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MINISTRY OF HEALTH
MANATŪ HAUORA

Aide-Mémoire

Meeting with the New Zealand Human Rights Commission on 26 February 2021

Date due to MO:	23 February 2021	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Health Report number:**	20210315
To:	Hon Andrew Little, Minister of Health		
Copy to:	Hon Peeni Henare, Associate Minister of Health (Māori health) Hon Aupito William Sio, Associate Minister of Health (Pacific Peoples) Hon Dr Ayesha Verrall, Associate Minister of Health (Public Health)		

Contact for telephone discussion

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Meeting with the New Zealand Human Rights Commission on 26 February 2021

Date due:	23 February 2021
To:	Hon Andrew Little, Minister of Health
Security level:	IN CONFIDENCE **Health Report number:** 20210315
Details of meeting:	26 February 2021 9.30 am to 10.00 am in Room EW 6.1 of the Beehive
Purpose of meeting:	To discuss the importance of the health sector to acknowledge, strengthen and enact explicit commitments and resourcing to improve Tangata Whenua health equity under Te Tiriti o Waitangi and health equity for Pacific, disabled and other communities experiencing inequities.
Attendee/s:	Mr Meng Foon, Race Relations Commissioner
Organisation:	The New Zealand Human Rights Commission (the Commission) was created in 1977 to provide better protection of human rights in Aotearoa New Zealand under the Human Rights Act 1993. The Commission is funded through the Ministry of Justice but operates as an independent Crown Entity. The Commission is Aotearoa New Zealand's national human rights institution, with a role to: • advocate and promote respect for human rights in Aotearoa New Zealand • encourage harmonious relations between individuals and among the diverse groups in Aotearoa New Zealand • lead, evaluate, monitor and advise on equal employment opportunities • provide information to the public about discrimination and help resolve complaints about discrimination. The Commission currently has four Human Rights Commissioners: Chief Commissioner, Race Relations Commissioner, Equal Employment Opportunities Commissioner and Disability Rights Commissioner. The Commissioners are responsible for the governance of the Commission, including defining its strategic direction and policies, undertaking international responsibilities and being accountable for its overall performance. Commissioners are appointed by the Governor-General on the recommendation of the Minister of Justice for terms of up to five years. In 2015, the Commission committed to becoming a Tiriti-based organisation.

Ministry of Health representatives:	Kiri Dargaville, Principal Advisor Equity, Māori Health Strategy and Policy, Māori Health will be representing the Ministry of Health at the meeting.
Media:	No media is expected to be present.

Background and context

About the meeting attendee

1. You are scheduled to meet with Mr Meng Foon, Race Relations Commissioner, in Room EW 6.1 of the Beehive from 9.30 am to 10.00 am on 26 February 2021.

2. Mr Foon was appointed to the position of Race Relations Commissioner after 24 years at the Gisborne District Council and is responsible for leading the work of the Human Rights Commission in promoting positive race relations. Mr Foon was elected as a councillor in 1995 and, in 2001, was elected Mayor – a role he held for 18 years. Mr Foon is one of a handful of people of Chinese descent to have become a mayor in Aotearoa New Zealand. He is fluent in English, Cantonese and te reo Māori, and is a member of a number of community organisations, including the Ngā Taonga a Ngā Tama Toa Trust, the New Zealand Chinese Association, Aotearoa Social Enterprise Trust and MY Gold Investments Ltd. Mr Foon has a keen interest in music and rugby league.

Key issues

Māori health and commitment to Te Tiriti o Waitangi

3. While Aotearoa New Zealand's health care system performs well (generally speaking), Māori are experiencing inequities in service access, and health and wellbeing outcomes. Equity[1] is one of the human rights we hold in Aotearoa New Zealand (ie, the basic rights and freedoms all New Zealanders are entitled to under the Human Rights Act 1993, no matter the age, ethnicity, culture, religion or sex[2]).

4. All New Zealanders have a right to be treated fairly, with respect, and to be free from racial discrimination. These are reinforced under several constitutional legislation and international instruments, including:
   a. Te Tiriti o Waitangi
   b. The Human Rights Act 1993
   c. United Nations Declaration on the Rights of Indigenous Peoples
   d. Committee on the Elimination of Racial Discrimination.

5. Stage One of the Waitangi Tribunal Health Services and Outcomes Inquiry (Wai 2575), initiated in 2016, reported that:
   - Crown investment into the health system since 2000 has produced little measurable improvement to Māori health outcomes, and this is unacceptable
   - the legislative and policy framework of our primary health care system has failed to improve Māori health outcomes
   - there are breaches of Te Tiriti o Waitangi (eg, governance arrangements, underinvestment in funding, accountability mechanisms, workforce under-representation)
   - system changes, including legislative and policy changes, need to happen.

[1] Definition of equity: In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes (Ministry of Health, 2019).
[2] https://www.govt.nz/browse/law-crime-and-justice/human-rights-in-nz/human-rights-and-freedoms/

Pacific health and equity

6. Improving health outcomes for Pacific families and communities is central to the wider wellbeing of Pacific populations in Aotearoa New Zealand. Pacific peoples experience significant and long-standing health inequities across a range of health and socioeconomic indicators.

7. Health inequities are complex, multi-faceted, and can often be the result of poorer socio-economic status. The Ministry of Health (Ministry) recognises that the health and disability system alone cannot achieve the gains needed to improve Pacific health and wellbeing.

Equity for disabled people

8. In general, disabled people have poorer health outcomes than non-disabled people and do not use mainstream health services to the same extent as non-disabled people.

9. Some disabled people fare worse, for example:
   - tāngata whaikaha (Māori disabled)
   - Pacific disabled people
   - people with an intellectual/learning disability.

10. The collection of data disaggregated by disability is a government priority. In December 2020, the Ministry published the New Zealand Healthy Survey with disability data for the first time. This is a significant milestone but, as expected, the results confirm the challenging situation for disabled people, in that there are inequities in access to services and health outcomes.

Equity for refugees and migrants

11. In general, migrants (including refugees) face challenges in accessing language and culture appropriate health and social services.

12. Many people from refugee backgrounds will not have had access to comprehensive health before arrival in Aotearoa New Zealand. They may:
   - have physical and psychological sequelae associated with pre-migration trauma/torture
   - require a professional interpreter
   - not understand our health system and how to access services.

Equity for people with mental health issues and seclusion

13. The Commission has an interest around the use of seclusion in mental health facilities. In December 2020, the Commission published a report by Dr Sharon Shalev (an international expert on solitary confinement) on the use of seclusion in Aotearoa New Zealand's detention facilities: *Time for a Paradigm Shift. A Follow Up review of Seclusion and Restraint Practices in New Zealand*. The report is a follow-up to Dr Shalev's earlier report (also commissioned by the Commission), *Thinking Outside the Box: A review of seclusion and restraint practices in New Zealand*, which outlined concerns about seclusion and restraint practices.

14. Aotearoa New Zealand has a policy of reducing and eliminating the use of seclusion in health and disability facilities. Seclusion had been trending down since 2009, but has been increasing, since 2017, despite concerted efforts by district health boards (DHBs). There are significant inequities for Māori and Pacific service users.

Talking points

Actions to improve health and equity outcomes for Māori and Pacific people

15. The Ministry is committed to improving Tangata Whenua health equity under Te Tiriti o Waitangi and health equity for Pacific, disabled and other communities experiencing inequities. The Ministry recognises that meeting our Te Tiriti o Waitangi obligations is necessary to realise the overall aim of Pae Ora (healthy futures for Māori) under He Korowai Oranga (the Māori Health Strategy).

16. The Ministry is implementing population specific action plans, including Whakamaua: Māori Health Action Plan 2020–2025 (Whakamaua) and Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 (Ola Manuia) to strengthen the health system to deliver better quality care, improve health outcomes, and improvements in the social determinants of health and wellbeing that drive health inequities.

17. Whakamaua is explicit about acknowledging, strengthening and enacting our obligations under Te Tiriti o Waitangi to improve Māori health and wellbeing – an action plan that gives practical effect to the 2014 refresh of He Korowai Oranga: the Māori Health Strategy.

18. Ola Manuia recognises and responds to important health challenges facing Pacific peoples and reflected in significant health inequities. It recognises that services and programmes must consider the environment in which Pacific peoples live and eliminate structural and system biases that impact on equitable outcomes, streamlining access to a range of intersecting support services.

19. The Ministry is also working to advance Ao Mai Te Rā, which is the Ministry's Anti-Racism Kaupapa, led by the Māori Health Directorate. This kaupapa requires courageous leadership, a long-term commitment to change and a shift in the cultural and social norms of the health and disability system.

Actions for disabled people

Disability support services

20. The Ministry funds (annual appropriation of $1.7 billion) supports for disabled people, mainly those under the age of 65 who have a physical, intellectual or sensory disability (or a combination of these) that is likely to continue for at least six months and limits their ability to function independently to the extent that ongoing support is required.

21. The disability supports are for approximately 40,000 eligible disabled people with long term supports provided through a suite of disability support services:
    - specialist disability services (eg, Behaviour Support Services)

- support with everyday tasks (eg, personal cares or household management)
- support with accommodation (eg, residential care)
- support for over 80,000 disabled New Zealanders' access to equipment and modification services and supports for those with a sensory disability (ie, hearing and vision services).

Transformation of disability support services to improve health equity for disabled people

22. A key strategic focus for the Ministry is to transform the disability support system in line with the Enabling Good Lives (EGL) vision and principles so that, in the future, disabled people, their families and whānau have greater choice and control over their lives and supports and can make more use of natural and universally available supports.

23. The comprehensive prototype of a transformed system, Mana Whaikaha, began operating on 1 October 2018 in MidCentral DHB. Progress has included:
    - more people (including more Māori and Pacific disabled people) accessing Mana Whaikaha, compared with the previous system
    - overall expenditure being less than expected
    - more positive stories from people reporting significant improvements in their lives after engagement
    - more robust data collected through evaluation of EGL pilots.

Improving health outcomes and access to services for disabled people

24. Addressing equity for disabled people through improving their health outcomes and access to mainstream services is a work programme under the Disability Action Plan 2019–2023 (DAP). This is an essential whole-of-Ministry responsibility.

25. The DAP health outcomes and access work programme requires that the Ministry work across the health and disability system, including DHBs to:
    - improve access to quality healthcare, including:
        - implementing disability actions in national health action plans
        - supporting and monitoring DHB disability action plans
        - exploring options to improve access to healthcare for disabled people, with a focus on people with a learning/intellectual disability
    - improve disability data and evidence
    - improve disability awareness and capability of the health workforce.

26. In addition to the priority to collect disability data, other important cross-Ministry actions include effective engagement with disabled people and preparing accessible information in alternate formats for disabled people.

Actions for refugees and migrants

27. The Ministry works in an All-of-Government way under the New Zealand Refugee Resettlement Strategy and the New Zealand Migrant Settlement and Integration Strategy (NZMSIS) – both strategies are led by the Ministry of Business, Innovation and Employment (MBIE) to ensure refugees and migrants are well settled and able to participate fully in society.

28. The Ministry is reporting on the outcome "success" indicators for health and wellbeing under both strategies, which show the following results:
    - 97 percent of Quota refugee children from the 2018/19 cohort have received at least one vaccination within six months of arrival
    - 40 percent of the 2018/19 Quota refugee cohort have accessed mental health services
    - 92 percent of new migrants in 2019 have enrolled in a primary health organisation.

29. The Ministry also undertakes and participates in various projects and programmes, including:
    - Refugee Quota Health Project – a joint project with the MBIE to develop a new health model for Quota refugees from 2020/2021 – this has seen Counties Manukau Health establishing an enhanced primary health service at Te Ahuru Mowai o Aotearoa (Mangere Refugee Resettlement Centre); DHBs providing leadership and services where refugees are resettled (extended primary health care and follow-up, interpreters, navigators and clinical support); a review of refugee mental health services and support; and guidance for health professionals and others, such as the *Refugee Health Care Handbook*
    - Migrant Health Literacy Project – *"A Stocktake of Health Information for New Migrants and Refugees"* to assess how health messages are, and could be, communicated to migrants and refugees, with particular relevance for messaging during the COVID-19 pandemic
    - the Language Assistance Services Programme – this has seen the Ministry and DHBs participating in the Government contract for "ezispeak" telephone and video interpreting service, with face-to-face interpreting services to be procured in 2021/22
    - commissioning Culturally and Linguistically Diverse (CALD) Competency Training (regionally and nationally) and CALD Child Disability Services in the Auckland region.

Actions to reduce seclusion

30. Actions and initiatives to support the reduction and elimination of seclusion and restraint include:
    - the 'Zero seclusion' collaborative project by the Health Quality and Safety Commission and Te Pou (the mental health and addiction workforce development organisation) with DHBs, launched in March 2018
    - evidence-based tools to support inpatient services to reduce seclusion and restraint, developed by Te Pou with support from the Ministry, such as the international Six Core Strategies© tool (adapted for New Zealand and refreshed in 2020)
    - the Health and Disability Services (Restraint Minimisation and Safe Practices) Standards, which are currently under review
    - Government investment in mental health and addiction facilities (fit-for-purpose facility design is an important enabler of seclusion-reduction efforts)
    - the introduction of national reporting on the use of restraint in mental health facilities from July 2020 (seclusion data has been reported to the 'PRIMHD' national mental health and addiction information collection since its inception in 2008).

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