

## **Submission on Pae Ora (Healthy Futures) Bill**

**Committee:** Pae Ora Legislation Committee

We wish to make the following comments

Thank you for the opportunity to submit on the Pae Ora Bill. We would like to emphasise that we are thankful for reform as we have long called for a greater focus on preventive health and the end of the variability of care for people with cancer - "the post code lottery". We are incredibly hopeful that these reforms will save lives, but we do not underestimate the task ahead. We offer our continued support and thank the DPMC and Te Aho o te Kahu for listening to us.

This submission briefly lists key points that we have raised in face to face consultations to date (recommendations 1-5):

### **Recommendation 1: Co-ordinated, equitable cancer care services**

The Bill states that a function of Health New Zealand is to collaborate with other providers of social services to improve health and wellbeing outcomes. The Bill should specifically define what is meant by "social services" and whether this includes NGOs such as the Cancer Society. The Cancer Society is a major provider of complex supportive care services throughout Aotearoa. We provide supportive care services to people and their whānau throughout their entire cancer journey. We are recognised as an essential service provider, but we are not directly funded by government. Our services lessen the burden on the health system and fill gaps in current service provision through: system co-ordination, needs assessment, travel and accommodation, financial, cultural, and social support and advice. This involves significant interaction with clinical and non-clinical providers. Greater collaboration and co-ordination of services between all providers (funded and non-funded) and the community will deliver integrated services that we believe will improve equity, effectiveness and efficiency across health and disability services, including timely access to treatment.

**Recommendation 2: have a public health focus in the Purpose of the Act and improve the definition of Pae Ora, on the advice of tangata whenua.**

The agencies need to take a public health approach to improve the health of our population. Public health is concerned with protecting and promoting health, improving the conditions in which we live and work, and reducing people's exposure to harmful products. It is well established that living in poverty and disadvantage increases the likelihood of cancer and length of survival following a cancer diagnosis. Although avoidable, social inequalities are responsible for thousands of avoidable cancers each year and should be recognised as such so that coherent, equitable strategies and actions are developed to address them. The Bill currently focuses too much on treating sickness and disease once it occurs, rather than on preventive health. Taking a public health approach to improving our health, that recognises Māori understandings of health, must be written into the purpose of the agencies. That will explicitly mandate the agencies to both keep people well and improve population health over time, especially for Māori, vulnerable populations, and future generations. Pae Ora should be defined in the Bill appropriately by mana whenua.

**Recommendation 3: The Bill must strengthen te Tiriti o Waitangi obligations for the whole new system.**

The committee must put weight on the submissions of tangata whenua regarding how the Bill should honour Te Tiriti and empower the MHA. The Bill gives the MHA joint decision-making authority with HNZ for services, but it also must be the same joint decision-making for policies with the Ministry of Health. This equality of mana in the partnership with the Ministry should be written into the law. There should also be a commitment in the law to progressively increase the MHA budget, so that by 2030, it has an equitable share of Vote Health. The Bill needs to acknowledge that te Tiriti o Waitangi is different to The Treaty, and that te Tiriti o Waitangi has constitutional preference. The law must clearly show how all the new health structures will uphold both the principles and articles of te Tiriti. This includes consultation with whānau, hapuu, or iwi, and hapori Māori, cultural safety, expertise and responsiveness, and commissioning kaupapa Māori services. This is not just the responsibility of the Māori Health Authority. Eliminating health inequities (including cancer outcome inequities) should be written into the purpose of all the new agencies.

**Recommendation 4: The Public Health Agency should have clear responsibility and funding to lead work to prevent cancer and other non-communicable diseases**

The Bill establishes a new Public Health Agency (PHA) within the Ministry of Health and Health New Zealand and the Māori Health Authority will have functions and objectives to protect and promote health. The PHA, in collaboration with MHA and HNZ, should be able to lead our national approach to the prevention of cancer and other communicable diseases (NCDs) – the leading cause of health and disability. Our current approach is fragmented and under resourced. Skin cancer prevention, for example, was delegated to Te Hiringa Hauora (with an extremely limited budget), and Te Aho o Te Kahu is responsible for the NZ Cancer Action plan, but this has only two skin cancer prevention actions to implement over the next ten years. Cancer prevention in general has been neglected in NZ despite its cost-effectiveness and the potentially high preventability of many cancers (that are related to tobacco use, excess body weight, alcohol, UV, diet, physical inactivity, and pathogens). Coherent national strategies and actions to prevent NCDs should be developed under a ‘public health umbrella’ and this responsibility and purpose should be defined in the Bill.

The PHA needs to have clear responsibility and expertise for preventive health (including cancer prevention) and should be required to publicly report on key public health indicators, goals and outcomes for Aotearoa – not just on infectious diseases. The agency needs strong public health powers and ring-fenced funding for preventive health actions, monitoring, reporting and services. This funding should be a set proportion of Vote Health which increases over time to meet health equity goals.

**Recommendation 5: The Bill needs to better address the commercial determinants of health, like alcohol, tobacco, and unhealthy food.**

Just like other social drivers of health, commercial laws and regulations outside the health sector significantly impact on health and health equity, including the laws that govern the sale and marketing of unhealthy products. Reducing the harm from unhealthy products should be written into the purpose of the new agencies and should specifically be tied to efforts to prevent cancer and other non-communicable diseases. They should have the ability to partner on cross-agency work on unhealthy products, including reviewing and drafting new laws and in collaboration with other lead agencies.

A good example is the Sale and Supply of Alcohol Act, which is currently led by the Ministry of Justice, not Health. There needs to be better laws and policies preventing commercial vested interests from inappropriately shaping wider health policy. This could be written into the Pae Ora law and monitored and implemented by the Public Service Commission. It would require ministers, MPs, and public servants to exercise transparency when dealing with representatives from industries of products that have a negative impact on public health. Please see our recommendations on preventing tobacco industry interference in policy making that could apply to all unhealthy products: <https://bit.ly/3y3VB4C>.

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