



The Pae Ora (Healthy Futures) Bill - a chance to submit on pivotal legislation for health in Aotearoa

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Boyd Swinburn, Louise Delany

The Pae Ora (Healthy Futures) Bill was introduced into Parliament in October 2021 and a submission process is now underway with a tight 9 December deadline. The Bill introduces major structural changes and will be associated with a suite of new health planning and strategy documents. The aim of this blog is to introduce some key aspects of the Bill and to strongly recommend that the health sector studies the Bill and its implications. We encourage all interested parties to develop submissions for consideration by the Pae Ora Legislation Committee.

[The Pae Ora \(Healthy Futures\) Bill](#) was introduced into Parliament on 20 October 2021, with a first reading on 27 October. If enacted the Bill will replace the current New Zealand Health and Disability Act 2000 and will result in a major restructuring of the health sector which will take effect in July 2022. This will introduce institutional and governance arrangements which are likely to remain in place for at least the next two decades.

The Bill has been referred to a Committee (the Pae Ora Legislation Committee). The Committee is [inviting submissions](#) with a closing date of 9 December 2021. This is an important opportunity for everyone with an interest in health, health care and public health to provide input and potentially influence this pivotal legislation.

What is in the Bill?

Some of the critical components of the Bill include:

- Establishing a Māori Health Authority
- Moving parts of the Ministry of Health (MoH) to Health New Zealand (HNZ)
- Abolishing all District Health Boards and establishing HNZ as the replacement

Further details of the new structures and proposed plans and strategies follow.

Structures

The Māori Health Authority is intended to drive improvement in hauora Māori. It will be an independent statutory entity and will co-commission and plan services with HNZ, and commission kaupapa Māori services.

The Bill provides a statutory framework for recognising iwi-Māori partnership boards.

The Bill disestablishes the Health Promotion Agency as well as District Health Boards (DHBs). HNZ will be a new Crown agent for operations, planning, and health service delivery – i.e., replacing the operations functions of the MoH and the DHBs.

Planning

There are many new plans and strategies proposed to be introduced together with the new institutional arrangements. These include:

- The Government Policy Statement on Health. This will set out the government's overall direction, priorities, and objectives for the health system.
- National health strategies—the NZ Health Strategy will provide a framework for the overall 5–10 year direction of the health system. The Minister must also prepare and determine Hauora Māori, Pacific Health, and Disability Health strategies.
- The NZ Health Plan. This is to set the operational direction for the system, jointly prepared by HNZ and the Māori Health Authority.
- Locality plans will assess health needs at the local level and are to be jointly agreed by HNZ and the Māori Health Authority.
- The NZ Health Charter will provide common values, principles, and behaviours for organisations and workers in the health system.
- The Code of Consumer Participation is to support consumer participation and voice.

However, not everything will change. For example, *Part 3* of the Bill continues Pharmac, the NZ Blood and Organ Service, and the Health Quality and Safety Commission.

What about public/population health?

Specific provisions relating to population health include:

- Establishment of a new Public Health Agency as a business unit within the Ministry of Health: this is to provide system leadership for public health and advise the Director-General on public health matters.
- The requirement for the Minister of Health to establish an expert advisory committee to provide independent advice on issues relating to public health (there are references to such a committee in the current act but establishing one is not required).

A notable omission is that there is minimal reference to the role and functions of the Director of Public Health. In addition the Bill is almost totally focused on healthcare system structures and functions as does not state which structures will have the responsibility/mandate to influence the 80% of our health and health equity status determined by societal factors.

Points to be considered in submissions

The following are some suggestions for issues that might be addressed in submissions on the Bill.

1. Does the Bill give effect to Te Tiriti o Waitangi (see clause 6, provisions regarding the Māori Health Authority, iwi partnerships, the Māori health strategy, and throughout the Bill)?
2. The Bill sets up new structures but is empty of policy content and does not indicate policy priorities. Should it contain more direction?
3. Should the Bill put public/population health at centre stage and should specific attention be paid to non-communicable diseases, as well as communicable disease and pandemic preparedness?
4. Points on the Public Health Agency – submitters may want to comment on the details of its structure, role and activities.
5. Role of Director of Public Health – submitters may want to comment on how this role could be strengthened and whether it should include statutory requirements such as preparing an annual report on the state of the public health.
6. What about social/economic/environmental determinants as chief influences on health status, wellbeing and inequity? What could the Bill do to affect areas beyond the traditional health sector that are most important for health consequences?
7. Should the ‘80% hole’ be emphasised more. The Bill’s focus is on the healthcare system structures and functions with little attempt to address the need to influence the 80% of our health and health equity status determined by societal factors.
8. What concrete strategies could be included in the Bill that will affect health outcomes and health equity?

Next steps

The Bill is being considered by a special committee, the Pae Ora Legislation Committee, not the Health Select Committee. Submissions to the Committee must be in by *9 December* – i.e. soon. The report of the Pae Ora Committee is due with Parliament on 27 April 2022.

We urge all interested parties to familiarise themselves with the legislation and to make submissions to the Pae Ora Legislation Committee. There is a [Parliamentary website](#) where

you can make your submission and find out further information on the Bill.

Working together on submissions?

The Health Coalition Aotearoa has started developing its thoughts on the Pae Ora Bill. Ideas are at a very preliminary stage right now but the aim is to have something in very draft form prepared in the week of 15 November. The Coalition is happy to share its ideas and main points when these are further developed; and would welcome ideas from other groups. While various groups will appropriately have different perspectives, it would seem helpful to have a degree of health sector agreement on key points.

Groups interested in obtaining the draft of the Health Coalition Aotearoa submission (when developed); or sharing their ideas, should contact Jenn Lawless at Health Coalition Aotearoa: j.lawless@healthcoalition.org.nz

***Authors:** Boyd Swinburn (boyd.swinburn@auckland.ac.nz) on behalf of the [Health Coalition Aotearoa](#); and Louise Delany (louise.delany@otago.ac.nz) of the Department of Public Health, University of Otago, Wellington.

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