

2 August 2018

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Parliament Buildings
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Tēnā koe Minister

Draft Terms of Reference for the Health and Disability Review

The New Zealand Nurses Organisation *Tōpūtanga Tapuhi Kaitiaki o Aotearoa* (NZNO) welcomes the Health and Disability Review ("the Review") and takes this opportunity to give brief feedback on the Terms Of Reference following preliminary consultation with our members and staff. NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand representing over 52,000 members – mainly nurses, midwives, students and allied health workers. NZNO has 20 Colleges and Sections and Te Rūnanga o Aotearoa NZNO, the Māori arm of our bicultural organisation, has over 3,700 members. Our members work at all levels of healthcare in all settings throughout the country and are committed to improving health equity and outcomes for all New Zealanders.

General feedback

- Strong support for prioritising (in effect, *rebuilding*) a strong, effective and equitable public health service.
- Extreme disappointment that the constitutional relationship with Māori established by te Tiriti o Waitangi is neither acknowledged nor referenced, when adverse indicators for Māori health over generations evidence structural discrimination and the lack of "partnership protection or participation" for Māori in the health and disability system. Engagement with a "diverse range of New Zealanders" and "all populations" does not fulfil te Tiriti obligations to tāngata whenua and excludes opportunities to both redress entrenched health disparities for Māori and to leverage a comprehensive Te Ao Māori approach to health. With respect to the latter, there is considerable scientific and economic validation of a broad, social determinants approach to health and wellbeing.
- Initial identification of specific areas that need strengthening e.g. mental health and addictions, primary [health] care, and the relationships between the Ministry of Health and broader sector, undermines the principle and purpose of systemic review.
- Agree that expenditure does not equate to improved access and outcomes, which is why the system must be founded on public health principles, and informed by clinical and economic evidence; access to primary health care (as per Alma Ata Declaration 1978) is fundamental.
- The barrier to access is not the *complexity* of governance, ownership and accountability models, but that access to primary health is overwhelmingly mediated through private GP practice, and health promotion, including a regulatory system that supports wellness, is fragmented and inadequate.

Considerations

- Māori representation is not clear – who and how?
- Prioritise learning from review of the *national landscape* rather than international models which very rarely have an indigenous perspective (reflected in poor outcomes for indigenous peoples globally). Te Pae o Te

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Maramatanga, Victory Schools Community Health, Otumoetai Community of Learning Mental Health, Te Ara Oranga Methamphetamine Demand Reduction, are inclusive, community health programmes specific to Aotearoa New Zealand.

- Decisions around the distribution of healthcare resources must be predicated on optimising the health potential of all New Zealanders, if we are to move beyond the distribution of resources based on responses to medical need.
- Funding models need review to optimise service and workforce flexibility; primary healthcare (prevention and early intervention, health literacy and wellness); and equitable outcomes. Capitation and various “vulnerability” formulae are blunt instruments that do not reflect/enable modern practice to improve population health. Moreover, they lack transparency and fairness and have led to unintended consequences such as disparities between urban/rural areas; GP funding; barriers to innovation and flexibility especially potential to utilise nurses and allied health workers to deliver integrated health and social services.
- Health system capability needs to be considered not just capacity – should encompass clinical and cultural competence, new/changing roles of health practitioners, multi-disciplinary team, and long term workforce planning for a self-sustainable workforce (i.e. 10% internationally trained). A workforce rather than technology focus is more appropriate for a systemic review, as systems should be designed to respond to advances, and the quality of services is closely aligned to the workforce resources.
- We are confident that the current system is well placed to deal with technological advances and the major public health risks associated with, for example, antimicrobial resistance, climate change. We note that previous health system reviews, Advisory Committee reports, numerous individual pilots and service and organisational restructures afford considerable opportunity to provide insight into what makes a difference to health outcomes, yet are rarely considered.

Kaupapa inequity

With regard to the Waitangi Tribunal WAI 2575 Health Services and Outcomes Kaupapa Inquiry, we note that this could continue for some time. The issue of kaupapa inequity both in terms of Māori health and the Māori health workforce should not be left solely to Māori, or to Tribunal recommendations, which are not binding. Government inaction in both these areas of poor outcomes due to unintentional structural discrimination and lack of cultural competence and awareness cannot continue. The Review needs to specifically encompass both.

Exclusions

- We oppose the exclusion of ACC: the fundamental disparity in how disability is treated based on cause is antithetical to the rights of disabled people and is a key factor in inequitable health outcomes. ACC is discriminatory, as it is neither a social insurance nor workers’ compensation model, but there is significant potential for it to function more efficiently and fairly as originally intended if it were aligned to the health and disability system.
- We support excluding private health insurance in a review of the public health system.

We trust this preliminary feedback will be useful and look forward to further engagement in the course of the Review.

Nāku noa, nā



Memo Musa
Chief Executive