


Tena Koutou Katoa, ko matairangi te maunga, ko kumu toto te awa, ko raukawa te moana, ko Jill Clendon toko ingoa. Kei te noho matou I whakatu, naiane i te waiponamu. Naku te rourou, nau te rourou, no reira, tena koutou, tena katou, tena tatou katoa.

Thanks so much for inviting me to speak with you today. And what an exciting time it is to be involved in health and particularly primary health care in Aotearoa New Zealand. The New Zealand Health Strategy has set us up to develop a future in health that sees us achieving health and social equity, people living well, staying well and getting well, and embracing new technology to help us achieve this. I am going to start by introducing the Office of the Chief Nursing Officer at the Ministry, and then turn to look at the NZHS, where it can take us and how we can use it to underpin our work in primary health care. I'll also touch on some future challenges we face in primary health care – in particular associated with technology.



So, what do we do at the Ministry and who are we. Jane O'Malley is the Chief Nursing Officer and she has four advisors and an executive assistant to support her. There is myself and Jane Bodkin as chief advisors and Kathy Glasgow and Carolyn Jones as senior advisors. We have a range of portfolios between us and I am specifically responsible for primary health care, children, youth and family, RN prescribing and research.

The Chief Nursing Officer role is situated on the MOH executive leadership team reporting, along with the CMO and the Maori Leadership role to the Director General. Jane, or either myself or Jane Bodkin when Jane is away, sit at the decision-making table in the Ministry every single day; our roles are to advise the Minister and the Ministry and to lead and provide leadership to the sector on clinical matters and on improving Maori health.



Partners in policy and action around nursing workforce

- **Policy:** The Office of the Chief Nursing Officer.
- **Regulation:** Nursing Council.
- **Education:** Nurse Educators in the Tertiary Sector and Council of Deans.
- **Profession:** New Zealand Nurses Organisation, College of Nurses Aotearoa, NZ College of Mental Health Nurses, National Council of Maori Nurses.
- **Employers:** District Health Boards Directors of Nursing and Nurse Executives of New Zealand.

We are a small office and in some ways we are advantaged by this; we need the sector to do the work required and so purposeful engagement with and credible leadership through all those who hold nursing leadership roles is important. This leadership structure facilitates an efficient and relatively effective flow of robust information to achieve nursing sector action through a shared understanding of the key issues and a joined up approach to action.

I want to move on now to introduce you to someone I met a year or so ago. Until I started at the Ministry at the start of this year, I worked in a small, voluntary after-hours, nurse-run clinic in Nelson. Mary's story is typical of many we hear.



Mary was 4 when I first met her. She was living with her mum and two siblings in a one bedroom cheap housing apartment. Her mum was struggling with mental illness but doing the best she could with her kids given her challenges. We run a drop in clinic in the apartment building where Mary was living and we knew her mum was struggling and that Mary was not coping well. Mary also had asthma and eczema and had been treated a number of times for skin and respiratory infections.

Mary's story is pretty typical of children born into a life where income, housing and health challenges combine to create circumstances of poverty. While we have had some success in supporting Mary's mum and helping address Mary's health needs, we know that more needs to be done to both prevent and intervene earlier to stop families ending up in these circumstances. What I hope to do is look at how Mary's story fits with the New Zealand health strategy, the road map of actions that guides our interventions and how we can make a difference for Mary and her whānau.



Let's start by looking at what underpins our work in nursing. While the New Zealand Health Strategy is an important local driver of our current and future work, the sustainable development goals are an international framework for change that, as nurses, we must also be cognisant of. There are 17 goals and each is designed to provide a focus for action. The SDGs, as they are commonly known, replaced the millennium development goals and were adopted by the UN in 2015.


Both the World Health Organization and the International Council of Nurses recognise nursing has a major role to play in relation to not only health goal #3 but all the others: the conditions into which people are born, grow up, live and work that impact on their health .

Nurses understand the links between wider conditions and health. We often come to nursing because of this understanding or we develop the understanding through our nursing work.

The role of nurses is to take the SDGs and make links between them and national policies. In the case of New Zealand – the NZHS.


The ICN says “nurses you are already doing it”, but what does it look like and are we really doing it? What can we do differently?

How might we partner and do things together? Let's turn now to the NZHS and see if we can find some answers to these questions and how we might help Mary.

 MINISTRY OF HEALTH
Hauora. Māori Ora.

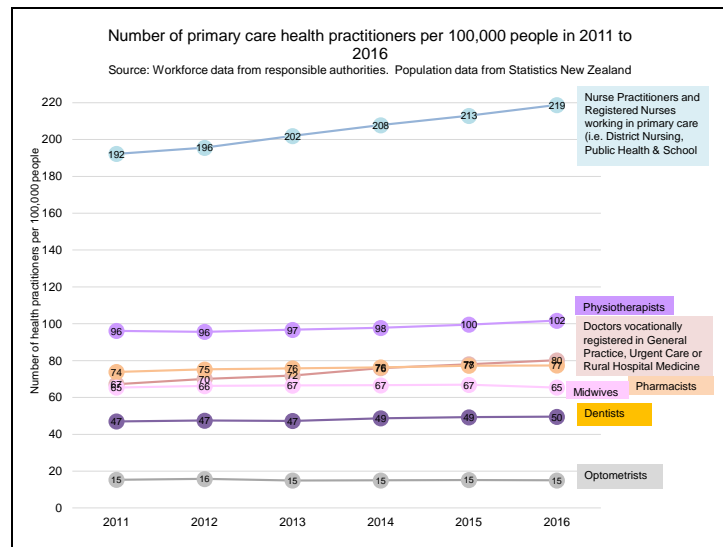
Towards a vision of the health system that is

“caring and people centred operating as one with a focus on wellbeing and prevention throughout the lifespan, uses skills and resources in the best ways, and joins up with communities and other government services to support all New Zealanders to live well, stay well, get well”




This is the vision of the New Zealand health strategy. It describes a world where New Zealanders are the focus of the system, where wellbeing and prevention are achieved throughout the lifespan and where everyone is joined up to work together with a common vision for health and wellbeing. But if we are to achieve this vision, then we will need to make some profound changes to deliver on it. The exciting thing is, nursing can be at the forefront of this. Primary health care nurses do all of these things: They focus on wellbeing and prevention throughout the lifespan, using skills and resources in the best ways and joining up with communities and other services to support people with their health needs: this is in our hands! In fact let me show you what this looks like.

Slide 7




This slide shows the number of primary health care practitioners per 100,000 people in New Zealand. You can see that nurses and nurse practitioners working in primary health care are by far the greatest regulated workforce by number and this has increased steadily over the past 5 years. This category includes all nurses working in the various settings of primary health care including general practice, schools, district nursing, public health, Maori and Iwi providers and so on. We have definitely got this!



MINISTRY OF HEALTH
Hauora - Whaiora

Towards a vision of the health system that is

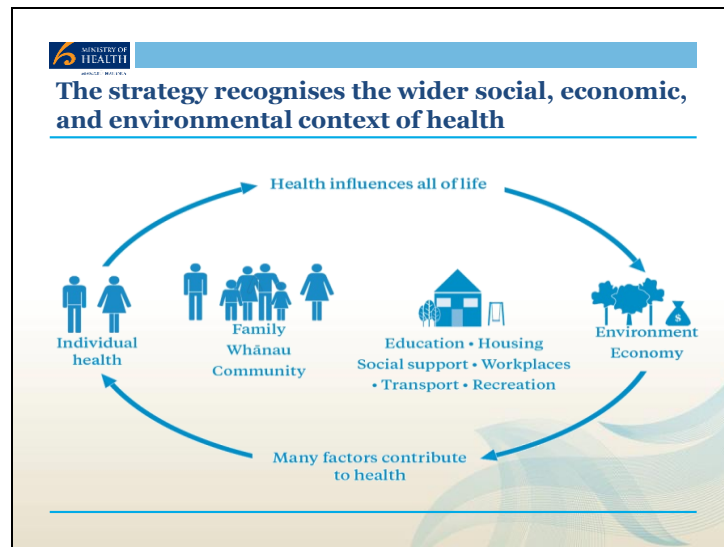
“caring and people centred operates as one with a focus on wellbeing and prevention throughout the lifespan, uses skills and resources in the best ways, and joins up with communities and other government services to support all New Zealanders to live well, stay well, get well”



Coming back to the vision for the health system, what might this look like for Mary if we were to achieve it? First of all, Mary is not born into circumstances of poverty because the support systems her mum needs to cope are already in place. Mary’s mum is supported to care for Mary and her siblings in a warm, dry house, with adequate income. Healthy food is affordable and Mary’s mum understands why it is important for Mary to get plenty of sleep, eat well, be loved and be safe. We provide wrap-around services for Mary’s mum to support her to attach to her children, providing intensive support for her parenting needs, early intervention when anyone shows signs of becoming unwell, connection to social services, appropriate employment, good quality child care, early behavioural support if indicated and any other services she needs.

But this is not quite the reality as we know it – yet.

The NZHS sets the strategic direction and context for change. The Strategy and associated roadmap of actions have been designed to guide us for the next 5-10 years in the Ministry, setting the vision and direction for the entire health sector including primary health care. The Strategy guides us to achieve the vision not only for the health system but for Mary too. Let’s look at it a little more closely.



The big change in the NZHS is an emphasis on the broader social determinants of health. You'll all be familiar with these: income, housing, education, employment, the economy, the environment and the community. The determinants along with adverse childhood events such as abuse and neglect, alcohol or drug abuse, mental illness in, or the loss of, a parent, determine what our life course looks like – that is, how likely we are to experience depression, cardiovascular disease, obesity, or mental illness. The poorer the social determinants and the greater the number of adverse childhood events, the greater the risk of developing these conditions.

Addressing the determinants of health is a key component of the strategy and requires a significant change in focus for the current health workforce and for cross-government action. This cross government action is an important emphasis of the Strategy. We need to be working more effectively with our colleagues in education, social services, housing, employment and income support at the policy level and at the practice level.

Let's look at the five themes of the Strategy and see how they apply to our work.



People powered – this is about developing a system that is people directed

Close to home - what can be safely and effectively carried out close to where people live/work/study, what services are more appropriately provided in a district and what is best placed regionally and nationally.


Value and high performance – evidence; customer insights and data analytics; best use of the workforce/people themselves

One team – How you work in teams and with local agencies; how you work with people. How health works locally with other government agencies, NGO, local bodies, iwi. And how DHBs/PHOs etc work as a national group.

How the MOH works with central agencies (MSD, education, police, corrections) and central health agencies (HQSC, ACC, HDC, Regulatory, professional and industrial organisations).

Smart system - biotechnology, genomics, nanotechnology and information technologies are rapidly evolving and a smart system will make the best use of this and customer insights to maintain relevance and currency. The aspiration underpinning the NZHS is that it will be supported by technology changes but are we ready and what will it mean for nursing?

I want to concentrate on two of these in detail: One team and Smart system.



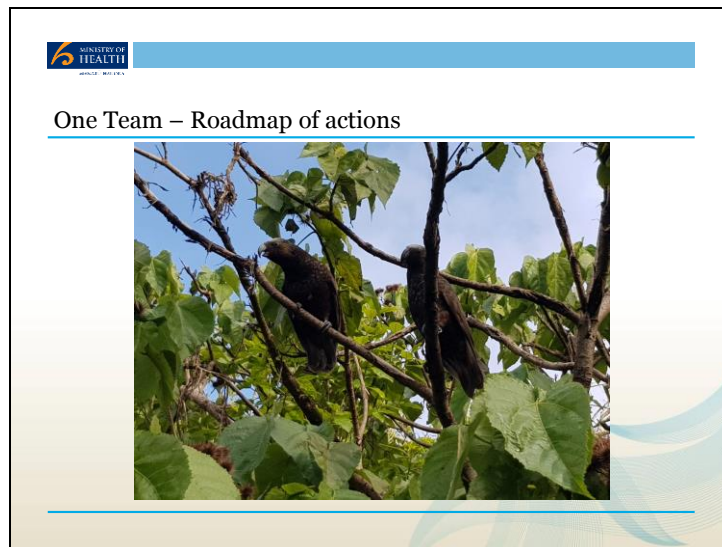
MINISTRY OF HEALTH
HONOURABLE MEMBERS

One Team

- A more cohesive team approach across our health and disability system to reach the goal of a high performing system
- Shared goals and working beyond organisational boundaries, proactively assisting people and populations in need
- A flexible workforce whose size and skills matches New Zealand's needs
- Strengthening the capability of NGO providers (capability and access to technology infrastructure)


One team is about

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- Shared goals and working beyond organisational boundaries, proactively assisting people and populations in need
- A flexible workforce whose size and skills matches New Zealand's needs
- Strengthening the capability of NGO providers (capability and access to technology infrastructure)
- Supporting families, whanau and individuals in communities as carers of people close to them



The Roadmap of actions accompanies the New Zealand Health Strategy and identifies 27 areas for action over the next 5 years to make the Strategy happen. The overarching actions to achieve one team are:

- Enhancing cross-sector, whole-of-system working through improving governance and decision-making processes, and clarifying roles, responsibilities and accountabilities across the system
- Building leadership and managing talent by putting in place a system leadership and talent management programme
- Supporting a sustainable and adaptive workforce by putting in place workforce development initiatives to enhance capacity, capability, diversity and succession planning and building workforce flexibility. You will see this in changes to Health Workforce New Zealand funding and planning decisions and in the work we are doing to enhance the Maori nursing workforce. More about that in a moment.



MINISTRY OF HEALTH
Hauora. Hei Te Ora.

One Team – how do we get there?

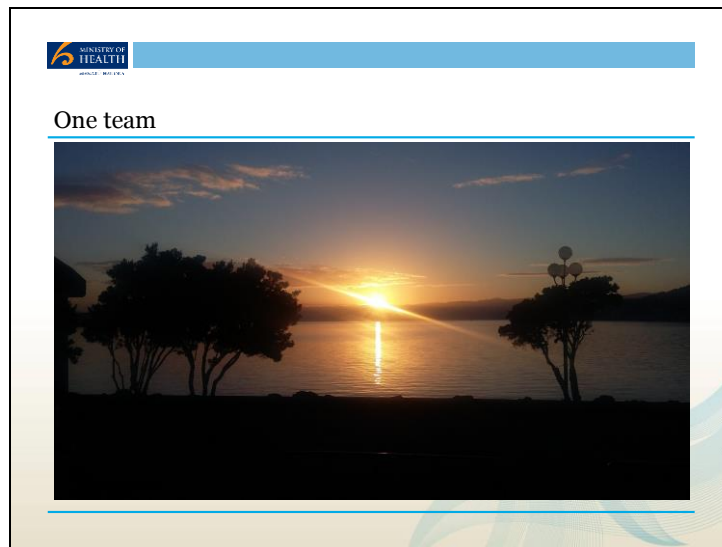
Office of the Chief Nursing Officer Leadership Narrative

- There are opportunities to influence the development of services, demonstrate clinical leadership, drive innovation and collaborate with sector partners and users.
- People want to be active participants in their health care
- Maximal effort from a health workforce with the right skills, in the right place, at the right time to meet the needs of the population.
- more Maori and Pacific nurses are needed, with more in leadership positions

So how do we get there in nursing? In collaboration with nurse leaders, including the executive of the College of Primary Health Care Nurses, the Office of the Chief Nursing Officer has developed a nursing leadership narrative to support the progression of the New Zealand Health Strategy. The narrative is to be used in conjunction with a set of key discussion points that have been developed along side it. We consider the narrative a work in progress as we continue working with nurse leaders, consumers and others to refine and develop it but it provides us with some key areas we need to be developing in, in order to achieve the vision of the NZHS.

In order to achieve One Team the narrative calls on us to influence the development of services, demonstrate clinical leadership, drive innovation and collaborate with sector partners and users.

We also need to ensure our workforce matches need with more Maori and Pacific nurses and with all nurses working to the full extent of their scope of practice in collaborative teams. Strong teams, where practitioners recognize the skills of all members, are the most effective. This may mean taking on more complex tasks such as prescribing and giving up some things such as straight forward observations. But one team goes beyond just health practitioners and means all of us working together to achieve the vision of the strategy – this includes all health practitioner groups, our colleagues in social services, housing and work and income, and, most importantly, with individuals, whānau and communities – we are all one team.

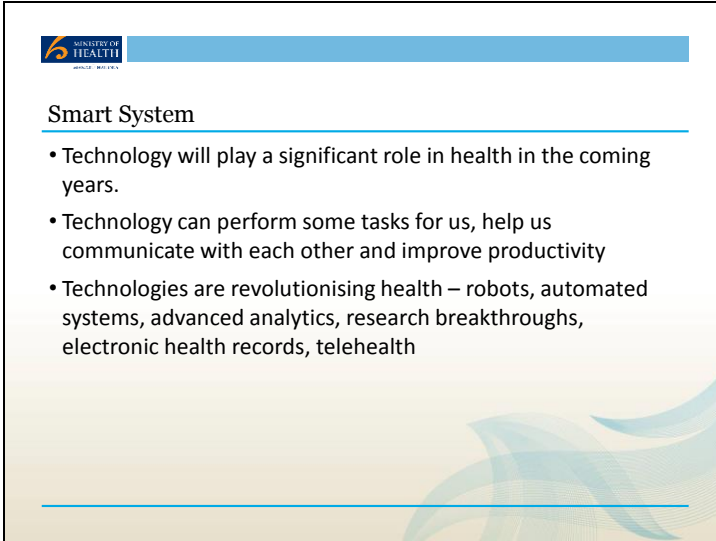


So what does one team look like for Mary? One team for Mary means there is one primary practitioner who is responsible for both ensuring Mary and her family receive the care they need from the various people who need to be involved, and supporting the family to be involved in their own care. This practitioner is able to co-ordinate all of Mary and her whānau's health and social needs and is likely to be a practice nurse or public health nurse who has knowledge of mental health conditions and can help Mary's mum manage these needs. However, this nurse will also have skills in system navigation, motivational interviewing and managing common childhood conditions so they can ensure Mary has her needs met as well. This nurse is likely a prescriber using one of the designated prescriber models for registered nurses and they will have excellent knowledge of where Mary and her whānau can get their social needs met working closely with housing and social agencies where needed. When Mary's mum needs something, she can call, message, email or text that person. This co-ordinator of care will connect Mary and her whānau with other members of the team as needed. This may include a social worker, a general practice, work and income or housing support. Nurses understand the holistic needs of children, families and whānau and are ideally placed to take on this co-ordination role. We must also remember that no matter where someone presents for care or support, every door is the right door.



I want to show a brief video that showcases some of the work that is being done to achieve One Team. In this case to help recruit and retain the Maori nursing workforce in primary health care. Karangahia te Ata is a video calling for more Māori new graduate nurses to work in primary health care. The video is a collaboration between the National Hauora Coalition and Ngā Manukura o Āpōpō that celebrates the contribution of Māori health care providers and Māori nurses in supporting whānau to be well. The video highlights the opportunities and career pathways in primary health care and dispels the myths about new graduates working in primary health care. We are still hearing of third year nursing students being told not to choose primary health care as an option for their NEtP year as there is still a belief out there that people require two years of acute care experience before moving into primary health care – we know this is not the case and I encourage you to talk about this with your colleagues in other settings and the student nurses you come across in your practice. The video can be found on the Nga Manukura o Apopo website.

Feel free to share it with your colleagues. I want to turn now to the second theme I want to explore today – Smart System.



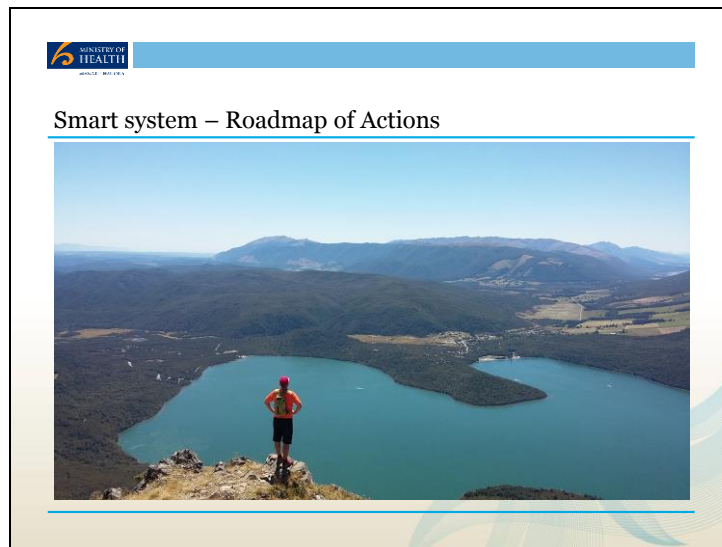
MINISTRY OF HEALTH

Smart System

- Technology will play a significant role in health in the coming years.
- Technology can perform some tasks for us, help us communicate with each other and improve productivity
- Technologies are revolutionising health – robots, automated systems, advanced analytics, research breakthroughs, electronic health records, telehealth

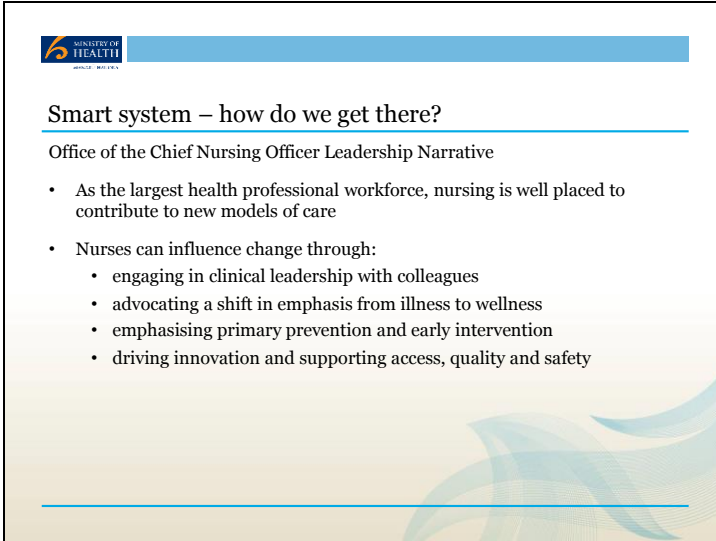
Smart system is likely to be the most challenging theme arising from the Health Strategy for us moving forward. A smart system is about how


- Technology will play a significant role in health in the coming years.
- How Technology can perform some tasks for us, help us communicate with each other and improve productivity; and how
- Technologies are revolutionising health – robots, automated systems, advanced analytics, research breakthroughs, electronic health records, telehealth



Our Roadmap of actions for Smart System calls on us to strengthen our national analytical capacity – this is about using big data to understand people. To describe this in a little more detail, there is a new system called the IDI or the integrated data infrastructure. The IDI is able to use existing data from places like the census, work and income and health to anonymously draw together information on groups of people. For example, I was involved in a small project looking at young Maori women who smoke. As well as speaking with young Maori women who smoke, we also used IDI data to describe this group in detail. For example, young Maori women aged between 18 and 24 who smoke are 1.5 times more likely to have no secondary school qualification and 1.4 times more likely to have attended the emergency department at least once in the previous 12 months. This kind of information can help us design services that are more likely to meet the needs of particular population groups.

Our roadmap also calls on us to use more electronic records and patient portals and to strengthen the impact of health research and technology.




 MINISTRY OF HEALTH
PROVIDING BETTER CARE

Smart system – how do we get there?




Office of the Chief Nursing Officer Leadership Narrative

- As the largest health professional workforce, nursing is well placed to contribute to new models of care
- Nurses can influence change through:
 - engaging in clinical leadership with colleagues
 - advocating a shift in emphasis from illness to wellness
 - emphasising primary prevention and early intervention
 - driving innovation and supporting access, quality and safety

So what does our nursing leadership narrative say? Dealing with complexity, applying knowledge and critical thinking are all competencies of the 21st century health professional. What do we say to families who are wanting to use new technology? What do we already know about it? Nurses and others will have to develop skills in technologies that are only in the research and development stages currently. Importantly we should be talking with customers, developers and researchers about what could be possible. We are the ones working most closely with people and often have intimate knowledge of what their needs are and can bring this to the decision-making table.

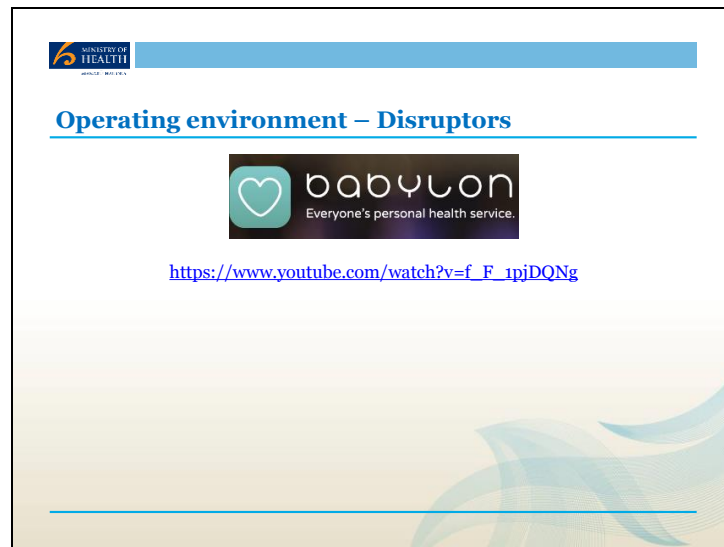
**Operating environment-Disruptors**

2. Hosting platforms – retail, taxis, books, accommodation



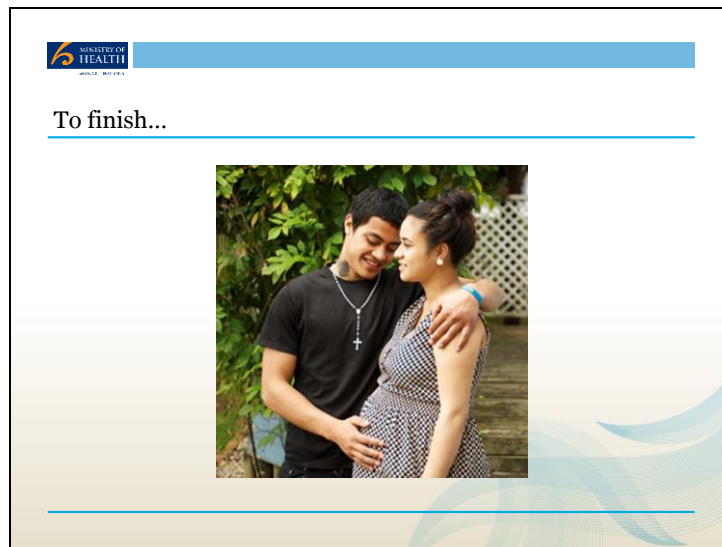
And it is the technological innovation that will be most likely to challenge us in primary health care. We already have a number of disruptive innovators that use technology to create change. AirBNB, Uber and Amazon Kindle are just a few. These companies don't own capital, people or provide the services; they provide a platform, but the scale and disruption is massive.

But what about in health? Fitbits, personal health tracking, nanobots are but a few. I want to finish by showing a brief video from Babylon.



Babylon is an example of an innovation coming to the primary health care sector that will disrupt the way general practice is provided. Babylon intends to be in New Zealand within the next three years. Recently MoH officials tried to initiate a conversation with Babylon but were told pretty unequivocally that they were not interested in collaborating. As we go through the clip, consider what this might mean for the provision of primary health care in New Zealand and the way in which people access care? What does it mean for your practice as primary health care nurses?

So as access to general practice may change, it is likely to impact on your role as nurses. If Babylon comes here, and it will, what does this mean for the work you do? How will you respond to that challenge? What different ways may we need to work and what may we need to do at the policy level to support these changes?



So, in summary,

The government's emphasis is on prevention and early intervention which will have a growing impact on you. We know that if we are going to change health outcomes such as long term conditions and obesity, and mental illness, then the actions we take in pregnancy and early childhood are imperative. We want to see more nurses doing more in primary health care.

Nurses will need to be capable of working with a wider variety of community and public service agencies to deliver more integrated interventions where this makes sense (education, early identification of children and families at risk, alcohol, housing, parenting).

To improve mental health responsiveness in primary health care; nurses and others will need skills in assessment and supportive intervention for parenting; brief motivational interventions for smoking and other addictions; brief counselling skills for mild/moderate mental health conditions;

We will need to ramp up services: to support people to manage their own health; the elderly and those with disability at home or in the community, rapid response for management of acute care in homes; management of LTCs through improved health literacy and supported self-directed care.

Social determinants of health are such that health practitioners will need to provide a Whanau Ora-like focus for assisting families to choose and self-manage health and life goals. You will need skills in system navigation / cross agency working and to be adept at relationships with social services, employers, local bodies, iwi, churches, etc.

So let's finish by coming back to wee Mary and what the future looks like for her and her family. The future for Mary is bright, let's visualise it, she has received the support she needs throughout her childhood from a range of health and social providers who have understood and prioritised her needs. Her whānau have received the support they need and as Mary grows into adulthood she is healthy mentally and physically. She goes on to complete a tertiary qualification, starts a family in her late 20s, and throughout her pregnancy stays well through eating nutritious foods and avoiding alcohol (smoking, of course, has long been done away with in New Zealand). She attaches well with her child and exclusively breastfeeds until her child is 6 months of age. Technology is such an embedded part of Mary's life that it is hard to imagine life before Bablyon, nanobots, monoclonal antibodies and microRNA.

Finally, I am also going to challenge you to consider what you do in the assessment space in light of what you could also do in terms of intervention. What are the barriers to you doing more with families – is it knowledge or is it contractual arrangements. What do we need to do at the policy level to free you up to do more in the intervention space so we can address these issues? What do you need to do to make Mary's future a reality for the people you care for?