



9 December 2021

Via email: pae.ora@parliament.govt.nz

Submission to the Select Committee on the Pae Ora (Healthy Futures) Bill

Thank you for the opportunity to present this submission on the Pae Ora (Healthy Futures) Bill.

The Queenstown Lakes District Council (QLDC) is supportive of the development of the Pae Ora (Healthy Futures) Bill to redesign the current public health system of District Health Boards. In the development of this Bill, QLDC has several points of clarification and recommendations to ensure the reform meets the needs of local communities.

This submission outlines key points and recommendations including:

- QLDC supports the Pae Ora (Healthy Futures) Bill to reform national District Health Boards with the intent to provide equitable health care throughout New Zealand.
- Community consultation, engagement, and participation should be further developed and defined for clarity and certainty that all voices of Aotearoa are considered.
- Localities and locality plans should be developed for the current needs and communities in partnership with local communities in order to best understand their needs rather than defaulting to the boundaries of the current district health boards.
- A stronger focus should be placed on mental health and wellbeing in the Queenstown Lakes District.
- Alternative impacts on health in communities needs to be further developed to ensure resilience, innovation, and equitability.

QLDC would not like to be heard at any hearings that result from this consultation process. It should be noted that due to the timeline of the process, this submission will be ratified by full council retrospectively at the next council meeting.

Thank you again for the opportunity to comment.

Yours sincerely,



Jim Boulton
Mayor



Mike Theelen
Chief Executive

SUBMISSION TO THE SELECT COMMITTEE ON THE PAE ORA (HEALTHY FUTURES) BILL

1. Context in relation to QLDC

- 1.1. The Queenstown Lakes District Council (QLDC) supports the Pae Ora (Healthy Futures) Bill and the development of the New Zealand Health Strategy, Hauora Māori Strategy, Pacific Health Strategy, and the Disability Health Strategy.
- 1.2. Health, both physical and mental, contributes to the overall wellbeing of our communities. This impact on wellbeing is relevant to QLDC as a local authority responsible for the promotion of economic, cultural, environmental, and social wellbeing of our communities. All of these aspects of wellbeing influence public health.
- 1.3. QLDC supports a community-led approach that empowers communities to develop innovative ways to support mental wellbeing, including collaborative information and messaging led by the Ministry of Health, Southern District Health Board (SDHB), in partnership with QLDC, and social and business sectors.
- 1.4. As noted in the proposed plan, community-based organisations and networks will play a key role in assisting people to connect with health and social support services in their communities. With growth also comes higher levels of complex needs or needs in greater numbers. As communities grow the income and health disparities become more evident. While funding and investment needs to keep pace. While there are a range of high-quality social services within the Queenstown Lakes District, the level of services provided has not maintained pace with population growth. A local trust has recently secured facilities in Arrowtown to keep up with demand for disability services for youth and adults and reduce the number of people having to travel to Alexandra, which is over an hour away¹. However, a strategic, long-term investment plan is required.
- 1.5. While the District overall appears to have low levels of significant deprivation, when considering specific mesh blocks and deprivation categories, some parts of the district show as areas of high deprivation. In particular, all of the five main areas of the district recorded in the Multiple Deprivation Index show as high deprivation for Access to Services².
- 1.6. The QLDC Quality of Life Survey indicated that there are barriers to treatment in the district through cost in time and money (48% of people stated that the cost of an appointment was prohibitive) and many specialised (and some basic) treatment needs require travel out of district. For example, maternity provisions in the district are limited, 450 babies were born to residents in 2020 in the district³ with five beds, capable of primary care only, in a rural community hospital. This then requires expectant parents to travel to Invercargill or Dunedin if there is any anticipated risk or intrapartum risk. The trip to Dunedin or Invercargill for care is at least three hours each way, which would then include inevitable overnighing costs, and loss of productivity for patients and caregivers. The past two years show an increase in the

¹ <https://nzdsn.org.nz/member/central-otago-living-options/>

² The New Zealand Index of Multiple Deprivation (IMD)

³ <http://archive.stats.govt.nz/infoshare/>

number of births requiring an intrapartum transfer to secondary and tertiary facilities outside the district, the highest proportion of transfers from primary maternity facilities in the SDHB⁴.

- 1.7. The limitations of the mental health system within the Queenstown Lakes District were highlighted in the recent SDHB report - [Time for Change Te Hurihanga. A review of the mental health and addiction system \(June 2021\)](#) which noted “the most significant gaps being in Queenstown, Central Lakes and Waitaki. The lack of crisis response options and the smaller size of the local community mental health team in these areas has the combined impact of people needing to be admitted to an acute inpatient unit in Dunedin or Invercargill – often several hours’ drive away.” (p.32.). Funding of care cannot be concentrated in historic centres with growing centres of population like Queenstown Lakes District and Central Otago District being left with inadequate levels of access.
- 1.8. The Queenstown Lakes District is experiencing significant economic and social stressors in response to the COVID-19 pandemic, exacerbating existing pressures in the system. From a community that has had high tourism and population growth over the past decade, the Queenstown Lakes District is now one of the hardest hit communities in New Zealand in relation to job losses and economic contraction. Unemployment is a key driver of mental and social distress, and the psychosocial effects of this economic crisis on the community is of significant concern to QLDC.
- 1.9. A unique aspect of the Queenstown Lakes District is the high number of migrant workers within the community, many of whom experienced unemployment when the pandemic began, and some had no means to return to their home countries. QLDC has worked closely with central Government partners, the health sector, Civil Defence and local social service providers since the start of the pandemic to respond to the significant welfare needs within the community in particular for the migrant community, but also for a growing number of kiwi citizens.
- 1.10. The Queenstown Lakes District has a unique health profile with many positive indicators including a higher proportion of non-smokers who have never smoked when compared with the NZ average⁵. Furthermore, activity limitations are lower for the district as shown in the Statistics New Zealand 2018 place census showing lower numbers of physical disability in the district than within New Zealand⁶.
- 1.11. QLDC, as part of the Whaiora Grow Well Partnership, adopted the Queenstown Lakes Spatial Plan in 2021. “Places succeed and perform best when central and local governments work together with iwi, business, industry and the community to deliver a shared vision for their community. The *Whaiora Grow Well Partnership* is a new Urban Growth Partnership between Central Government, Kāi Tahu, and the Queenstown Lakes District Council⁷. It will

⁴ <https://www.southernhealth.nz/sites/default/files/2021-05/Southern%20Maternity%20Quality%20and%20Safety%20Annual%20Report%202019-20.pdf>

⁵ NZ Census (2018)

⁶ <https://www.stats.govt.nz/tools/2018-census-place-summaries/queenstown-lakes-district#health>

⁷ <https://www.qldc.govt.nz/your-council/council-documents/queenstown-lakes-spatial-plan>

be essential to have Health NZ as a key partner in the ongoing development and implementation of this Spatial Plan, and strong alignment with locality plans developed for the region. The next iteration of the Spatial Plan will include partnership with Otago Regional Council and eventually the development of a regional Spatial Plan including Central Otago and Queenstown Lakes.

2. QLDC supports the Pae Ora (Healthy Futures) Bill to reform national District Health Boards with the intent to provide equitable health care throughout New Zealand.

2.1. QLDC supports the development of the Four Strategies under Health New Zealand. As implementation planning progresses, timeframes and progress indicators within the Bill will work toward accessible health care.

Recommendation:

R.1. Develop and publish timeframes showing progress indicators and the groups accountable for the development of the action points within the Bill.

3. Community consultation, engagement, and participation should be developed further to ensure clarity and certainty that all voices of Aotearoa are considered.

3.1. The Government Policy Statement (GPS) appears to sit at the top of an implicit legislative hierarchy of documents e.g., GPS, health strategies, New Zealand Health Plan. It sets the direction for the health system including priorities for investment. It is a document of relevance to all New Zealanders.

3.2. Currently the Bill provides a requirement for consultation on the GPS but does not specify who needs to be consulted. There needs to be further clarity about how there will be appropriate mechanisms to ensure authentic community engagement. Local authorities could provide support when engaging with communities through existing networks and the unique understanding of the issues communities are facing. Territorial Local Authorities are key representatives of local communities, consultation (section 48(3)(c) refers) should specifically mention consultation with Territorial Authorities - ref 48 (3) (c).

3.3. Māori Health Strategy mentioned in 32(1)(c)(ii) needs to be developed in partnership with Māori not through engagement with Māori and iwi. All health policies, strategies, measures, and outcomes must be in partnership with Māori to ensure an holistic and inclusive, culturally appropriate strategy that honours Te Tiriti o Waitangi.

3.4. QLDC sees that the Bill leaves much of the engagement process open to Ministerial discretion. It appears entirely up to the Minister who they engage with (beyond the two health entities), how they engage and for how long. QLDC recommends that the Minister should be required to engage in broad public engagement.

3.5. Further clarification on the role of local authorities in the promotion of public health would be helpful. Local authorities can support the national and regional approach to public health through their strategic and community facing role.

Recommendations:

R.2. Clarify mechanisms in the Bill to ensure effective community engagement.

R.3. Explicitly include consultation with Territorial Local Authorities (TLAs) as representatives of their communities in the Bill.

R.4. Partner with Māori to develop the Māori Health Strategy, engagement is insufficient

R.5. Clarify further what the role of TLAs will be in public health promotion.

4. Localities and locality plans should be developed in partnership with local communities in order to best understand their needs rather than defaulting to the boundaries of the current district health boards.

4.1. The Bill needs to provide further clarity about how the locality plans will be developed and implemented to ensure appropriate boundaries that meet the needs of specific communities. The effectiveness of locality plans will be dependent on how localities are defined. There is concern that the locality boundaries may default to using the current DHB boundaries for this.

4.2. Focusing on centres of growth and decline to inform locality planning will provide more detailed insight into the public health needs now and into the future. There are key areas of population growth in Queenstown Lakes and Central Otago District with high rates of growth in Queenstown, Frankton, Wanaka, and Cromwell. This geographic design feature will push back on the historical divide created by the original health board that left a measure of inequity of access to publicly funded health services and may have impacted on health outcomes for patients. This will also allow our local communities to have a voice in the design and delivery of services that will impact them.

4.3. QLDC also see value in undertaking the required consumer consultation on the Localities Plan in partnership with both Councils for a connected approach. A clause should be added to the Bill that requires proposals for localities be prepared and opened for consultation for a period of time sufficient for broad and inclusive engagement.

4.4. The Health Board requires increased representation from people who have a range of clinical experience in the community, such as nurses, midwives. The board should also have representation from different geographical areas, such as a locality representative on the board. All members should be encouraged to listen to the lived experiences of people in diverse communities. This will assist the board in understanding and addressing local issues.

Recommendations:

R.6. Amend clause 14(g) to read “to develop and implement locality plans jointly with local communities”.

R.7. Clarify how the locality plans will be developed.

R.8. Amend clause 48 to add a requirement to “engage with the public”.

R.9. Locality boundaries and representation must be focused on current and future local need not existing DHB boundaries.

R.10. Add a new clause 31(e) to the Bill which requires Health New Zealand to prepare a locality plan development proposal, allowing at least six weeks for the engagement and invite written feedback on the proposal.

5. A stronger focus should be placed on mental health and wellbeing in the Queenstown Lakes District.

5.1. There has been lack of investment in health, mental health, and social service provision in the Queenstown Lakes District in recent years. This underinvestment, along with a dramatic increase in welfare and psychosocial needs within the community, is placing significant pressure on social services and community networks. A key aspect of ensuring an effective psychosocial programme of support for the Queenstown Lakes District must include a rapid scaling up of services, including support for those delivering social services. Mental health in particular becomes even more difficult where access to services is expected by phone or Skype and people are unable to readily access direct support in their communities.

5.2. Given the mental health challenges facing our communities, the Bill should include more detail about mental health, mental wellbeing, and community resilience⁸. It needs to align with language used in recent health sector plans. In particular Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing⁹.

5.3. The Bill needs to ensure that Health New Zealand emphasises the need to have local, accessible health carer on the ground rather than the current model that requires a trip to Invercargill or Dunedin with acute mentally unwell people. One of the risks of the current lack of immediate support is that anxious and fearful parents have to resort to the local police because there is no locally based, appropriately skilled support available. In the Queenstown Lakes District there is a particular need for publicly available and accessible acute mental health care.

Recommendations:

R.11. The Bill needs to include more detail about mental health in New Zealand and the regions as well as mental wellbeing and community resilience.

R.12. The Bill needs to ensure the provision of local, accessible health care, particularly focused on acute mental health issues.

6. Alternative impacts on health in communities need to be further developed to ensure resilience, innovation, and equity.

6.1. A stronger alignment and resourcing investment is required for public and primary health to support community resilience initiatives and ensure the overall health and wellbeing of the community is improved. This investment provides a significant return as it reduces the level

⁸ <https://www.civildefence.govt.nz/assets/Uploads/publications/National-Disaster-Resilience-Strategy/National-Disaster-Resilience-Strategy-10-April-2019.pdf>

⁹ <https://www.health.govt.nz/publication/kia-manawanui-aotearoa-long-term-pathway-mental-wellbeing>

of demand that is placed on secondary mental health and specialist services such as youth and addiction services.

- 6.2. The potential health impacts of climate change are also significant and require assessment and modelling to understand what the future demand for health services will look like. A focus on building community resilience and adaptation measures will help to mitigate these demand increases. For example, raising awareness of the long-term risks of toxic air pollution as seen overseas and raising awareness of the risks to health of hot weather¹⁰.
- 6.3. QLDC supports a community-led approach which empowers communities to develop innovative ways to support wellbeing.
- 6.4. The provision and reform of health services needs to be accessible to the general public to ensure inclusivity and equity for all and QLDC recommends a person-centred approach is reflected in the Bill. This will be an essential component of the just transition required in taking climate action.
- 6.5. There is also the need for consideration into how the disestablishment of the current District Health Board system and the establishment of the new entities will be implemented, particularly during a pandemic. Structural changes, employment, and redundancies, funding allocations etc. will need to factor into this consideration and ensure no disruption to services during the COVID-19 response. QLDC has significant concerns about continuity of care throughout such a significant transformation while the country responds to COVID-19.

Recommendations:

R.13. The Bill needs to include more detail about what meeting the mental health and wellbeing needs within the district and throughout the country entails and how these needs will be met, including how immediate, in-person support will be available to the community

R.14. Align health service provisions with community resilience initiatives.

R.15. Use language throughout the Bill that is more person/community centred.

7. Ministerial committees

- 7.1. QLDC would like to understand the level of power that the proposed Ministerial Committees will hold and the level of influence they have over decisions that affect localities.

Recommendations:

R.16. Greater clarity is required over the level of power that the Ministerial Committees will hold and the level of influence they will have over decisions that affect localities.

¹⁰ <https://www.health.govt.nz/publication/heat-health-plans>