



27 November 2009

Whānau Ora Secretariat  
C/o Ministry of Social Development  
PO Box 1556  
WELLINGTON 6140

Tēnā Koe

**Re: WHĀNAU ORA: A WHĀNAU CENTRED APPROACH TO MĀORI WELLBEING  
DISCUSSION PAPER**

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Whānau ora Taskforce discussion paper. We strongly support its focus on services supporting whānau centred approach to Māori wellbeing. We are pleased to see that the paper builds on foundational health and wellbeing models such as *Te Whare Tapa Whā*<sup>1</sup> and uses a population health approach to health care which encompasses the broader social economic determinants, such as health, housing, income, social development, and justice<sup>2</sup>.

However, we are disappointed that this document did not include an implementation framework to promote change for already known and clearly identified barriers to health and social services in Aotearoa New Zealand. We wish also to raise our concerns on the following issues:

- collaboration across government agencies;
- whānau ora funded services;
- proposed fund holding agency;
- workforce issues; and
- privatisation of integrated services.

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<sup>1</sup> Ministry of Health. 2009. *Te Whare Tapa Whā Model of Health*. Māori Health Directorate webpage. MOH: Wellington.

<sup>2</sup> Winnard, D., Crampton, P., Cumming, J., Sheridan, N., Neuwelt, P., Arrol, B., Dowell, T., Matheson, D. and Head, V. 2008. *Population health – Meaning in Aotearoa New Zealand?* Auckland Regional Public Health Service: Auckland.

## Collaboration across Government agencies

1. NZNO are aware of the current barriers to collaboration and cohesion across government agencies, especially relating to funding, resources, and decision making processes which could deliver efficient integrated services. We seek clarification on implementing changes to reduce these barriers, and create culture change, including changes to traditional hierarchical structures across the government sectors which have not delivered quality health care.
2. NZNO wish to ensure that future challenges in the implementation of this policy will include the flexibility and practical solutions to ensure regional variations of whānau, hapū and iwi needs will be addressed, for example the needs of whānau in Tai Tokerau may be different to the needs of the whānau in Te Tai Tonga.

## Whānau ora funded services

3. NZNO strongly recommend that whānau ora services based on whānau wellbeing should be **funded on health outcomes rather than health outputs**. We are aware, that current funding specifically for Māori health providers accounts for only about 3 percent of health and disability expenditure with the overwhelming proportion of health and disability funding going to mainstream providers<sup>3</sup>.
4. NZNO are aware of significant funding and contracting barriers to health services for Māori and would support a review of current Ministry practices which inhibit provision of these services including:
  - funding allocation for providers;
  - funding contracts that focus on disease management rather than encompass a whānau ora - wellbeing of the whānau model;
  - contracts that do not allocate funding for infrastructure;
  - the multiplicity of contracts from one agency to the same provider; and
  - stringent monitoring processes with limited timeframes.
5. We would support any actions aimed at reducing these barriers and addressing these issues to the populations most at risk.
6. We recommend that any future Ministry funding models should reflect a reducing inequalities focus that would ensure that Māori health providers receive sufficient

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<sup>3</sup> Ministry of Health. 2005b. *The Annual Report 2004/05 Including The Health and Independence Report: Annual Report for the Year Ended 30 June 2005: Director General of Health's Annual Report on the State of Public Health 2005*. Wellington: Ministry of Health.

equity to improve the health of the whānau, hapū and iwi. Examples of whānau based health service that provide treatment services with a whānau focus have been trialed and require flexible funding models to continue supporting this type of service.

7. While we support the key elements to whānau centred service delivery we would like to see the inclusion of:
  - advocacy services to those whānau who require the support services to aid their decision making;
  - the ability to access all services provided via one point of entry; and
  - the ability to still have access to mainstream services if the whānau, hapū, iwi chose.

### **Proposed Fund Holding Agency**

8. We wish to seek further clarification on the transparent process for establishing a funding holding agency with commission services, its roles to support whānau development initiatives, the responsibilities to manage funds, and the nature of its infrastructure given similarity to roles in the newly established National Health Board.
9. We strongly object to privatisation of any social service or health services in Aotearoa New Zealand given the current disparities and barriers to health care that include access, available and appropriate services as outlined in the *Ministry of Health He Korowai Oranga: Māori Health Strategy*<sup>4</sup>.

### **Workforce Issues**

10. NZNO wishes to raise its concerns with the lack of discussion or reference to any current or future workforce needs to implement any framework. We remind the taskforce of current pay parity issues for Māori and Iwi providers working in Primary Health Care and request the urgent address of this issue<sup>5</sup>. This workforce is vital for the health and wellbeing of the Māori community health sector, and will be essential for the implementation of a whānau centred approach to Māori wellbeing and fundamental to improving health outcomes for Māori.
11. NZNO notes that the Māori health workforce is a key factor in any long-term strategy<sup>6</sup> to improve Māori health outcomes and requires dedicated development and resourcing. We welcome the opportunity to be involved in further discussions about whānau centred health and social services.

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<sup>4</sup> Ministry of Health. 2001. *He Korowai Oranga: Māori Health Strategy*. Wellington: Ministry of Health.

<sup>5</sup> New Zealand Nurses Organisation. 2009 *Te Rau Kōkiri Campaign*. Wellington: New Zealand Nurses Organisation.

<sup>6</sup> Ministry of Health. 2006. *Raranga Tupuake – Māori Health Workforce Development Plan*. Wellington: Ministry of Health.

## Recommendations

NZNO recommends that you:

- **agree** that whānau ora based health funding services be based on health outcomes rather than outputs;
- **support** a review of current Ministry practices which inhibit provision of these services including funding allocation for providers;
- **recommend** that any future Ministry funding models should reflect a reducing inequalities focus;
- **request** clarification on the transparent process for establishing a funding holding agency with commission services;
- **reject** privatisation of any social service or health services in Aotearoa New Zealand;
- **raise** concerns with the lack of discussion or reference to any current or future workforce needs to implement any framework; and
- **note that** we welcome the opportunity to be involved in further discussions about whānau centred services.

Nāku noa, nā



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### NEW ZEALAND NURSES ORGANISATION

*The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 43 000 nurses and health workers. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated. Our members include nurses, midwives, students, kaimahi hauora, health care workers and allied health professionals.*

*The NZNO vision is "Freed to care, Proud to nurse". Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations.*