



# **NZ Public Health & Disability (Southern DHB) Election Bill**

**Submission to the Health Select Committee**

**Date: 21 January 2016**

## **Contact**

**LESLEY HARRY, LLB, INDUSTRIAL ADVISOR**

**DDI 078587201 OR 0800 283 848 | E-MAIL [LESLEYH@NZNO.ORG.NZ](mailto:LESLEYH@NZNO.ORG.NZ) | [WWW.NZNO.ORG.NZ](http://WWW.NZNO.ORG.NZ)**

**NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140**

### About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*

## EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on NZ Public Health & Disability (Southern DHB) Election Bill.
2. NZNO has consulted its members and staff in the preparation of this submission.
3. Last year NZNO cautiously supported the Minister of Health's decision to replace the SDHB with a Commissioner as an *interim* and *temporary* measure to help address ongoing financial and cultural challenges.
4. The suspension of SDHB elections for a period of almost five years, which will be the effect of the Bill, is quite contrary to what was anticipated and foreshadowed.
5. The extended period of non-elected representation is unnecessary, since, under the current provisions for a mix of elected and ministerially appointed members to the SDHB, the current commissioner and her entire team could be appointed without the need to remove elected representation; and is contrary to the purpose and objectives of the NZ Public Health and Disability Act 2000.
6. Furthermore, the bill is remarkably at odds with the policy direction and thrust of the Ministry of Health's health and disability strategies, which are primarily aimed at *greater* community participation and 'empowerment', because of the substantial body of evidence that

community participation is associated with improved health outcomes (Jessamy & Wakerman, 2015; Marmot, 2008).

7. NZNO **opposes** the Bill.

## DISCUSSION

8. The New Zealand Nurses Organisation does not support the suspension of the 2016 SDH's election of board members.
9. We refer you to Part 1, section 3 (1)(c) of the NZ Public Health and Disability Act 2000 setting out the purpose of the Act:

*“to provide for a community voice in matters relating to personal health services, public health services, and disability health services -*

  - i. by providing for elected board members of DHBs:*
  - ii. by providing for board meetings and certain committee meetings to be open to the public*
  - iii. by providing for consultation on strategic planning.”*
10. The Act also sets out the statutory objectives of DHBs in Part 3 of the Act, one of which is *“to foster community participation in health improvement and in planning for the provision of services and for significant changes to the provision of services”* Part 3, s22(1)(h).
11. We refer you to the recent update of the New Zealand Health Strategy (the Health Strategy) developed by the Ministry of Health with extensive health, community, and cross government consultation and participation last year.
12. The primary strategic theme of the Health Strategy, which is echoed in other recently developed health plans, is that health delivery is *“people-powered”* (see Fig 1).
13. The Health Strategy also reconfirms the government's commitment to upholding the fundamental underlying principles which include *“Active involvement of consumers and communities at all levels”*.
14. This bill undermines both the strategic direction and principles of the government's Health Strategy.
15. We also refer you to the Productivity Commission's Report on *More Effective Social Services* which was unequivocal in its identification of the need to devolve services closer to the client base to encourage *“bottom-up innovation and experimentation, energy and ideas at a local*

level, and a better match between services and client circumstances” (New Zealand Productivity Commission, 2015).



Figure 1, Health Strategy Update, Strategic themes  
Source: Ministry of Health

16. It is difficult to see how preventing community input into the DHB could empower clients or lead to a better match between services and clients as the productivity commission advises.
17. We remind you that the intention of both the health Strategy and the Productivity Commission’s report is to improve the efficiency with which services are delivered to achieve better population health outcomes.
18. The provision of publicly funded health services is complex, but the ultimate responsibility for the direction and governance very clearly lies with the people.
19. Elected representation provides for openness and transparency in DHB governance decision making. The decision-making functions of District Health Boards include requirements for public consultation, regular meetings with public access and recordkeeping.
20. Open access to information and the opportunity for public feedback are essential ingredients to an open and transparent democracy.
21. Important decisions relating to health services should not made behind closed doors. The future direction of health services are important to both the workforce and service users. It is important that the community is consulted with and their voice is heard through their

elected DHB representatives to ensure robust and appropriate decisions are made for Southern communities.

22. Due to the ongoing financial and cultural challenges facing the SDHB, NZNO cautiously accepted the decision by the Minister of Health to dismiss the board and replace with a commissioner and deputy commissioners. This was expected to be an interim and temporary measure. The suspension of SDHB elections for a period of almost five years is quite contrary to what was anticipated and foreshadowed.
23. Furthermore, the extended period of non-elected representation undermines the democratic ideals of decision-making being informed and guided by public input. It is also contrary to the objectives of the principle Act referred to above.
24. By October 2016 the Commissioner and team will have had at 18 months to develop a strategy for the SDHB financial and cultural recovery.
25. This 18 month timeframe should be sufficient, provided targeted resources are readily available and priority is given by the commissioner and team, to complete that task. Once the strategy is developed it must be approved in the normal way, ie by the SDHB which includes a number of democratically elected and representative members as well as Ministerial appointees.
26. The latter could include the current commissioner and her entire team, and we recommend this as a practical and more democratic alternative to the suspension of SHB elections, if more time is needed for the commissioner and her team to complete their work. We suggest the Minister appoint them to the SDHB, without sacrificing the southern communities' right to scrutinise and be heard.

## CONCLUSION

27. In conclusion, NZNO **recommends** that you:

- **do not proceed** with the bill;
- that 2016 SDHB elections proceed in October 2016; and that, if necessary,
- the Minister of Health appoints the Commissioner and her team to the SDHB.

Lesley Harry  
**Industrial Advisor**

## REFERENCES

- Jessamy, B., & Wakerman, J. (2015). Impact of community participation in primary health care: what is the evidence?. e. *Australian Journal of Primary Health*, 21, 2–8.  
<http://doi.org/http://dx.doi.org/10.1071/PY12164>
- Marmot, M. (2008). Closing the gap in a generation. *Health Equity Through Action on the Social Determinants of Health*, 246.  
<http://doi.org/10.1080/17441692.2010.514617>
- New Zealand Productivity Commission. (2015). *More Effective Social Services*. Final Report - at a glance. Wellington. Retrieved February 2015 [fhttp://www.productivity.govt.nz/sites/default/files/social-services-final-report-at-a-glance.pdf](http://www.productivity.govt.nz/sites/default/files/social-services-final-report-at-a-glance.pdf)