits into the new structures. There needs to be greater integration between what ACC is delivering and the public health system. It needs to be clearer how we can work with ACC so people can deliver models of recovery, both physical and mental and look at how rehabilitation can be delivered. Māori are underrepresented in the ACC claims, so if the objective of Pae Ora is to address inequity then there must be some acknowledgement of how the Māori Health Authority and Health NZ will interact with ACC.

The Ministry of Health’s future role needs further clarity

RANZCP ask the question whether there is sufficient coverage in the legislation regarding the role and function of the Ministry of Health. For example, there is but one inclusion of the role of the Ministry in respect of responsibility for health data, and that occurs at the preamble noting their stewardship concerning monitoring. The proposed new health and disability system will need to provide interoperable data systems that can collate and disseminate evidence of outcomes including the identification of successful interventions across localities. The legislative framework does not assign responsibility for the gamut of health system data and analysis to entities.

Board members’ expertise in the health sector

We note that the requirements to satisfy the Minister of Health, are that the Board of Health New Zealand and the Māori Health Board have collective experience, knowledge, and expertise across several areas, but there is no mention of specific health and disability expertise. This appears to be a significant oversight considering the pivotal role the board members will have in the governance of the New Zealand health and disability system.

The RANZCP policy platform

This submission has been prepared by Tu Te Akaaka Roa. and includes service user’s perspective and members working with a wide range of populations- rangatahi through to older people. We 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 service users is a key tenet to realising the vision of healthy futures for New Zealanders.

1. Don’t Forget the Five Percent

People living with serious mental illness are a priority and they need to receive integrated, wrap-around care. He Ara Oranga focused attention to expanding mental health support to 20% of the population. However, the five percent with serious mental illness should not be left behind and must receive the expert care 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 illness to access care when they need it and support their journey to wellness.
3. **Look at the Evidence**

New and existing programmes or models of care must be evaluated and monitored so people living with mental illness are assured that the interventions offered are right and effective for them. The transformation of the health and disability sector needs also to be evaluated against a key set of outcomes concerning models of care. Overall, there must be greater sharing of evidence, and knowledge regarding translation of evidence into practise, 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 in operationalising Pae 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, AOD clinicians, peer workers, mental health nurses and people versed in kaupapa Māori services. Given the key role of Primary Care in supporting people with mild through to moderately severe need, a thriving capable primary care workforce is also critical.

**The RANZCP recommendations for achieving healthy futures**

In the following tables we outline the challenges and opportunities surrounding the transformation of the New Zealand health system. The RANZCP contend that work needs to progress in four key areas of our policy platform to implement the vision of Pae Ora.

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<tr>
<th>Recommendations</th>
<th>1) Don't Forget the Five Percent</th>
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<td></td>
<td>The issues</td>
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<tr>
<td>1. That Health New Zealand and the Māori Health Authority jointly make provision to</td>
<td>We are concerned that the 5% will be left behind when services are reconfigured. Responsibility for service delivery and lines of accountability for this population are not readily identifiable in the Pae Ora. The ability to support this population is heavily dependent on the determination of health localities.</td>
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<td>a. meet the high demand for secondary service delivery to tangata whaiora with acute/chronic needs alongside the demand for primary/community service delivery.</td>
<td>Achieving equity by reducing health disparities amongst population groups particularly Māori is hampered by an insufficient health workforce to meet demand. New Zealand is very dependent on the recruitment of overseas trained psychiatrists and there are large workforce gaps in Kaupapa Māori and Pacific services.</td>
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<td>b. address the national shortage of Mental Health and Addiction inpatient beds and acute care alternatives and ensure there are sufficient beds to meet demand occurring within the newly established boundaries of regional localities.</td>
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2. That Health New Zealand, the Māori Health Authority and other key agencies collaborate in efforts to reduce inequity and access - particularly for Māori, Pacific, and disabled populations. This necessarily involves greater integration between what ACC is delivering and the public health system.

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<tr>
<td>1. Provide a transparent view of how the co-commissioning and service planning will occur between Health New Zealand and the Māori Health Authority which identifies lines of accountability, communication and engagement with stakeholders including tangata whaiora and whānau.</td>
<td>There is insufficient coordination across the sector. There is a need for greater consistency of service provision whilst recognising that one size does not fit all. It is critical that there is a clear process for Health New Zealand and the Māori Health Authority to collaboratively identify the service planning for Kaupapa Māori Services. The Pae Ora Bill does not stipulate in the functions of Health New Zealand and other entities, that consultation will encompass the views of tangata whaiora/whānau, including those with lived experience of mental ill-health, about ways to develop services and improve health and wellbeing outcomes. It is not explicit regarding how the Expert Advisory Committee on Public Health will engage with the sector to identify key priorities.</td>
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<td>2. Introduce accountability mechanisms to ensure services are whānau centred in design, function, and performance.</td>
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<td>3. That there are clear mechanisms for the Expert Advisory Committee on Public Health to engage with government social sector organisations e.g., Alcohol Advisory Council of New Zealand, to provide holistic views of systems and sources in their advice to the</td>
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Prioritise strategies that reduce the inequity that exists for Māori, Pacific people, disabled people and those living with a serious mental illness and other co-morbidities e.g., addiction, poor physical health.
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<td><strong>The solutions</strong></td>
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<td>1. Assess and monitor the performance of Pae Ora through the systematic collection of timely, appropriate, and fit for purpose data.</td>
<td>Lack of sufficient monitoring and evaluation to assess the effectiveness of new, existing, and adapted programmes or models of care. We need evidence-based data to understand impact, assess worth and ensure there is a return on investment.</td>
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<td>Without current quality data on the prevalence, onset, and impact of mental disorders, it is difficult to understand the state of mental health and wellbeing, or plan for an appropriate workforce or services to support access at health localities.</td>
<td>Invest in evidence based early intervention strategies which improve equity and access for people with mental illness and population groups more at risk due to adverse life course circumstances and/or social determinants.</td>
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<td>Cultural competence/safety training, evaluation and research is required to improve outcomes for Māori and Pacific.</td>
<td>Target at risk population groups with cross sector prevention and early intervention strategies.</td>
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<td><strong>The solutions</strong></td>
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<td>1. That the timeframe of 5-10 years for workforce development under the New Zealand psychiatry workforce is an aging population. It has the highest</td>
<td>Develop and implement a three-to-five-year workforce development strategy with the</td>
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<td>Zealand Health Strategy be compressed into a shorter timeframe to meet the current pressure for skilled health workers in all professions.</td>
<td>average age (54 years) of any medical vocation in the country. Psychiatry is highly reliant on international medical graduates (60%). Psychiatry is one of the most vulnerable medical workforces due to shortages which reduces access to specialist services. The New Zealand psychiatry workforce, like many specialist workforces, is underrepresented by Māori and Pacific people. The new health system must support specialist psychiatric services as there is a risk that existing under-resourced services may not be part of the new structure. goal of meeting demand for health professionals with competencies in mental health and addictions. Facilitate collaboration between the Health New Zealand and the Māori Health Authority to configure skilled health teams to provide holistic, integrated, and continuous primary and mental healthcare services which include increased peer services, trauma-based practice, and experience of Te Ao Māori and Pacific world views. That Health New Zealand and the Māori Health Authority work collaboratively to facilitate Māori and Pacific people into a career in psychiatry. That lead agencies and authorities consult with representatives of specialist psychiatry to ensure the system is configured such that services are accessible and well resourced.</td>
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References


Mirror on Society Working Group, (2021) Consultation on Equitable Selection for University of Otago Health Sciences Professional Programmes, Health Science Division Otago University