

## **NZSTA Submission: Healthy Futures (Pae Ora) Amendment Bill**

**Submission 18<sup>th</sup> August 2025**

### **Made online**

### **About NZSTA**

The New Zealand Speech-language Therapists' Association (NZSTA) is the national professional body for speech-language therapists. We are committed to being responsive to Te Tiriti o Waitangi and promoting cultural safety in practice. Our mission is to empower speech-language therapists to provide excellent and equitable services to all communities, represent their professional interests, and promote quality, evidence-based practice and research.

We submit on this Bill because changes to governance, equity provisions, and service planning will affect the lives of New Zealanders with communication and swallowing needs — people whose voices are often least heard in health reform.

### **1. Communication Access as a Health Equity Issue**

#### **Why it matters for New Zealanders:**

Hundreds of thousands of New Zealanders live with conditions that affect speech, language, and communication — from young children with developmental language disorders, to people recovering from stroke or brain injury, to those with progressive neurological conditions such as Parkinson's disease, Motor Neuron Disease and many others/dementia. Without accessible communication in health settings, people cannot:

- Understand health information
- Give informed consent
- Participate fully in decisions about their care

and may face barriers to diagnosis and treatment.

**Risk in the Bill:**

The repeal of equity and cultural safety principles and the absence of any communication-related targets mean these fundamental rights could be overlooked.

**Recommendation:**

Retain the equity principles and ensure that the Government Policy Statement on Health (GPS) and the New Zealand Health Plan require Health NZ to report on how it addresses equity of access and outcomes for people with communication needs.

*While we recognise that the Bill sets broad targets (e.g. ED, cancer, immunisation), accountability mechanisms should allow Health NZ to demonstrate how it meets equity obligations in areas such as communication access*

**2. Rehabilitation Pathways Matter****Why it matters for New Zealanders:**

Many New Zealanders survive serious health events but live with long-term consequences that affect their independence, employment, and relationships. Speech-language therapy is integral to rehabilitation, helping people eat safely, communicate, and re-engage in whānau and community life.

**Risk in the Bill:**

The GPS targets focus only on acute and access metrics (ED wait times, cancer, immunisation). Without rehabilitation or participation targets, people risk surviving acute care but being left without the supports they need to recover and return to living well in their communities.

**Recommendation:**

Accountability mechanisms for Health NZ should ensure that performance monitoring captures not only throughput and access, but also how effectively the system supports recovery, participation, and quality of life.

*For example, people with communication and swallowing needs often require both short and long-term rehabilitation — outcomes in this space are critical markers of whether Health NZ is delivering on its purpose of effective and timely services*

### 3. Local Māori Voice in Health Planning

#### **Why it matters for New Zealanders:**

For Māori whānau, models of communication, decision-making, and care are grounded in tikanga and whanaungatanga. Local iwi-Māori Partnership Boards are best placed to articulate these needs — including for those with communication disabilities.

#### **Risk in the Bill:**

Narrowing iwi-Māori Partnership Boards to community engagement only, and removing their direct relationship with Health NZ, risks losing local insights and relationships that improve services for Māori with complex communication needs.

#### **Recommendation:**

Maintain iwi-Māori Partnership Boards' direct role in advising Health NZ on priorities and ensure kaupapa Māori services for communication and swallowing needs are protected in planning.

### 4. Access Across All of Aotearoa

#### **Why it matters for New Zealanders:**

People in rural and small communities often have limited or no local access to communication and swallowing services. Infrastructure decisions — from hospital builds to telehealth investment — determine whether these services can reach everyone.

#### **Risk in the Bill:**

Centralising infrastructure decisions under a Minister-appointed committee risks overlooking allied health facilities and rural service needs in favour of high-profile hospital builds.

#### **Recommendation:**

Require infrastructure planning to include equitable access to rehabilitation and communication services in rural and underserved areas.

## 5. Public Provision and Equity

### **Why it matters for New Zealanders:**

When publicly funded services aren't available, people may need to pay privately for communication and swallowing therapy. This can create a two-tier system where only those who can afford care receive it.

### **Risk in the Bill:**

If the Bill weakens settings for public provision and equity, inequities will widen (especially for Māori, Pacific peoples, disabled people, and rural communities), delaying intervention, worsening outcomes, and increasing avoidable system costs.

### **Recommendation**

We recommend safeguards to ensure this does not inadvertently weaken accountability for the equitable provision of public services — particularly for communication and swallowing services, which are already scarce in some regions.

### **Closing Statement**

Overall, NZSTA recommends that changes to the purpose, objectives, and functions be accompanied by clear expectations that accountability extends beyond access metrics. Health NZ should be required to demonstrate how it delivers equitable outcomes, including rehabilitation and communication, as part of its governance and performance frameworks.

NZSTA's positions are supported by and consistent with key concerns raised by other health sector stakeholders, as outlined in the Appendix on the next page.

## Appendix – Sector Alignment Table

This document maps NZSTA’s submission points on the Healthy Futures (Pae Ora) Amendment Bill to concerns already raised by other stakeholders (Hāpai, E-tangata, NZ Psychological Society) to demonstrate sector alignment and reinforce the credibility of NZSTA’s recommendations.

<b>NZSTA Submission Point</b>	<b>NZSTA Summary Position</b>	<b>Relevant Sector Critiques</b>	<b>Source(s)</b>
1. Communication Access as a Health Equity Issue	Retain equity principles; require Health NZ to demonstrate how equity obligations are met for people with communication needs.	Equity commitments diluted by the removal of Health Sector Principles; risk to marginalised voices.	Hāpai – loss of equity focus; NZPsS – weaken equity frameworks
2. Rehabilitation Pathways Matter	Accountability mechanisms must capture not only access but also outcomes such as rehabilitation, participation, and quality of life (including communication/swallowing)	Targets too narrow, focus only on acute care; rehabilitation & prevention overlooked.	NZPsS – narrow focus; Hāpai – loss of prevention and long-term wellbeing focus
3. Local Māori Voice in Health Planning	Maintain iwi-Māori Partnership Boards’ direct role with Health NZ and ensure Māori voice in planning for communication and swallowing services.	Reduction of IMPB role to advisory only weakens Māori voice and Te Tiriti partnership.	E-tangata – Māori voices sidelined; Hāpai – Māori leadership undermined
4. Access Across All of Aotearoa	Infrastructure planning must explicitly account for equitable access to allied health and rehabilitation services, including	Centralisation risks overlooking rural and community needs.	NZPsS – risk of inequitable service distribution

	communication, in rural and underserved areas		
5. Public Provision and Equity	Safeguards are needed so collaboration with private providers does not weaken accountability for equitable provision of public communication and swallowing services.	Increased role for private providers could deepen inequities.	Hāpai – privatisation risks; E-tangata – equity concerns