

9 December 2021

Pae Ora Legislation Committee
Parliament Buildings
Wellington
New Zealand

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

Canterbury Mayoral Forum Submission on the Pae Ora (Healthy Futures) Bill

1. The Canterbury Mayoral Forum (CMF) thanks the Pae Ora Legislation Committee for the opportunity to make a submission on this bill.
2. The Canterbury Mayoral Forum wishes to be heard in support of this submission.

Background and context

3. The CMF comprises the Mayors of the ten territorial local authorities in Canterbury and the Chair of the Canterbury Regional Council (Environment Canterbury), supported by our Chief Executives. The purpose of the Forum is to promote collaboration across the region and increase the effectiveness of local government in meeting the needs of Canterbury's communities.
4. All Canterbury councils actively participate in the Forum: the Kaikōura, Hurunui, Waimakariri, Selwyn, Ashburton, Timaru, Mackenzie, Waimate and Waitaki District Councils, the Christchurch City Council and the Canterbury Regional Council (Environment Canterbury).
5. For context, the Waitaki District is located within both Canterbury and Otago regional boundaries. However, while partly being located within the Canterbury region, Waitaki is not

Mayors standing together for Canterbury.

Secretariat, E: secretariat@canterburymayors.org.nz W: www.canterburymayors.org.nz
C/- Environment Canterbury, PO Box 345, Christchurch 8140 T: 03 345 9323

part of either South Canterbury or Canterbury District Health Board, but sits wholly within the Southern District Health Board area.

6. The following submission has been developed with input from across Canterbury councils. Our submission focuses on matters of general agreement between the members of the CMF.

Mayoral Forum's *Plan for Canterbury*

7. The CMF published the *Mayoral Forum's Plan for Canterbury* in September 2020, which sets out the CMF's vision for Canterbury, '**sustainable development with shared prosperity, resilient communities and proud identity**'. To expand on this vision is that in Canterbury all of us together:
 - care for our natural resources to secure both present and future opportunities
 - create shared economic prosperity so no one is left behind
 - nurture caring, hope and kindness, standing strong together to withstand and adapt to challenges and change
 - celebrate our diverse identities – and take pride in our common identity as Cantabrians.
8. We have a strong interest in ensuring the health reforms proposed by the bill improve the wellbeing and prosperity of our communities. It is critical that local communities have a say in the design and delivery of health services, and our submission is focused on this point.

The role of local government in health

9. Local government has a legislated role to promote the wellbeing of its communities¹. Given that health contributes to community wellbeing, it is clear to us that local government and central government need to work in partnership to promote the wellbeing of New Zealand.
10. Many local authorities have included outcomes relating to healthy communities amongst the community outcomes within their long-term plans, despite not actually having a role in the delivery of "front-line" health services. This is because the impacts of health policies set at a national level, or investment decisions made by the outgoing district health boards (DHBs), impact the local level. A good example of this is that issues in the mental health system or with addiction services often manifest themselves in increases in crime, rough sleeping/homelessness and the like across local communities.
11. Despite local government having a legislated mandate to improve communities wellbeing, at present, local authorities have limited opportunities to influence health outcomes at the community level. However, there are some ways in which we can, and do, impact health and health outcomes already. For example:

¹ In 2019 the purpose of local government was amended in the Local Government Act 2002 to include "to promote the social, economic, environmental, and cultural wellbeing of communities in the present and for the future".

- the delivery of some core services is focused on a health outcome (among others) – for instance, in the provision of safe drinking water, the safe, secure treatment and disposal of wastewater and stormwater and the collection and disposal of solid waste
 - councils provide recreation and leisure facilities intended to promote physical activity and to have a positive impact on community health including reducing the cost of health treatment for district health boards. Most of these facilities are heavily subsidised by council rates. Cycleways and walking facilities also provide health benefits in addition to being sustainable modes of transport
 - council regulatory services are undertaken with a health perspective, including food premises licensing and inspection and building and resource consenting
 - local authorities regularly advocate to central government and other providers for health resources and facilities. As the Committee may be aware, the ‘Heartland Group’ of Local Government New Zealand (rural and provincial councils) came out of the Health Action Group formed to combat the withdrawal of rural health services in the late 1980s and 1990s
 - many local authorities support the local provision of medical services through funding, ownership of health facilities and other support.
12. Some local authorities have stepped in when Government provision of health services have been withdrawn. Waitaki District Health Services Limited, a council-controlled organisation wholly owned by the Waitaki District Council, has operated Oamaru Hospital since 1998 when Health Care Otago stopped providing health services in the area. The company reports to the Council as its shareholder. The Council’s primary objective for continued ownership and control of the company is to ensure the healthcare needs and interests of its district are met through the provision of quality, locally based healthcare services.
 13. The Stronger Waitaki Network has also been established in the district, which is a whole-of-community project coalition focusing on community wellbeing. It is coordinated by the Council. The network is a partnership between the Council and the health sector, education sector, mana whenua, police and emergency services, mental health groups, ACC, and a range of community groups. The project was initiated as a way to identify and respond to the key community priorities for the district.
 14. In addition, Selwyn District Council has recently partnered with Canterbury DHB on the Selwyn Health Hub, a brand new integrated health centre in Rolleston that provides a full suite of health services for residents – including a birthing unit and dental services. The Council proposed the partnership in 2017 as a way to improve access to health services for Selwyn’s rapidly-growing population. The Council owns the centre and the DHB is the primary leaseholder.
 15. One of the health system principles in the Bill relates to the importance of engagement in the operation of the health system. Similarly, one of the objectives of Health New Zealand is to encourage community participation in health improvement and service delivery. This goes to first element of the purpose of local government – as an agent through which communities make decisions and take action. Local government has an important role to play in bringing together those who can influence results.
 16. We agree that the present health system is fragmented and lacks overall system leadership. We also note that increasing government funding has not resolved the ongoing

financial sustainability issues of some DHBs. We have also held concerns about the level of local democracy afforded by the current DHB system. This Bill presents an opportunity to resolve these challenging issues.

A meaningful voice for local government in the new health structure

17. As part of our work programme on the future for local government, the CMF identified the health reforms as an opportunity to influence system change at a regional and local level.
18. We held a workshop with the chairs of the Canterbury and South Canterbury district health boards to discuss how we might ensure local input into community wellbeing and preventative health services, as well as how we can advocate for a co-designed system during the reform process where community voices are genuinely heard.
19. The workshop revealed a range of insights that are relevant to our comments on this legislation and the health reform process. The strengths local government brings to the process can be summarised as:
 - the social determinants of health are a significant factor in the health system – local government is already a key partner, delivering a range of education, recreation and regulatory services, offering employment opportunities, and having a role in promoting healthy communities
 - there is a need to strengthen the health prevention agenda already championed by local government, and an opportunity with the reform process to reinforce the 'Wellbeing First' focus of local government
 - as part of channeling local voices to Health New Zealand, it will be important to tap into already existing local government systems that will facilitate this
 - the reform process offers an opportunity to demonstrate that properly resourced local government health and wellbeing promotion reduces the burden on primary and public healthlocal government has the ability to support iwi needs within regions and localities.
20. The workshop also identified process elements that would assist to bring about positive change through the health reforms:
 - the reform process needs to build on local trust through a people first approach
 - the reforms offer a chance to establish an integrated partnership between central government, local government health and social service agencies and communities focused on promoting health outcomes
 - the reform process needs to be principles-based, focused on prevention, inclusion, equity, access, diversity, and be grounded in the Treaty of Waitangi.
21. At the South Island level, mayors engaged with the health reform transition team in October to further these discussions. We look forward to continuing these discussions as the reform progresses.
22. The current review of the future for local government is clearly an opportune time to examine local government's role in delivering health, education and other community services to communities. We urge Parliament to consider this bill in the context of the review, and align its progress accordingly to ensure all potential opportunities for local government's role in health are appropriately considered.

Recommended amendments to the bill

23. Given our strong view of the importance of local perspectives in the health reforms, we consider there are a range of amendments that should be made to the Bill to enable local voices to be heard and for communities to be part of the process. These are set out below.

Government Policy Statement (GPS)

24. Clause 30(3) of the Bill requires that the strategy cover at least 3 consecutive financial years. We assume this is to align it with the electoral cycle. However, we strongly believe that to be effective, the timeframe must be longer. The local government equivalent (the long-term plan) must have a minimum duration of 10 years – the GPS should match this.

Engagement

25. The Bill appears to leave much of the engagement process for the range of strategies and plans described in the Bill open to Ministerial discretion. It appears entirely up to the Minister who is engaged with (beyond the two health entities), how they engage and for how long. We consider that the Minister should be required to engage with the public, rather than just those individuals and groups as they consider appropriate.
26. To ensure genuine engagement occurs, minimum levels of engagement should be expected of the Minister. These could be aligned with requirements for local government consultation – i.e. that the Minister must prepare a proposal as the basis for engagement, and allow a minimum period of time for written feedback (for instance, one month).
27. As we discussed in our workshop with DHB chairs, local government already has existing engagement channels and structures. These should be used to facilitate community engagement with the reform process as well as when developing the GPS, the New Zealand Health Strategy and other strategies listed in the Bill, and the New Zealand Health Charter.

Locality Plans

Development of locality plans

28. The Mayoral Forum supports the concept of locality plans as potentially allowing local communities to have a say in the design and delivery of services at local level. We note the engagement requirements with these plans are a great deal stronger than the GPS, strategies and the Health Plan. The one exception is that there is no reference to local communities in the purpose of Health New Zealand (clause 14) – we recommend this is included to ensure local communities are reflected.
29. While we support locality plans, we consider that local government should have a statutory role in the development of these plans, and this should be stated in clause 49(3). Although consulting “consumers or communities within the locality” could potentially include local government, we strongly argue that singling local government out in the legislation this way will provide a much stronger voice for communities. As noted earlier, local government is required to promote the wellbeing of our communities – we know our communities and their challenges, and will provide valuable input into locality plans to ensure they are fit for

purpose for all the diverse communities in a locality. This needs to be recognised in this legislation.

Locality plan boundaries

30. We consider that the effectiveness of locality plans will be dependent on how localities are defined under clause 48. If DHB boundaries are to form the basis of these boundaries, we caution that because these were determined more than 20 years ago, changes in technology and society since that point will need to be considered. We recommend that part of the process for determining localities should involve Health New Zealand setting out its criteria for determining localities and seeking public comment on those criteria. There is no reason that this could not be done within six months of the establishment of the entity.
31. There is also no direct requirement on Health New Zealand to engage with anyone other than the Māori Health Authority when determining the number of localities and their boundaries. This appears to us to be a critical step in building the confidence of local communities in the reforms and we urge that wider and meaningful consultation be undertaken. Our comments on engagement earlier in this submission should serve as a basis for engagement on the determination of localities. Local government must be involved as part of any engagement on the boundaries.

Conclusion

32. In summary, the CMF sees an opportunity for local government to have a much more meaningful role in the reform process and operation of the new health structure than is currently provided for in the Bill. We strongly advise careful consideration of our recommendations, particularly in regard to engagement and locality plan development.
33. Local government is well-placed to facilitate local input into health services and should have a statutory role in the reform process.
34. Thank you once again for the opportunity to make a submission on this consultation bill. We look forward to discussing these matters further with you when we speak to our submission at the appropriate time.
35. Our Secretariat is available to provide any further information or answer any questions the Ministry may have about our submission. Contact details are: Maree McNeilly, Canterbury Mayoral Forum Secretariat, secretariat@canterburymayors.org.nz , 027 381 8924.

Ngā mihi



Sam Broughton
Mayor, Selwyn District Council
Chair, Canterbury Mayoral Forum