



# The Future of the Health System

Local Government New Zealand's submission on the Pae Ora (Healthy Futures) Bill  
2021

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## Key Points

- The new way of organising health services must take into account the social determinants of health and the need to properly resource public health and build meaningful connections with agencies that influence the social determinants, such as local government.
- The new approach must be responsive to the different health needs and priorities of New Zealand's communities and work in partnership with iwi/Māori and local organisations (including councils) that are in touch with the needs and aspirations of communities.
- Local authorities are a critical element of our public health response as their investment in local services, planning of local places and local advocacy impact on the lifestyles people adopt.
- Locality plans are proposed as the way in which local needs will be identified and communicated to Health New Zealand. These provisions are thinly drawn and need to be cross referenced to the New Zealand Health Plan so that it either takes the locality plans into account or has regard to them.
- The areas covered by locality plans must align, as far as practicable, with lived communities. This is so that they internalise service-level catchments (eg sport and recreation catchments) and regional or sub-regional agency networks; and
- That local authorities within the area covered by a locality plan have the right to appoint one or more representatives to the body responsible for developing the locality plan.

## We are. LGNZ.

LGNZ is the national organisation of local authorities in New Zealand and 77 councils are members. We represent the national interests of councils and promote the good governance of councils and communities. LGNZ provides advocacy and policy services, business support, advice and training to our members to assist them to build successful communities. Our purpose *is to be local democracy's vision and voice* and our vision *is to create the most active and inclusive democracy in the world.*

## Introduction

Thank you for the opportunity to provide comment on the Pae Ora (Healthy Futures) Bill.

LGNZ, as the organisation that represents the national interests of New Zealand's local authorities, wishes to work with the Government in order to ensure communities across New Zealand have access to equitable health services relevant to their needs and preferences. For this to occur, strong collaboration between the various agencies that contribute to health outcomes in communities is required. This includes local authorities.

The Bill signifies a major change to the structure of Aotearoa New Zealand's health system and it is vital that the new structures and processes respond quickly to the unique health needs of our diverse communities. With the abolition of regionally based district health boards (DHBs) and the provision of local people to elect a proportion of the boards that govern those DHBs questions are being asked about the ability of the new national health provider to address the diverse health needs of our communities.

This is where local authorities are critical to the achievement of the Government's health objectives. Local authorities not only play a major role in the determinants of health, they are also the democratic voice for place-based communities. As that voice they are well placed to assist with identifying and articulating local health needs, and, as agencies that contribute to the social determinants of health, their priorities can impact on the level of future demand for tertiary health services, particularly in respect to lifestyle related diseases such as diabetes.

This submission is primarily concerned with two issues:

- The importance of a good and well-resourced public health system, including the multiple roles played by local authorities; and
- The importance of effective local collaboration.

## Public health – the social determinants

Public health is generally understood as organised local and global efforts to prevent death, disease and injury, and promote the health of populations. Public health works with groups rather than being focused on the treatment of individuals, and looks beyond health care services to the aspects of society, environment, culture and community that shape the health status of populations. It requires the collaborative involvement of agencies beyond the health sector.

Probably the best description of the determinants that constitute public health is the Ottawa Charter, developed by the World Health Organisation in 1986 to highlight the different influences

that impact on public health. The Charter acknowledged the importance of:

- adequate housing;
- a liveable income;
- employment;
- educational opportunities;
- a sense of belonging and being valued; and
- a sense of control over life.

Figure 1 Social determinants of health



The Ottawa Charter also highlighted the importance of taking a collaborative and integrated approach in order to improve health outcomes including:

- Healthy public policy;
- Creating supportive environments and communities;
- Strengthening community action by increasing ownership of public health issues and responsibility and resourcing for solutions;
- Developing awareness and skillsets about healthy living across a variety of settings eg home, school, work and, community; and
- Fostering a collaborative and proactive approach to health promotion across a wide range of sectors and organisations.

Many of these roles are carried out or supported by local government, particularly given that the purpose of local government is to promote community wellbeing. Local authorities tend to have a much broader range of interests and undertake a much broader range of activities than many agencies. Although they may not have a lead role in many instances, councils typically have some interest in most sectors that impact their communities, and this ‘helicopter’ overview puts them in a useful position to coordinate other sectors/stakeholders.

## Public health and local government

Good public health practice requires the collaborative involvement of multiple agencies, including iwi/Māori and community organisations, many of which may not be directly related to the health sector. Amongst these agencies, local government has a critical role, reflecting both its traditional services, such as water and sanitation, and the many other activities it undertakes or supports. Local government, in fact, was a founder of public health. The initiative came from town councils, often referred to as “municipal socialism”, and established reticulated systems of clean drinking water and the removal and safe disposal of rubbish, sewerage and wastewater. These innovations saved more lives than any other public health practice, or any health treatment. Today, public health practice goes much further, incorporating other components, such as:

- A focus on whole populations;
- An emphasis on prevention;
- A concern for addressing the determinants of health;
- A multi-disciplinary approach; and
- Partnership with the populations served.

### Local government’s contribution

*Enhancing community understanding.* Discussion with and within communities can raise public understanding of what works and what doesn’t, build public support for public health initiatives and increase awareness of the challenges of managing an imbalance between exponential demand and limited resources.

*Providing an actual advocate for changing the way in which councils influence social determinants of health.* Councils as place makers have a major impact on the social determinants of health. Building community understanding has the potential to enable communities to act as more effective advocates for initiatives which will promote better and more equitable health outcomes (such as equitable access to recreational facilities).

*Building a potential co-production resource.* There is growing evidence that communities, treated as partners in determining how best to meet health and disability needs, can themselves become both solution developers, and implementors through a co-production approach (a well-known example is communities in Wiltshire responding to the needs of partners caring for people with dementia by establishing dementia cafés). (McKinlay (2020) Local Government and Public Health).

Local authorities make a significant contribution to the social determinants of health and promote public health in their communities. This is a combination of both traditional services, such as sanitation services, and an increasingly proactive response to their purpose which is to promote community wellbeing. Frequently this happens in partnership with other agencies, iwi/Māori and communities. Examples of roles that councils play which directly and indirectly impact on health outcomes are listed in Appendix A.

In addition, councils support local networks of non-governmental organisations that provide local services and sponsor community initiatives, from keeping neighbourhoods clean to neighbourhood support. These, and other initiatives, such as community festivals, contribute to community mental health and enhance social capital. This in turn increases reciprocity, volunteering and levels of trust, all of which have been shown to reduce the sense of isolation and benefit community health. Similarly, having the ability to participate in making decisions about their own community and its civic life has valuable spinoff effects for peoples' sense of wellbeing and health.

## The importance of taking a place-based approach

Hospitals are ultimately an “ambulance at the bottom of the cliff” dealing more with sickness and injury than keeping people well. Local governments, as part of our public health infrastructure, are best seen as one of the agencies that acts as one of the “fences at the top of the cliff”. The larger and smarter the investment in the services that make up this “fence” the less that Government will need to spend on what are often called lifestyle diseases.

To provide an effective “fence” effective collaboration needs to occur between local authorities, iwi/Māori organisations and public health providers within localities. A place-based approach is needed to coordinate multiple agencies, align services and mediate agreement on local priorities. This requires a commitment to “on the ground” decision-making to enable local commissioning and co-production of those services we describe as the social determinants of health and the interventions that keep people from requiring hospitalisation.

Addressing the social determinants of health requires action by institutions and others who influence the conditions in a place, rather than simply action through the health system itself. The Marmot Review “Fair Society, Healthy Lives”<sup>1</sup>, highlighted the importance of local delivery systems and empowerment and concluded that:

- National policies will not work without effective local delivery systems focused on health equity in all policies.
- Effective local delivery requires effective participatory decision-making at the local level, which can only happen by empowering individuals and local communities.

If health status depends on empowering communities so that they have greater agency over addressing their own health needs, then the new health system must invest in community action. Because of their democratic mandate, and the community leadership role of mayors, councils are well-placed to facilitate and mediate agreement around local priorities. They are natural partners to Health New Zealand and the health providers responsible for preparing locality plans.

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<sup>1</sup> <https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives>

## Pae Ora (Healthy Futures) Bill

LGNZ supports the objectives of the health reforms. In particular, we support the purpose of the Bill and the objectives of Health New Zealand.

### Objectives of Health New Zealand

With regard to the objective of Health New Zealand, cl. 13(c) reads “to promote health and prevent, reduce, and delay ill-health, including by collaborating with other social sector agencies to address the determinants of health”. The phrase “social sector agencies” is too narrow if the intention is to collaborate with organisations that have influence over the social determinants of health. Local governments, for example, could not be described as “social sector agencies”, nor can iwi or many other Māori organisations, even though both local government and iwi/Māori organisations are providing services or activities that enhance health and wellbeing.

#### LGNZ recommendation

- Cl. 13(c) should be amended to read “to promote health and prevent, reduce, and delay ill-health, including by collaborating with other organisations to address the determinants of health”.

### Locality Plans

Locality plans appear to be critical to the functioning of the new health system as they are the mechanism for achieving allocative efficiency; that is, ensuring the range and quantity of services provided are relevant to the needs of each community. The Explanatory Note describes them as commissioning primary and community health services. LGNZ supports the concept of locality plans but notes that currently they are lightly written.

The Bill itself says little about the nature of locality plans, the processes for establishing these plans, or how they will influence the New Zealand Health Plan.

As a body that represents organisations that develop multiple plans, we are conscious that planning by itself creates multiple expectations, such as:

- The desire of citizens and organisations to contribute and participate;
- For participants to have a meaningful and equal opportunity to be heard;
- To expect that the making of a plan will lead to some form of concrete action;
- To receive feedback on the outcome of their submission on the plan; and
- For the process to be transparent in order to avoid conflicts of interest.

Legislation that contains planning obligations tends to include principles for ensuring that organisations given a planning mandate implement that mandate in an open and fair manner. While this level of detail is absent from the Bill, it would be appropriate for advice to be included in regulations or official guidance.

#### LGNZ recommendation

- The Government gazette principles and guidance to assist Health New Zealand undertake

the development of locality plans.

### Locality plans and local authorities

The Bill is totally silent when it comes to the role of local authorities, even though, as this submission highlights, they play a critical role in public health. It is in the interests of Health New Zealand that citizens live in communities that are safe and free from stress; and neighbourhoods that are easy to travel around, safe for children to play in and free from pollution. It is also in the interests of Health New Zealand that communities have ample green space, have opportunities for physical recreation and strong and supportive relationships. These are all features of community life, and social determinants of health, that fall within the ambit of local governments. All impact on the need, or otherwise, for the services that Health New Zealand will be responsible for providing.

Councils are not simply another local organisation as envisaged within the locality planning framework. Their decision-making has a direct effect on the health of communities and they, along with iwi and hapū, should be seen as critical partners in the development of locality plans. Councils, because of their networks, knowledge of their communities and ability to promote community participation are well-placed to identify and articulate local health needs.

#### LGNZ recommendation

- That local authorities within the area covered by a locality plan have the right to appoint one or more representatives to the body responsible for developing the locality plan.

## Conclusion

Councils play a major role in the social determinants of health and are well-positioned to assist Health New Zealand in identifying local health needs and ongoing trends. International trends highlight the value of place-based approaches to achieving successful policy outcomes and improving wellbeing. Locality planning is a positive step, however work needs to be done on the size of those localities and how local governments, iwi/Māori organisations and others will have ongoing involvement in the design and implementation of local priorities, policies and programmes.

To make a significant impact on the health of New Zealanders and reverse the deterioration of health in some of our more marginalised groups, then the new health approach must adequately resource community-based public health programmes in partnership with local governments and local organisations.

## References

McKinlay P (2020) Local Government and Public Health: Natural Partners in a Covid-19 World, paper commissioned by LGNZ.



## Appendix A

### Infrastructure

- Water supply
- Wastewater, sewerage, and storm water
- Sanitary services such as public toilets
- Public transport
- Footpaths and walkways
- Walking school buses
- Cycle ways
- Rubbish removal

### Regulatory functions

- Controlling discharges to air and water
- Land use planning to protect fresh water catchments
- Control of public health nuisances
- Hygiene controls of food premises
- Regulating hazardous substances
- Noise control
- Dog control
- Building control
- Prostitution regulation
- Regulation of class 4 gambling venues
- Regulation of possession and supply of alcohol, including local alcohol policies
- Responsibilities under the smoke free environments' legislation
- Urban design, including Crime Prevention through Environmental Design (CPTED)

### Other

- Hazard Risk management and civil defence
- Cemeteries
- Community safety, including accreditation under the WHO

- The provision of recreation and sporting facilities and programmes
- Cultural amenities and programmes, including libraries
- Community empowerment initiatives
- Social housing
- Youth programmes
- Home insulation schemes
- Economic development
- Poverty reduction
- Programmes for the elderly
- Programmes for people with disabilities

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