Submission on the New Zealand Health Strategy update

1. Thank you for the opportunity for the Auckland Regional Public Health Service (ARPHS) to provide input into the draft update of the New Zealand Health Strategy.

2. The following submission represents the views of ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS.

3. Once again, thank you for this opportunity to submit on this issue. We would be happy to supply further information.

Yours sincerely,

Jane McEntee
General Manager
Auckland Regional Public Health Service

Dr Julia Peters
Clinical Director
Auckland Regional Public Health Service
SUMMARY AND KEY RECOMMENDATIONS

4. The review and update of the New Zealand Health Strategy (the Strategy) provides an opportunity to take stock of the challenges of today and tomorrow. These challenges are substantial and the pace of change is fast. How New Zealand’s health system (through all its participants) anticipates or reacts to these challenges will be vital for setting a successful foundation for populations to live well, stay well and get well.

5. The updated Strategy is focussed primarily on health system improvements and efficiencies rather than on population health gain priorities. To ensure population health gains are maximised more strategic development will be needed in areas such as reducing the incidence and impact of cancers, heart disease and obesity.

6. As the World Health Organisation has long established, many determinants of health lie outside the health sector. It will be important that the Strategy acknowledges and, where appropriate, aligns with other initiatives and plans to improve health outcomes from a range of sectors, specifically with local authority planning tools and the urban development sector.

7. ARPHS main comments and recommendations are:
   - We support the review and revision of the Strategy.
   - Continuing with the status quo will not be enough to address many of New Zealand’s significant health challenges for today and tomorrow.
   - The Strategy provides an opportunity to communicate widely the role of the Ministry as a steward. This is an important role in shaping and lifting health outcomes over a long period – to marshal and direct, cohesive and coordinated effort.
   - Prevention is key. Effective and appropriate early intervention can lead to significant health gain across the population. We recommend the level of prevention actions within the road map is strengthened to improve quality of life.
   - We support the Strategy’s focus on collaborating across government agencies, and have suggested amendments to strengthen this theme from a public health perspective.
   - ARPHS encourages integrated planning between District Health Boards and local governments as urbanisation and population growth continues to play a significant role in contributing to people’s wellbeing.
Consultation questions

These questions might help you to focus your submission and provide an option to guide your written feedback. They relate to both parts of the Strategy: I. Future Direction and II. Roadmap of Actions.

Challenges and opportunities

The Strategy reflects a range of challenges and opportunities that are relevant to New Zealand’s health system. Some of these are outlined in I. Future Direction on pages 5–7.

1. Are there any additional or different challenges or opportunities that should be part of the background for the Strategy?

**Communicating the Ministry of Health’s Role**

The Strategy provides an important opportunity for the Ministry to clarify its role in a large, complex and devolved system. The Ministry’s role in safeguarding, protecting and enabling the health system is likened to stewardship.

Clarifying roles and responsibilities in an explicit manner can help the Ministry stimulate coordinated action and effort as intended.

*Note: We have identified several opportunities that will be discussed later on in the submission form. We consider these opportunities should be embedded across the Strategy, rather than simply identified.*

The future we want

The statement on page 8 of I. Future Direction seeks to capture the future we want for our health system:

So that all New Zealanders **live well, stay well, get well**, we will be **people-powered**, providing services **closer to home**, designed for **value and high performance**, and working as **one team** in a **smart system**.

2. Does the statement capture what you want from New Zealand’s health system? What would you change or suggest instead?

This statement links in the Strategy’s vision and strategic themes, and we are supportive of this. Population health contributes to New Zealanders living well and staying well.

We consider the ‘providing services closer to home’ phrasing within the statement comes at the expense of other key concepts and actions captured under the Strategy’s ‘closer to home’ theme, which is also about focusing on wellness and prevention. A different title to represent the principles and actions of this theme may be warranted.
A set of eight principles is proposed to guide the New Zealand health system. These principles are listed on page 9 of I. Future Direction and page 31 of II. Roadmap of Actions.

3. Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy?

We welcome the retention of the guiding principles from the 2000 New Zealand Health Strategy.

We strongly support the addition of principle 8 – *thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing* - because it acknowledges that other sectors beyond the health sector influence health outcomes.

**Five strategic themes**

The Strategy proposes five strategic themes to focus action – people-powered, closer to home, value and high performance, one team and smart system (I. Future Direction, from page 10).

4. Do these five themes provide the right focus for action? Do the sections ‘What great might look like in 10 years’ provide enough clarity and stretch to guide us?

**One Team Theme – could be expanded**

We support the “one team” theme. However, this tends to acknowledge only those participants in the health sector. This theme could be expanded to apply a "whole of society focus" as there are many government agencies, business and community groups whose successes influence health outcomes. Examples include education, employment, justice, environment, transport, infrastructure, finance, charities, and community groups.

Partnering across government is a real opportunity and strength of the Strategy to advance public health action. We are encouraged that collaborative actions are highlighted in the Strategy, but believe the concept of collaboration could be elaborated on further under the ‘One Team’ theme, with specific focus on identifying opportunities where the Ministry can lead collaboration across sectors to achieve potential health gains.

Auckland’s growing population of 1.5 million people creates the need to collaborate with agencies inside and outside of the health sector.

Healthy Auckland Together is an exemplar of collaboration in the Auckland region, and we are delighted to see its inclusion as an example of integrated planning. We believe this type of collaborative model could be implemented in other regions to improve health outcomes.
Roadmap of Actions

II. Roadmap of Actions has 20 areas for action over the next five years.

5 Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future?

Strengthen preventative actions

We consider there is an opportunity for the Strategy to place greater emphasis on upstream preventative measures in order to achieve significant gains in the overall health and wellness of New Zealanders.

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The Strategy as currently drafted, particularly at the Roadmap action level, seems weighted towards the provision of health services, while limited attention is paid to promoting actions that will address the wider determinants of health and inequalities. With our aging population, demands on the health system are potentially overwhelming unless sound investment in prevention is made.

The Roadmap actions also lack specificity as to how the overarching principles of the Strategy and the primary goal in each work area will be delivered. Clear, bold and direct action points should be established.

There are several key healthy life choices that should be promoted in the strategy to support the ‘live well, stay well, get well’ vision.

- Stop smoking.
- Eat good food.
- Physical activity.
- Moderating alcohol use.

These are decisions that should be encouraged at a system level and ought to be adopted throughout the Strategy to help healthy life choices become easier choices.

**Include a separate work area to focus on broad based population-based strategies to address long-term conditions and obesity.**

Further to our comments above, we recommend the inclusion of a separate work area in the Roadmap to focus on broad based population-based strategies to address long-term conditions and obesity.

Apart from Action 5(h), most of the sub-actions under Action 5 – Tackle long-term conditions and obesity appear to relate to the health system and managing the care of the individuals with chronic conditions, rather than focusing initiatives at a population level and towards the prevention of long term conditions.

Action 5(h) acknowledges that a package of initiatives will be required to prevent and manage obesity in children and young people up to 18 years of age, including “a broad base of population-based strategies to make healthier choices easier for all New Zealanders”.

We consider the underlined action should be a separate work area in its own right, and the subsidiary actions contributing to it need to be elucidated, so there is greater clarity on how obesity and other long-term conditions will be addressed.
**Action 20 – Strengthen the impact of health research and technology**

We note the Ministry will work with the Ministry of Business, Innovation and Employment (MBIE) and the Health Research Council to better align and strengthen the impact of health research for New Zealand. Following the recent review of the Health Research Council, it has been recommended that a new 10 year health research strategy be developed to focus and align the economic and health goals of the health research sector and maximise the contribution of science to New Zealand’s economic growth and wellbeing of New Zealanders.

This provides an opportunity to reassess the benefits of various research fields, the model for funding this research, and how research opportunities may be identified and screened to better meet the needs of research end-users.

In Canada, under the Applied Health Research Question model\(^2\) a portion of funding awarded to health service researchers by the Ontario Ministry of Health and Long-Term Care can be accessed by the broader health care sector to pose their own research questions. Findings are made public and must be relevant to other organisations in the health sector. This allows government-funded researchers to better meet the current and future research needs of the provincial health system, and increases the uptake of research findings. It also fosters ongoing relationships between researchers and decision-makers.

We believe a similar type of model could be established and administered through the Health Research Council.

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### Turning strategy into action

6 What sort of approaches do you think will best support the ongoing development of the Roadmap of Actions? Do you have ideas for tracking and reporting of progress?

As noted above, an additional theme on measuring success should be included.

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Any other matters

7 Are there any other comments you want to make as part of your submission?

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<tr>
<th>Environments – Planning and Health</th>
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<tr>
<td>Making healthy choices easier is a concept promoted in the Strategy. Exploring this concept further, the Strategy should recognise that population health outcomes and the quality of the urban environment are intrinsically linked. The nature of the urban environment we live in can influence our behaviour and contribute to making healthy choices easier, or harder.</td>
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<td>The Strategy rightfully identifies obesity as a key challenge. However, it is “obesogenic” urban environments that discourages physical activity and encourages dependence on cars for daily functions. It also encourages easy access to high energy/low nutrient food products. The current urban environmental settings contribute to the increase in obesity and diabetes with the serious consequences for health, wellbeing and productivity. A strategy focusing on underlying causal factors, as well as individual choices, is needed.</td>
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<td>The way a suburb, town or city is developed can impact on factors such as:</td>
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<td>o Social exclusion and segregation;</td>
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<td>o Housing (affordability and quality);</td>
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<td>o Disparities in environmental hazard exposure (such as where factories and other industrial production facilities are located);</td>
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<td>o The ability of people to engage in active transport (walking and cycling);</td>
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<td>o Access to healthy food environments.</td>
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<td>Greater integration between the health and local government sectors could be strengthened in the Strategy. For instance, there is unrealised potential within New Zealand’s planning framework to improve public health outcomes and support other preventative health measures via spatial planning interventions.</td>
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<td>In the last year ARPHS has been engaged in the planning process for the Proposed Auckland Unitary Plan (PAUP); the new rule book for Auckland. To help combat obesity rates, we suggested that zoning restrictions be adopted to control the proliferation of fast food outlets in the Auckland region.</td>
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We were particularly concerned that the current Auckland planning settings had allowed fast food clustering to occur in lower-socio economic areas. The most deprived neighbourhoods in Auckland are seven times more likely to have fast food premises than grocers within a five minute drive. This illustrates clearly that under these conditions unhealthy choices are an easy choice.

Planning is not the silver bullet to address obesity, but could be part of a coordinated regime of effective policies, programmes and interventions that together, address obesity outcomes. However, we need greater recognition at a national level (and through the Strategy), that the built and physical environment plays an important role in addressing long-term conditions such as obesity and diabetes.

The Strategy provides an excellent opportunity to provide the national narrative and promote the development of healthy urban environments. This is particularly appropriate considering the government’s present discussion around:

- RMA reform work currently underway by the Productivity Commission.
- Ministry for the Environment’s National Policy Statements on Urban Development.

The Strategy can identify spatial planning as a potential lever for improving health outcomes.

**Use of the term ‘public health’ vs. ‘population health’**

Throughout the Strategy the term ‘public health’ is predominantly used to refer to the public provision of health services rather than as a population and health promotion response. The distinction between these two concepts should be clear. A glossary of terms is recommended so definitions are clear.

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3 ARPHS GIS modelling that assesses relative access to fast food, by determining the number of premises (grocers versus fast food premises) that are located within a five minutes driving range from a (population weighted) average address within a given area.