



Submission by Platform Trust

New Zealand Health and Disability System Review

30 May 2019



1. EXECUTIVE SUMMARY

1.1 Introduction

Platform Trust is a peak body representing a wide range of mental health and addiction (MH&A) Non-Government Organisations (NGO) service providers across New Zealand. For further information about Platform Trust, please refer to www.platform.org.nz

1.2 This submission

- This submission is in addition to the documents and the comments that have already been provided to the Review Panel. It has been constructed around the seven priority areas for action that have been outlined in the publication *On Track: Knowing where we are going* (Platform Trust & Te Pou o Te Whakaaro Nui, 2015).
- It does not follow the format of the questions posed by the Review but instead concentrates on describing the key features of a successful Health and Disability System (Health System) sometime in the future - albeit via a mental health and addiction lens.
- This submission includes two alternative scenarios that have been developed by the Institute for Alternative Futures (see appendix one). Given the aspirational nature of the Review, this submission chose to include examples of plausible alternative futures rather than describing a future state that reflects an incremental approach built on conventional expectations. These scenarios take into consideration the uncertainties associated with how the future might unfold, but aim to increase the likelihood that the Health System can be reoriented towards achieving a more desirable and equitable state.
- Please note that the public health approach that pervades this submission is intentional because of the important role that health promotion, illness prevention and early intervention activities play in fostering people's physical and mental health, as well as their sense of wellbeing.

1.3 Recommendations

Platform Trust has seven key recommendations:

1. Ensure that equity is the main driver for any investment decisions.
2. Build a health-orientated system on the foundations of the current treatment-oriented system.
3. Address the structural features of ACC that are creating health disparities.
4. Facilitate a close partnership between the health system and the social service system to help promote the mental health and wellbeing of the population.
5. Re-establish the independent commissioning of health services.
6. Direct the health system to more actively engage with local communities to foster health promotion, illness prevention and early intervention activities.
7. Build the workforce capacity and capability of the health system to eliminate health inequities and to promote good health and wellbeing outcomes.

2. THE BROAD SOCIAL CONTEXT

“Supporting and maintaining people’s mental wellbeing must become part of the daily routine of our health services. When New Zealanders are in distress they need to know there is appropriate support available and it has to be easily accessible.”

Jacinda Ardern, NZ Prime Minister, 29 May 2019

- The Government has made a commitment to improving the wellbeing of New Zealanders and their families and this is evidenced by New Zealand’s first Wellbeing Budget 2019.
- With the overarching theme of ‘wellbeing’ in mind, the New Zealand Health and Disability System (the Health System) will need to change its predominant focus from being a hospital-orientated illness, injury and disorder **treatment system** to becoming a more community-orientated **health system** focused on facilitating the improved health and wellbeing of the population.
- He Ara Oranga (2018)¹ has highlighted the problems with the current mental health and addiction system, but it is also hopeful that a new system can be built on existing foundations to provide a continuum of care and support.
- It has also highlighted the fact that New Zealand’s mental health and addiction problems cannot be fixed by government alone, nor solely by the health system. The same situation applies to the wider health and disability system. A good level of health should be attainable for everyone, outcomes should be equitable across the whole of society and people should be able to access the support that they need when and where they need it.
- Platform Trust strongly endorses the emphasis placed on **equitable outcomes** in the terms of reference for this Review.
- Health inequities represent fiscal, as well as moral, failure. Action taken to reduce health inequities will benefit society and the economy, by decreasing the productivity losses from illness, by decreasing societal costs associated with the effects of mental illness and addiction, and by decreasing the numbers of people who need a benefit.
- We call on the government to continue to urgently address the inequities in health status experienced by Māori, Pacific Island Peoples, refugees, migrants and other vulnerable groups.
- These health inequities are compounded by inequities in exposure to risks, in access to resources, and opportunities to lead healthy lives. For these reasons, we encourage the government to, wherever possible, introduce the concept of proportional universalism into all its social policies. That is - take action that benefits all members of society, but preferentially benefits those who are more vulnerable.

¹ <https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>

3. FOCUS ON SYSTEM REDESIGN

2.1 Design for alternative futures

Demographic, social and technological changes, coupled with the shifting burden of disease, requires a re-assessment of the medical model of health care that currently prevails in New Zealand. Despite the government's efforts to nudge the health system towards the provision of more holistic, person-centred health care provided 'closer to home' (NZ Health Strategy, 2016)² people continue to report that the health system is not fit-for-purpose and that more effort could be expended on developing community-based solutions that promote health, prevent illness and offer 'light touch' interventions when people first start to experience problems.

In the future, approaches to preventing and responding to mental health and addiction problems are likely to arise from a much broader base than is currently the case. Whilst there will always be a role for specialist mental health and addiction (MH&A) services, the future model will include an increased emphasis on the following:

- **Ensuring that equity** is the main driver for any investment decisions.
- **Overcoming institutionalised racism and discrimination** that leads to health care disparities – including the health system's tendency to separate people's mental health and/or addiction problems from their physical health requirements³.
- **Addressing the social determinants of health** will become the norm as the evidence about the impact of trauma, unemployment, poverty, poor housing, loneliness and social exclusion increasingly influences our understanding of the causal factors, as well as the most effective response strategies, to help ameliorate people's mental health and/or addiction problems.
- **Delivering integrated models of health and social care** will become more prominent as more people start to expect a co-ordinated and holistic response from different parts of 'the health and social system'. Support services will be able to flex their response according to people's changing needs and changing circumstances. This shift towards greater flexibility and greater responsiveness will be supported by new ways of commissioning services.
- **Developing complex health and comprehensive community service models** will replace the simple, narrowly funded models of service delivery that prevail at the moment. For example, there are opportunities to create more one-stop community facilities for people who have complex health and social needs that include housing, benefits, health care and other social services. There is also scope to deliver health services in more accessible and convenient settings such schools, pharmacies, maraes, community hubs and supermarkets.

² Ministry of Health (2016). *New Zealand Health Strategy*.

³ Te Pou (2014). *The physical health of people with a serious mental illness and/or addiction: An evidence review*.

- **Improving the employment focus of both the health and welfare systems** so that people can either join or return to the labour market as soon as possible. At the moment there are policy, practice and funding barriers that serve to impede progress in this area (OECD, 2018)⁴.

2.2 Comprehensive community service models

- The effective integration of community, primary and secondary services is essential in order to improve both the timeliness and effectiveness of care that is provided to people with mental health and addiction problems.
- The rise of the patient-centred health care home in New Zealand is a step in the right direction toward the delivery of better community based health and social services, but this development is still bound within the current model of primary care in New Zealand - with general practitioners at the centre of it.
- The Heatley Community Health Centre in downtown Vancouver, Canada offers an example of a health care home that brings multiple front-line services together under the same roof. This integrated service is open 12 hours a day with on-call support after hours. It accepts 'walk-ins', it offers wrap-around community supports to people and it provides primary care, mental health services, substance use services, harm reduction and specialized care to whomever needs it - in a culturally appropriate way.

2.3 The role of the Accident Compensation Commission

- Whilst the functions of the Accident compensation Corporation (ACC) scheme is outside the scope of this Review, the reform of the health and disability system will be difficult to achieve without addressing the structural features of the wider health and disability system, specifically ACC. This issue has been highlighted in the OECD report on Mental Health and Work in New Zealand (2018), which notes:

There is a strict and adverse distinction between injuries (covered by an effective and well-resourced social insurance system) and illness (covered by an under-resourced general health and means-tested welfare system), with mental health problems virtually always falling into the latter group (page 15)

- The mosque shootings in Christchurch on 15 March 2019 have highlighted some of the structural problems that lead to different groups of people receiving different levels of support - depending on whether or not the mental trauma is deemed to be an injury, and if the injury is deemed to be the result of an accident.

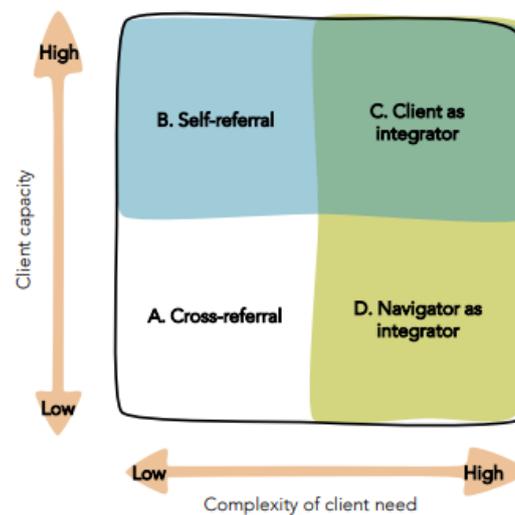
Recommendation 1: Address the structural features of the Accident Compensation Commission that are creating health disparities.

⁴ <https://www.oecd.org/newzealand/mental-health-and-work-new-zealand-9789264307315-en.htm>

4. SUPPORT PEOPLE'S SELF-DETERMINATION

- People expect care and support to be well coordinated around their needs, including between health and social care. Nowhere is this more important than in the case of people who have complex needs and who, for whatever reason, also find it difficult to navigate the health and social systems.
- The NZ Productivity Commission's report on *More Effective Social Services (2015)* suggested that services should be matched to client need based on a combination of the clients' capacity to coordinate their own care and the complexity of their needs (see figure 1).

Figure 1: Characteristics of clients of the social services system



- If New Zealand is going to personalise health and support services, but do it at a big enough scale, the health and social system will need to be able to deliver services that are tailored to people's different needs, characteristics and preferences. It will also need to be mindful of working to achieve more equitable health outcomes for the population, particularly for the most vulnerable groups of people who have limited capacity to navigate the health and social system on their own. New Zealand already has some examples of this approach operating in practice (eg, Whānau ora initiatives, Enabling Good Lives, etc.) but the approach is not systematised.
- Both of the scenarios in appendix one have 'self-care' as being central to the new model of health care. However, it is noted that this aspiration is difficult to achieve if access to technology and good information is inequitably distributed amongst the population. It also ignores the influence of the social determinants of health.
- A paradigm shift that relies on people having a greater sense of self-determination will need to take into consideration the structural and societal causes of ill health as well as the funding and service delivery mechanisms that support excellent health and social care.
- There is scope for the provision of more personalised support through the greater use of direct payments and personal health budgets. Although not appropriate for

everyone, evidence suggests that many people value the opportunity to make decisions about the care that they need, rather than being offered a standard package of service offerings (Te Pou, 2014)⁵.

- It is noted that whilst this trend towards personalisation will increase people's access to a wider range of services, it will also create challenges for the health system - including issues to do with monitoring the quality of care and maintaining professional standards, which will need to be considered as part of any change process.

5. ADDRESS INVESTMENT AND SUSTAINABILITY ISSUES

5.1 Increase the level of investment in mental health & wellbeing

- Platform Trust endorses the NZMA's position statement on Health⁶ as an investment in wellbeing rather than only being a cost to the economy.
- Accordingly, we support the call for a level of funding that will help fulfil the original aims of universal access to comprehensive public healthcare services in New Zealand.
- In addition, we would like to see a rebalancing of the healthcare budget to enable the range and distribution of services to be increased to help address mental health and addiction related issues, particularly for those people who are in distress and not able to access specialist mental health and addiction services.

5.2 Ensure that community services are sustainable

- There is a growing gap between the cost of service delivery and the contracted price for services, which has been further exacerbated by some District Health Boards electing not to pass on adjustments for annual cost of living increases. This situation is not fair and it is not sustainable.
- Platform Trust would also like to see more attention being paid to the way that community health and social services are being commissioned and procured – as per action area 2 in our previous submission.
- Platform Trust also endorses the recommendations made in the New Zealand Productivity Commission's report on *More Effective Social Services* (2015) that are focused on the independent commissioning and procurement of community health and social services.

Recommendation 2: Re- establish the independent commissioning of health services.

⁵ <https://www.tepou.co.nz/uploads/files/resource-assets/individualised-funding-for-new-zealand-mental-health-services-a-discussion-paper.pdf>

⁶ NZMA Position Statement (2017) *Health as an investment*. Retrieved <https://www.nzma.org.nz/>

5.3 Address the cost barriers to primary care services

- The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has noted that people with mental illnesses are at a significant financial disadvantage compared with the general population. There are a number of reasons for this, but the overall impact of this financial disadvantage is that people with mental illnesses face a number of cost barriers to maintaining a healthy lifestyle, including the ability to access the health care services that they need. These barriers vary geographically and across population groups⁷.
- Most often the main cost barrier to accessing health care for people with mental illnesses is the cost of visiting a general practitioner (GP). The importance of affordability of primary health care to people with mental illnesses has been highlighted in a recent New Zealand study (Wheeler et al. 2014)⁸, which reports that 19% of people with a mental illness state that a reason for choosing their primary health care provider was cost, compared with 6% of the general population.
- Currently the funding system for primary care in New Zealand does not support general practice to provide comprehensive mental and physical health care to people who have high needs (including mental health and/or substance abuse problems).
- The RANCP has made a number of recommendations about the range of funding changes that could be introduced in order to reduce the current cost barriers to accessing primary care.

6. STRENGTHEN ORGANISATIONAL INFRASTRUCTURE

- There is no 'system of care' without the component parts of that system being able to effectively interact with one another.
- The delivery of front-line services to people in local communities relies on providers having a sound infrastructure that is fit for purpose and able to adapt to the rapidly changing service landscape.
- There has been inequitable development of the health system infrastructure - with the most attention being given to primary care and DHB providers and very little attention being given to community service providers.
- In addition to workforce development (see section 8), the other major areas of infrastructural development that requires targeted investment includes the better use of data, inter-operable information systems, good outcome management

⁷ <https://www.ranzcp.org/files/resources/reports/minding-the-gaps-cost-barriers-to-accessing-health.aspx>

⁸ Wheeler, A., McKenna, B. & Madell, D. (2014). Access to general health care services by a New Zealand population with serious mental illness. *Journal of Primary Health Care*. 6 (1), pp. 7-16.

frameworks and increased uptake of technological developments that promote organisational efficiencies and increase people's access to services.

- Community health services need to have these organisational infrastructural requirements factored into their contracted price to enable them to deliver high quality services and to effectively manage their business. This issue links to the preceding section (5) on the importance of addressing investment and sustainability issues.

7. USE THE EVIDENCE

Intervention decisions should be informed by the evidence. Whilst the New Zealand health and disability system is not short of data, far more could be done to make effective use of the data that does exist – both at a clinical level and at the population level.

7.1 National and local needs assessment & service planning activities

- There is significant potential for the evidence about the causal and protective factors associated with mental illness and addictions to be considered alongside other information sources, including the data that is held in the Integrated Data Infrastructure (IDI) to help inform local place-based needs assessment and service planning activities. Māori in particular could be assisted to achieve their health and wellbeing aspirations with better analytics (see appendix two).
- However, such an approach would rely on a national agency such as the Social Investment Agency (SIA) interacting with local district agencies that had the capacity and the capability to contextualise the nationally produced information with information that was bespoke to the area – including the voice of lived experience.
- In the first scenario in appendix one - the local agency is a *Health Development Agency*, but it could just as easily be a *Health and Social Wellbeing Development Agency*. The inclusion of the word 'development' in its title would signal that it has a responsibility to (a) work with the local community to make sense of any information that it holds about it and (b) to support the ongoing development, implementation and evaluation of any service improvements.

7.2 Evaluation

- There is universal agreement that many of the socially determined health inequities are strongly influenced, if not caused by, the environmental circumstances at the beginning of life, including the foetus's in-utero experience. The government's cross-agency *Child and Youth Wellbeing Strategy* has been developed in recognition of this fact, but it will need to be supported by major changes in policy directions, reprioritisation of funding and changes in practice.

- Platform is interested to know how the impact of these and other changes in the health and social sector landscape will be monitored and evaluated from the perspective of providing some stewardship of the change process.
- There will also need to be a mechanism whereby examples of success can be spread rapidly across the country and 'the system' can learn from its mistakes and make adjustments accordingly.

8. IMPROVE WORKFORCE CAPABILITY

- He Ara Oranga (2018) has confirmed the key role that the primary and community workforce will play in a combined effort to address local health and social problems across health, disability, justice and social sectors.
- This shift in focus will require different parts of the specialist workforce to re-examine their scope of practice, particularly as the community health workforce becomes larger and better equipped. This shift might include the creation of new roles. It might also mean that the capability of the generic community workforce will be increased, irrespective of whether or not this workforce is responsible for delivering a contracted health service.

Recommendation 3: Build the workforce capacity and capability of the health system to eliminate health inequities and to promote good health and wellbeing outcomes for all New Zealanders.

9. ENHANCE COMMUNITY ENGAGEMENT

- The multi-layered complexity of the challenges and the proposed solutions will require engagement across multiple organisations and engagement with citizens. Both of the scenarios in appendix one show an activated population that is interested in their health and is engaged with their community - often via social media or other technological advancements.
- The concept of place-based health care that has emerged in the United Kingdom offers New Zealand a contemporary example of what a collaborative public health model might look like in practice. The Kings Fund⁹ has identified ten design principles to support organisations to work together to manage the common resources that are available to them within a defined locality.
- A place-based approach would require local health and social wellbeing development agencies to be established that were able to use advanced analytics and foster collaboration amongst diverse partnerships to identify local problems,

⁹ <https://www.kingsfund.org.uk/publications/place-based-systems-care/ten-design-principles>

leverage opportunities and catalyse and incentivise action to improve community health and wellbeing.

- The approach would require the backing and support of national bodies and policy-makers, as well as fundamental changes to the way that health and social services are currently commissioned in New Zealand.

Recommendation 4: Direct the health system to more actively engage with other partners in their local communities and with citizens to foster illness prevention, health promotion and early intervention activities.

10. CONCLUSION

- Platform Trust welcomes the opportunity to participate in the review of the Health and Disability System in New Zealand. We think that this Review provides a unique opportunity to accelerate the proposed redesign of mental health and addiction services within the broader context of a redesigned health and disability system.

We offer a vision for an Aotearoa - New Zealand as a national community which is happy with itself. That is a society where people have fewer reasons to be depressed or suicidal or inclined to use drugs harmfully. In such a society we would be more aware of the symptoms and contributors to mental illness and/or addictions and more understanding and supportive of those with experience of these problems.

Salvation Army submission to the Mental Health Inquiry (2018).

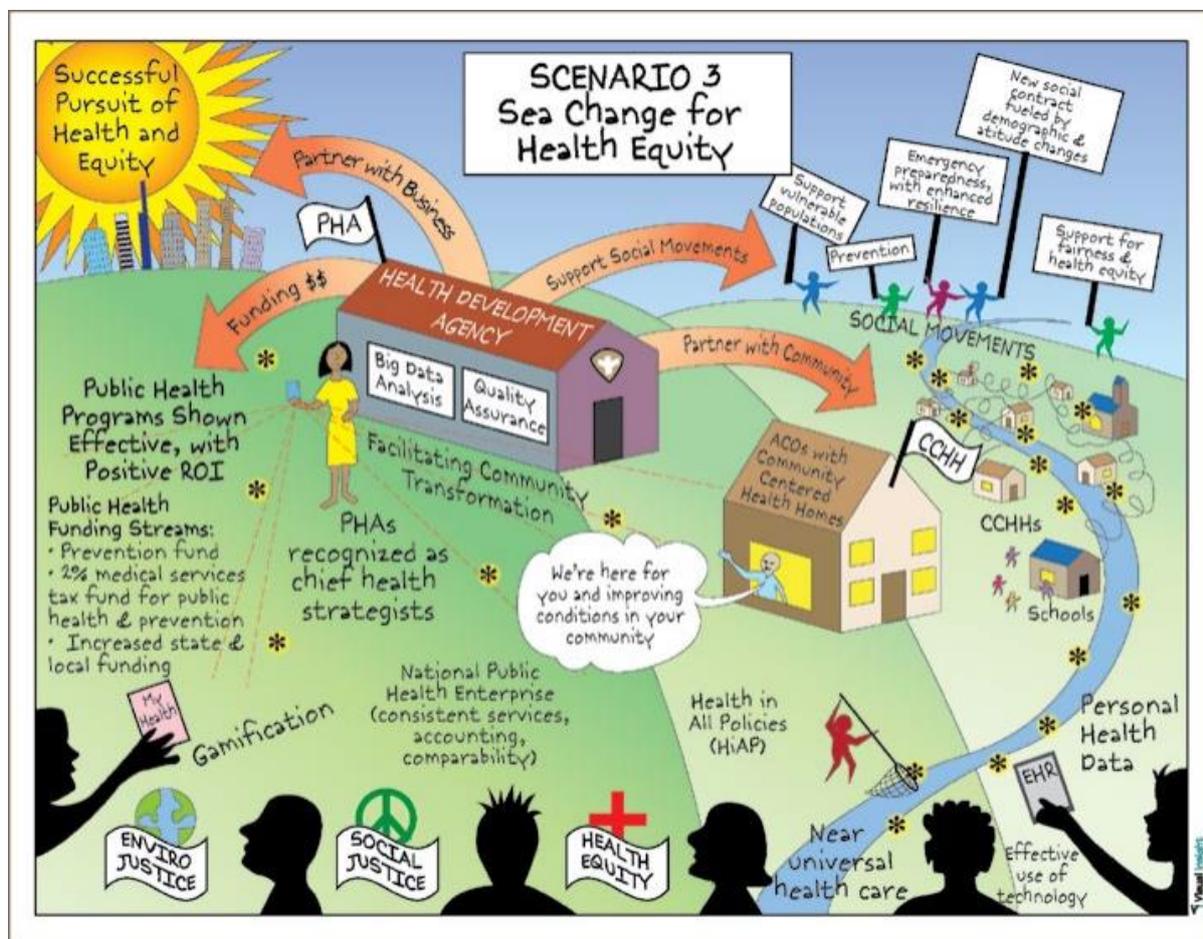
APPENDIX 1 – TWO ALTERNATIVE SCENARIOS FOR TWO ALTERNATIVE FUTURES

Scenario – A sea change for health equity

The primary focus of this scenario is on achieving health equity.

National and local economies gradually grow, and changes in values and demographics lead to 'common sense' policies and support for the principle of health equity. Public health agencies develop into health and social wellbeing development agencies that use advanced analytics, gamification, and diverse partnerships to identify problems and opportunities, and catalyse and incentivise action to improve community health and wellbeing.

While some disparities persist, in 2030 the vast majority of New Zealanders have attained greater opportunities for good health and wellbeing through quality improvements in housing, economic opportunities, education, and other social determinants of health.



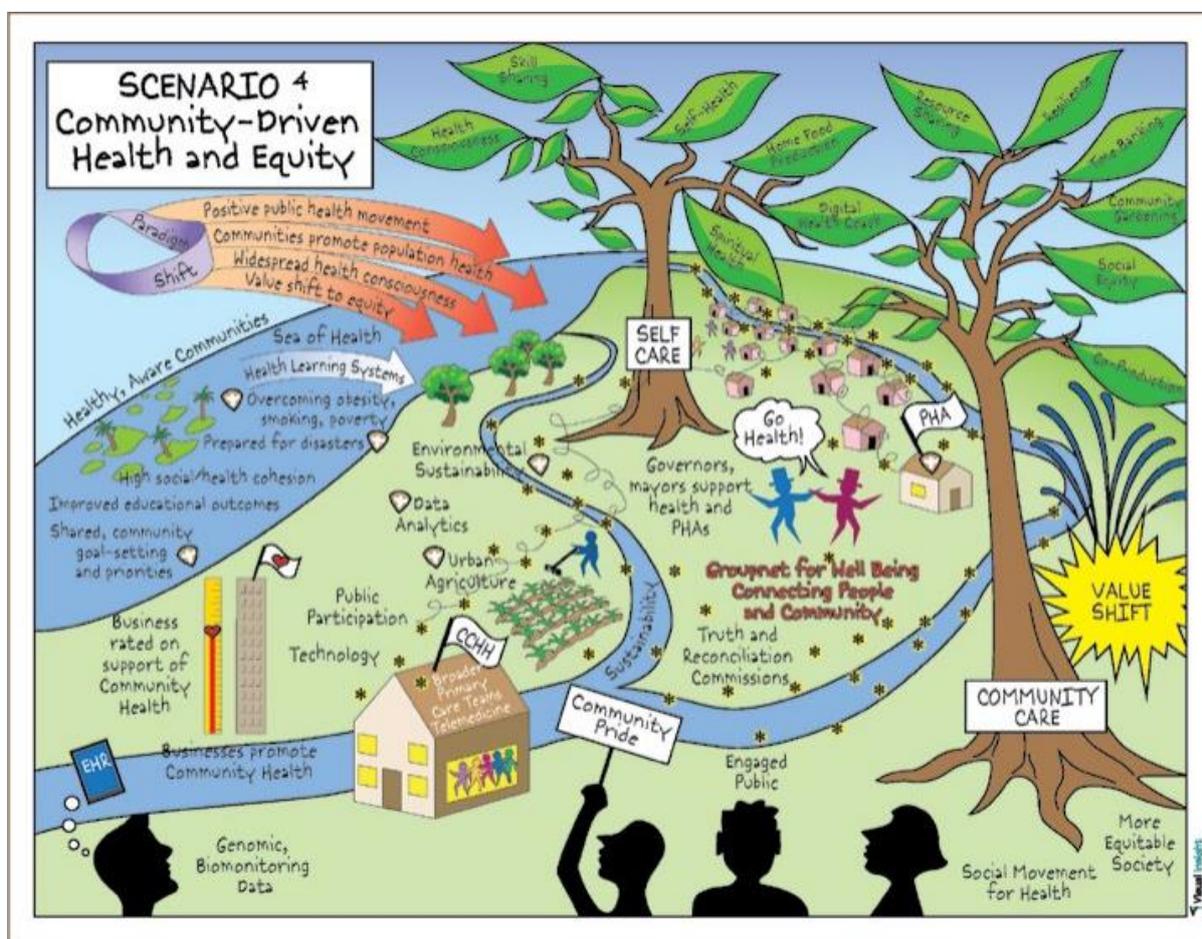
Source: Adapted from Institute for Alternative Futures (2014). *Public Health 2030: A Scenario Exploration*. Alexandria, VA. Retrieved from <http://altfutures.org/projects/public-health-2030/>

Scenario - Community-driven health, wellbeing and equity

This scenario focuses on achieving health equity, but within the context of a community-driven health and wellbeing approach.

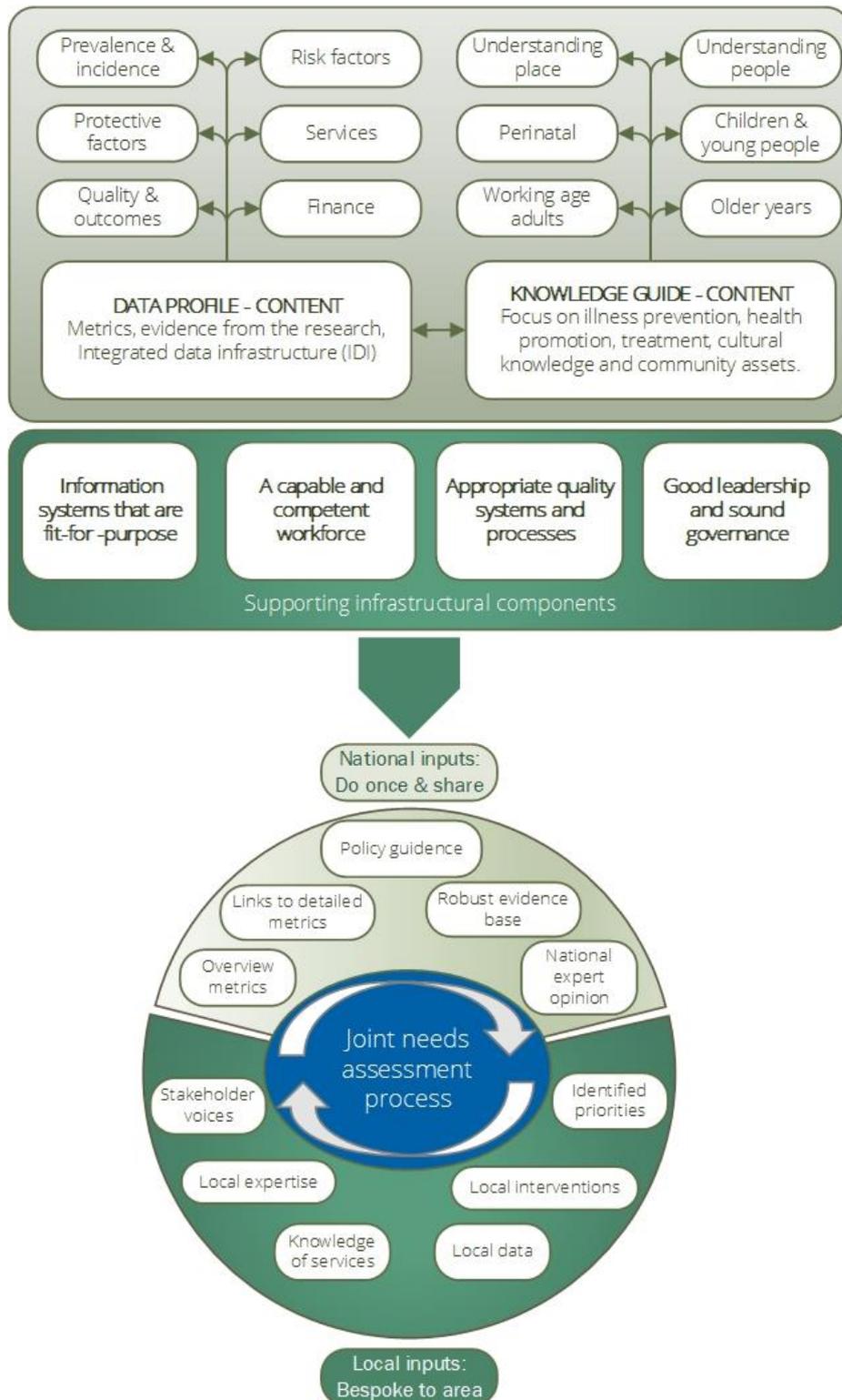
Health and social wellbeing agencies, their partners, local health improvement initiatives and community development initiatives coalesce via technology and social media into a national web of community health and wellbeing enhancing networks. These networks help communities exchange their innovations and best practices, and leverage the expertise of the health and social systems, and others.

The nation also strives to come to terms with its racial and socioeconomic histories, and supports real changes (including legislative changes) to create a more equitable society. This value shift towards equity is accelerated by the proliferation of new community economic models that help households sustain themselves and improve their own health and wellbeing. The legacy health and disability system sheds many of its previous functions and becomes a health system that is focused on facilitating movements towards improved health and wellbeing.



Source: Adapted from Institute for Alternative Futures (2014). *Public Health 2030: A Scenario Exploration*. Alexandria, VA. Retrieved from <http://altfutures.org/projects/public-health-2030/>

APPENDIX 2 - INTEGRATED NATIONAL AND LOCAL NEEDS ASSESSMENT AND SERVICE PLANNING ACTIVITIES



Source: Adapted from Public Health England (2018). *Health matters: reducing health inequalities in mental illness*.