Tena koutou, Tena koutou, Tena koutou katoa

- I am delighted to be here at the Enrolled Nurses Section with colleagues who are passionate about advancing the professional aspirations of enrolled nurses.
- Firstly, welcome to Kevin Hague, Member of Parliament, Caroline Reed, Chief Executive of the Nursing Council, Alison Hussey, Senior Advisor from the Ministry of Health, and other distinguished participants and contributors to this conference programme.
- The theme for this conference starting today is “Forging our future – identity, vision, purpose”.
- In a continually changing health and disability sector and environment it is critical that we learn from each others’ successes and share innovation. Such learning is the hallmark of such conferences.
- Today I am here to share with you NZNO’s priorities for health. More importantly to strongly re-affirm that Nursing Matters in the health and disability system.
- Before doing so I would like to provide you with a few headlines as background context against which you should view NZNO’s priorities for health.

**Health status**

- Many factors influence how healthy we are. These include social, economic and environmental factors.
- Factors such as income, employment status, housing and education can have both direct and indirect impacts on health and can have cumulative effects over the life span.
- It is therefore important that health and disability policy and its implementation is appropriately targeted to addressing not only our health, but the factors that influence our health.

**What is the current focus?**

- The Minister’s priorities are to:
  - Strengthen the health workforce
  - Improve hospital productivity
  - Speed up the implementation of the Primary Health Care Strategy
  - Improve value for money

- Health targets

  There are six health targets, three have population health, primary health focus.

  - Increased immunisation
  - Better help for smokers to quit
  - More heart and diabetes checks
  - Shorter stays in emergency departments
  - Improved access to elective surgery
  - Shorter waits for cancer treatments

  However, health target achievements are geared towards financial incentives.
• National Health Board has 12 priorities which also cover Health IT Board and Health Workforce NZ.
  o A unified system for long-term service planning, funding and provision that is clinically and financially stable
  o Identify, plan, fund and monitor the delivery of health services deemed by the Minister of Health to be national services
  o Support on-going development and implementation of Regional Service Plans
  o Planning, funding, monitoring and performance management
  o Capital, IT and workforce capacity planning and investment supports service plans that are clinically and financially stable
  o Allocate management of non-departmental expenditure to right location
  o Reducing waste and bureaucracy and improving the productivity, quality and safety of the health and disability system
  o Improving clinical leadership and engagement
  o Christchurch earthquake recovery
  o Sustainable, person-centred, aged care and disability support services
  o Delivery of priority services
  o Delivery of integrated services

Reading this list is like a menu out of a cook book. You read and get to the third paragraph and go 'too hard’ to cook and leave it.

• Workforce – Health Workforce New Zealand
  o Implementing and improving on accountable, transparent and (as much as possible) contestable purchasing processes
  o Creating and maintaining an environment in which (disruptive) beneficial innovations are business as usual
  o Improving the standard of leadership in the health system and health system intelligence
  o Ensuring that the ‘system’s for health workforce training are fit for purpose and sustainable
  o Preferential investment in the health workforce necessary to underpin national health targets and priorities
  o Preferential investment in health workers who have a general scope of practice and a shift in investment to community-based health workforces

• In response to these headlines we believe that nurses, the largest workforce in the health and disability system, provide the key components of health that prevent and treat illness and empower people and their whanau to be active in the management of their own health care and wellbeing.

• In complex systems – Nurses Matter

• We, by we I mean NZNO, are of the view that there are barriers to using the nursing workforce effectively. Nurse workforce planning is lagging behind. New models of care and more investment in public health are necessary to enable our nursing workforce to help all New Zealanders reach their health potential.

• We cannot ignore the challenges of increasing inequity, an aging population and workforce and changing needs.
In consultation with members and member groups, including NZNOs 20 specialist colleges and section, Te Rūnanga o Aotearoa, the national student unit, NZNO Board and regional councils, NZNO identified seven priorities for nursing and public health:

- A sustainable nursing workforce used to its full extent
- Investment in public health
- A primary health care approach to improving population health
- Safe clinical environments
- Social and health equity
- Fair employment
- Best start for children

I will briefly touch on each.

**A sustainable nursing workforce used to its full extent**

- Long-term workforce planning and review is needed to ensure a sustainable nursing workforce that is clinically and culturally competent, reflects the ethnic and gender profile of the population and is able to meet New Zealand’s health needs. Workforce planning must also maintain a balance between workforce supply and demand.

  The Nurse Education in the Tertiary Sector Destination Survey of March 2014 showed that out of the 59 enrolled nurse graduates from November 2013, 25 were employed as enrolled nurses, and 21 were seeking work but not offered employment.

  For registered nurses out of 1,399, 920 were employed as registered nurses, and 268 were seeking work but not offered employment and the number known to be in the new graduate programme was 720.

  We are advocating for:
  - New graduate fully funded nurse to entry practice both for
  - Enrolled nurses and registered nurses
  - 100 per cent employment for new graduates
  - Legislative and other barriers to the full use of nursing scopes of practice to be addressed

**Investment in public health**

- Need an overarching public health model of care which encompasses both individual and whānau empowerment and social responsibility for health is needed to counter the structural barriers to equitable health care. Te Whare Tapa Whā is a public health model of care which meets these criteria.
• Public health interventions that promote healthy living, reduce injury and disease, alleviate suffering and ensure timely access to quality health care are the most cost effective way to reduce future health and social service demands and must be prioritised.
• Need to address system performance over and above the six health targets.

A primary health care approach to improving population health

• A comprehensive primary health care approach across all health settings is needed to drive the transition to a fully integrated health system, which is patient-centred and interdisciplinary.

• Flexible funding streams to facilitate community-based initiatives, including nurse-led clinics, walk-in centres, and nurse partnerships with other health professionals, will address barriers to care, optimise the use of health workforce skills and reduce future health demand. Removing funding inequalities to Māori and iwi providers will reduce health disparities.

Safe clinical environments

• All health settings require the right number and skill mix of staff, sufficient resources, and the elements that underpin workplace health and safety: knowledge, regulation and sound employment practices. These elements also contribute to achieving best health outcomes.

• Clinical environments that are safe for health consumers and health workers require nationally consistent staffing and patient assessment and information systems and tools, eg Care capacity demand management, Trend Care and InteRai.

• CCDM
  o 13 DHBs with reviews/proposals for change
  o 36 different service change proposals
  o 3,000 nurses affected
  o 53 are nurse leader roles
  o Add educators – 76
  o The remainder are front line staff

Social and health equity

• The Living Standards framework adopted by Treasury, which uses a range of social, environmental, human and economic indicators to measure national well-being, is an appropriate policy platform to drive the integrated action on the social determinants of health needed to reduce poverty, remove structural discrimination, and support healthy whānau, communities and workplaces.

• All policy initiatives and major social and infrastructural projects such as housing, transport, environment and education projects, should be subject to a health impact assessment and evaluation.
**Fair employment**
- A living wage, safe workplaces, collective bargaining and collective agreements, good faith bargaining and contracting and equal pay for work of equal value in all settings are fundamental aspects of a fair and healthy society.
- Some time this year we start negotiating the national DHB MECA

**Best start for children**
- A universal approach is needed to ensure that all children have their physical, emotional, developmental, social and spiritual needs met, and are able to grow up in a supportive and nurturing environment.
- Extending parental leave to 26 weeks, and ensuring culturally appropriate comprehensive social, education and health services for all mothers and children, including integrated midwifery and PHO services and free, accessible primary health care, will help parents ensure their children get the best start in life, reduce entrenched health disparities and maximise the value of health spending.

What are we doing internally?
- Member engagement in order to maintain and increase membership
- To increase visibility of NZNOs role as a professional association
- To promote nurses and the nursing profession
- To contribute to health sector workforce planning
- To improve organisational health

In conclusion, to improve health of New Zealanders and health outcomes equity matters, fairness matters, and most importantly nurses matter.

Nurses and nursing have plenty more to offer and contribute to an effective, safe and well functioning health and disability system, providing good quality care.

So during the upcoming election I encourage you to exercise your right to vote, get out and vote, and encourage others to do so, and to judge political party health and social policies on whether or not they advance these priorities and what matters to nurses.

I hope you enjoy your conference and that you get the best learning and practice development opportunities, so you can take away important ideas to put into practice.

No reira tēnā koutou, tēnā koutou, tēnā koutou, tēnā koutou katoa.