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NEW ZEALAND NURSES ORGANISATION
TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

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Committee Secretariat
Pae Ora Legislation Committee
Parliament Buildings
Wellington

Tēnā koe

Pae Ora (Healthy Futures) Bill

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Pae Ora (Healthy Futures) Bill (*the Bill*).

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 51,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes for all Aotearoa New Zealanders through influencing health, employment, and social policy development.

Furthermore, we share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities.

NZNO has consulted with members and staff in the preparation of this response.

NZNO acknowledges the Bill will lead the greatest change to our health system since the establishment of District Health Boards (DHBs) in January 2001 with the then goal being to improve the health of their populations by delivering high quality and accessible health care.

NZNO understands the Bill establishes Health New Zealand (HNZ) and the Māori Health Authority (MHA), will look to transform Māori health by addressing issues and poor experiences, and mandate a set of government strategies and plans that are expected to guide what happens in the health sector. The Bill will also set out provisions regarding PHARMAC, the New Zealand Blood and Organ Service, and Health Quality and Safety Commission, while providing some technical detail relating to payments for services and access to information.

National Office
Level 3, Findex House
57 Willis Street
Wellington 6011
PO Box 2128
Wellington 6140
T 0800 28 38 48
www.nzno.org.nz

NZNO recognises that the kind of healthcare many people receive has been shaped not by need, but on where you live. At the same time, our health system has been focused on trying to treat people in hospitals for conditions that could have, and should have, been dealt with earlier.

Therefore, we think our future health system needs to have a strong focus on services designed and delivered locally but supported by a national system that ensures consistency across the motu.

Nursing Leadership

Nursing leadership needs to be at the forefront of HNZ, the MHA and the Transition Unit (TU) based in the Department of Prime Minister and Cabinet (DPMC). It is extremely concerning, given the major role and status of nurses in the health workforce that they are not represented within these agencies. The same scenario exists with the establishment of localities and the Charter for Health New Zealand, New Zealand Health Outcomes and Services Plan (NZ Health Plan), commissioning and contracting policies and the Digital and Data Plan.

While there may be individuals working in the afore mentioned agencies that have a nursing qualification, they are not representing nurses nor are, they members of NZNO, the organisation that represents the majority of nurses in New Zealand.

How, when and at what level can nurses have input into and sustained influence on the evolving health system? As previously stated, there is a need for nursing leadership, as it has been noted that individuals transitioning directly to the new entities risk transplanting and re-creating existing (compromised) agendas, approaches, and behaviours.

Nursing Workforce

How will the new system strengthen and sustain the nursing workforce given the constraints and stresses currently being experienced? For example, how can the existing Enrolled Nurse, Registered Nurse and Nurse Practitioner workforce be better utilised? How is the TU working with Te Pūkenga (the New Zealand Institute of Skills and Technology) to increase capacity and capability within the nursing workforce and others? There is a great of skepticism about the proposed timeframes given the impact of COVID-19 and the burden on nurses and others for whom the implementation will impact on.

NZNO has identified strategies to support a nursing workforce including:

- Supportive education and training
- Employment and retention strategies to strengthen the workforce
- Ensuring pay equity for nurses
- The protection of health and safety, including through safe staffing levels
- Equitable working conditions, for example paid study leave, sick leave and annual leave entitlements etc.

- Encouraging individuals to work well within their scope and not always at the tip of their scope as this increase's burnout
- Invest in training for the rural health workforce - multidisciplinary rural training from beginning to end within rural, by rural
- Supporting mechanisms that promote health as a career within schools - especially Maori, Pacific, rural and underserved populations
- A change in system thinking which values primary and community care as much as secondary care, and
- A national Professional Development and Recognition Programme (PDRP) for nurses that is transferable across all New Zealand health providers.

Pae Ora

The explicit focus on equity is evidenced in the Bill through the stated purpose *achieve equity by reducing health disparities among New Zealand's population groups, in particular for Māori*. We recommend the use of deficit language within this purpose statement *reducing health disparities* be replaced with a focus on Māori hauora advancement.

Although the Bill is named Pae Ora (Healthy Futures) there is no definition of this term within the Bill nor is it evident how this holistic hauora model will be embedded across the Bill. There needs to be a focus on improving the wellbeing of people, family and whānau, and the environment we live in. This includes creating the right conditions for physical, emotional, social, and environmental wellness within the health system, and Aotearoa New Zealand. HNZ and the MHA must explicitly mandate keeping people well and improve population health, especially for Māori, underserved or vulnerable populations, and future generations.

Te Tiriti o Waitangi

The Bill speaks to hauora Māori, presumably, as an attempt to move away from a Western medical model of health. However, large components of the Bill look like a conventional approach to services. The parts of the Bill dealing with the MHA are tasked with leaving whānau better off. NZNO commends structures such as the MHA that increase the opportunity of self-governance for Māori as proposed in te Tiriti o Waitangi. Still, we note a lack of information that supports ensuring the MHA is set up to achieve Māori aspirations.

The Bill also establishes a Hauora Māori Committee to give advice to the Minister of Health and provides more formality to the current DHB Māori partnership boards, giving them potentially a powerful role in influencing local decision making. Further clarification of this would be valuable.

The Bill needs to strengthen te Tiriti o Waitangi obligations for the entire new health sector. The Bill gives the MHA joint decision-making authority with HNZ for services, but it also must be the same joint decision-making for policies with the Ministry of Health. This equality of mana in the partnership the Ministry should be written into the law. The Bill does not address the level of funding for the

MHA, though it does describe what it would commission, but outside of capacity and capability funding, the remainder is to be determined in the in NZHP. There should also be a commitment in the law to progressively increase the MHA budget, so that it has an equitable share of Vote Health.

The Bill needs to acknowledge that te Tiriti o Waitangi is different to The Treaty, and that te Tiriti o Waitangi has constitutional preference. The law must clearly show how all the new health structures will uphold both the principles and articles of te Tiriti. This includes consultation with whānau, hapū, or iwi, and hāpori Māori, cultural safety, expertise and responsiveness, and commissioning kaupapa Māori services. This is not just the responsibility of the MHA. Eliminating health inequities needs to be included into the purpose of all the new agencies.

The Bill also needs to clarify whether the Minister of Health makes the ultimate decisions on the MHA, including when it is in dispute with HNZ or when its Board is not performing.

The Health Plan / Strategies

The Bill needs to state that health goals and plans should be set across Government Ministries, where policies impact health. Other Ministries that have policies affecting health outcomes need to be required to work with the new health agencies.

Furthermore, cross-agency strategies for Māori health, Pacific health and the health of people living with disabilities are written into the Bill, but there should be other strategies such as mental health, and rural, women's, rainbow community, and youth health.

There should be a statutory requirement to develop a women's health strategy alongside the other required strategies (including the NZ Health Strategy, Hauora Māori Health Strategy, the Pacific Health Strategy, the Kia Manawanui plan, Disability Health, rainbow community, and youth health).

Sexual violence, intimate partner violence, gender inequity and stereotypes contribute to poorer health outcomes for women and girls. Gender inequity has also resulted in the marginalization of women's health services in the health system resulting in inequitable access to contraception and abortion, menstrual management, and maternity care. Wahine Māori, Pacific women, girls, women, and girls with a disability are disproportionately impacted by gender inequity because they also face other forms of discrimination and inequity. A national strategy similar to the Australian Women's Health Strategy[1] is necessary to provide leadership, direction and accountability for improving women's health and wellbeing, particularly women and girls experiencing the poorest health outcomes.

Localities

[1] Australian National Women's Health Strategy 2020 to 2030 https://alswh.org.au/post-outcomes/national-womens-health-strategy-2020-to-2030-/#:~:text=In%20April%202019%2C%20the%20Department,most%20risk%20of%20poor%20health

The Bill paves the way for localities being geographic areas that will be used to plan and deliver services. Little detail is provided with many questions unanswered. What will be the process for determining localities? How will localities work with Iwi-Māori partnership boards? If Iwi-Māori Partnership Boards are already constituted (as per Schedule 3 of the Bill) how do they allow for diverse Māori representation and realities? What size will localities be? How will whānau, hapū and hāpori participate in locality development?

Furthermore, it may take up to two years after the commencement date so, no formal localities until 1 July 2024. A further year will elapse before the requirement for locality plans to be developed comes into effect on 1 July 2025.

NZNO supports models of care within localities that ensure services are:

- Informed by the lived experience and needs of local populations
- Designed around individuals, family and whānau journeys irrespective of provider type
- Delivering complete end-to-end clinical pathways for people and their family and whānau
- Leveraging learnings from across the country to continuously evolve and improve
- Capable of measurement against consistent service expectations, and
- Having an integrated means for ongoing evaluation and improvement that reflects the intended outcomes of reform.

Public Health

NZNO supports the strengthening of public health that the Bill provides including the establishment of the Public Health Agency within the Ministry of Health, the strengthened position of the Director of Public Health, and the establishment of an expert Public Health Advisory Committee. However, we are concerned that Māori public health expertise and experience is not specifically considered. There is an expectation that there will be Māori membership on all health boards and advisory committees. Furthermore, Māori public health expertise must be a requirement of membership of the Public Health Advisory Committee.

While this agency is not independent of the Ministry and Minister as HNZ and the MHA are, all the new agencies need strengthened public health powers and ring-fenced funding for public health policy, monitoring, reporting and services. This funding should be a set proportion of Vote Health which increases over time to meet health equity goals.

Digital Services

The health sector requires a digital framework across New Zealand with consistent connectivity. Furthermore, there needs to be a financial framework around increased digitalization as this requires funding in addition to time to cover infrastructure, hardware, IT platforms, and designated clinical time to input, analyze and action data.

Commissioning
The Health New Zealand Board and the Maori Health Board will oversee commissioning, contracting, and monitoring of services and, in this respect, taking over some work currently undertaken by the Ministry. Is this a centralised purchaser / provider split? Who the providers will be has yet to be confirmed but the starting point will be rolling over the current system, including all current contracts? We note that it will be the first time, commissioning for health services will be undertaken by the MHA. What support is available to the MHA and does it come with an increase in Vote Health?

Climate Change
The Bill does not talk about the environment and its connection to health. In today's context, this could and should, at a minimum, include references to climate change, and acknowledge Māori connections to the whenua.

The Bill should increase the focus and accountability for action in responding to the climate crisis and planetary health. As a slow moving and complex issue, the climate crisis will be the single most important cause of ill-health in future decades. A delayed response to climate change will mean increased direct and hidden service delivery costs, high healthcare spending to offset emissions and a system with low resilience to climate change risks. The future health system will not be able to afford these costs and burdens.

NZNO supports:

- A Climate Change mitigation and adaptation work programme and an embedded Sustainability Unit in the new HNZ organisation and the MHA, appropriately linked to the Public Health Agency
- A centralised, standardised and coordinated approach on strategies, operations, priorities, frameworks, support, research, innovation, benchmarks, and key performance indictors
- A clear mandate, resources, expertise, and leadership for all providers of health service so that there is consistency and the opportunity for even greater climate change achievement across the health sector, and
- PHARMAC, as the lead procurer of medical devices and pharmaceuticals, needs to consider the impact of climate change and waste minimisation in its factors for consideration framework.

Please note that we wish to make an oral submission.
We thank you for the opportunity to provide feedback on the Pae Ora (Healthy Futures) Bill.

Nāku noa nā

Lucia Bercinskas
Senior Policy Analyst
(04) 912 1099