

New Zealand Nurses Organisation
Tōpūtanga Tapuhi Kaitiaki o Aotearoa

Nursing Manifesto 2020

Nursing matters

Even more in 2020



TŌPŪTANGA
TAPUHI
KAITIAKI O AOTEAROA

Introduction



Why have a Manifesto and how was it prepared?

Our five Manifesto themes: Health workforce; Health funding models; Achieving health equity; Health determinants; and Health-related referendums

What will help the health sector's recovery from the COVID-19 pandemic?

Why a Manifesto?

The purpose of this Manifesto is to provide evidence-based information to NZNO members to support discussions about key health issues and voting decisions in both the 2020 general election and the two referendums. In the International Year of the Nurse and Midwife 2020, NZNO's key questions are:

- What supports the health sector's recovery from the COVID-19 pandemic?

- What reduces the harmful consequences of inequitable access to health care in Aotearoa New Zealand?

Risks to the health workforce have been made very clear by the COVID-19 pandemic. The 2020 general election is a way for nurses, midwives, health care assistants, kaimahi hauora and all NZNO members to use their voice to advocate for change. They can do this based on the health and work-

related issues they experienced during the pandemic and the international evidence circulating about how heavily the pandemic has impacted this critical workforce. They can also look to the successful examples of community- and iwi-based initiatives for answers to those questions.

Mid-pandemic the World Health Organization and the International Council of Nurses released the *State of the World's Nursing 2020: Investing in Education, Jobs and Leadership* report. Among the 10 key actions specified (pp. xix-xxi), three require particular focus in Aotearoa New Zealand:

1. Nurse education and training programmes must graduate nurses who drive progress in primary health care and universal health coverage
2. Planners and regulators should optimise the contributions of nursing practice
3. Collaboration is key.

These three actions were notable for their absence in Aotearoa New Zealand during the pandemic.



What will reduce the harms of inequitable access to health care in Aotearoa New Zealand?

How to read this Manifesto

The information in this Manifesto is presented using five themes: Health workforce; Health funding models; Achieving health equity; Health determinants; and Health-related referendums. All are interconnected and important. We cannot expect better outcomes by maintaining the status quo.

“We cannot expect better outcomes by maintaining the status quo.”

About NZNO

NZNO is the largest health workforce voice in Aotearoa New Zealand, with more than 52,000 voting members. NZNO embraces te Tiriti o Waitangi and contributes to improving the health outcomes of all who live here by influencing health, employment, education and social policy development. NZNO aims to represent the main issues and concerns of its members as the 2020 election approaches.

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Health workforce



Nurses and other health workers have concerns for the safety of themselves, their 'bubble' members and their patients. They also have concerns for the wellbeing of their profession.

What areas need specific attention to ensure the wellbeing of the health workforce and what could be done?

Nurses and other health workers faced the COVID-19 pandemic in an already fatigued state. Some are now experiencing exhaustion as a result of their 'essential worker' status during the pandemic response and the associated concerns for the safety of themselves, their 'bubble' members and their patients.

Safe work environment

Prioritising a safe work environment and sustainable workforce (particularly in aged and dementia care, mental health and primary care settings) is of paramount importance. This is especially true, as the national pandemic response moves to a primary care focused contact tracing and management response. Shortages in the health

"The pandemic has exposed significant workforce vulnerabilities which are particularly acute in the Māori and Pasifika health workforce."

workforce are predicted to become further embedded given that it is an ageing workforce and highly dependent on migrant nurses whose availability is being impacted by pandemic border restrictions. Health workers are further compromised by levels of violence and aggression in their places of work (NZNO, 2019).

Education

Education, both before and after registration, is fundamental to transforming health service delivery in Aotearoa New Zealand. It's also essential to building an autonomous and resilient workforce with the skills and values to provide the best care for all people.

Enabling potential

Improving equal access to services will require enabling the potential of:

- nurse practitioners
- registered nurse prescribers in primary health and specialty teams
- community nurse prescribers.



This enabling will require recognition and commitment of the resources needed to recruit, educate, employ, remunerate and retain health professionals who have access to the necessary resources for themselves and their patients.

Professional development

Continuing professional development of the health workforce must:

- include ongoing development of understanding of te Tiriti o Waitangi and anti-racism and cultural competence training
- realise the potential for technology to, for example,

“Prioritising a safe work environment and sustainable workforce, as the national pandemic response moves to a primary care focused contact tracing and management response, is of paramount importance.”

- implement infectious disease contact tracing
- improve access to health care, particularly in underserved and rural communities
- retain the ‘surge’ workforce which made itself available during the pandemic.

Workforce vulnerabilities

The pandemic has exposed and exacerbated significant workforce vulnerabilities which are particularly acute in the Māori and Pasifika health workforce where an enduring commitment to sustainability and equity is needed.

Investment

The 2020 Budget invests \$1.6 billion in trades training in ‘critical industries’ to support rebuilding infrastructure. NZNO advocates for similar funding to support the rebuild of social infrastructure. The Review of Vocational Education to health related education

programmes in the Institutes of Technology and Polytechnics and wānanga risks diminishing recruitment to a diverse health workforce. This is especially so in the regions and this risk must be actively managed.

Graduates

Health graduates are more likely to remain in regions on graduation if their experiences as students support their professional resilience and aspirations, and non-government organisations are funded to employ health graduates.

Health funding models



The COVID-19 pandemic has made it abundantly clear that the way we fund health must change to address more than a decade of neglect. Recent high level inquiries have also revealed this and it is clear that current business models are unfair and inequitable to both health professionals and health consumers – particularly for Māori.

Proposals from NZNO's alternative model of health funding appear in the Health and Disability Review report and are achievable.

What's wrong with current funding models and what needs to change?

What's wrong with current funding models?

The urgent need to change health funding so it is more connected, culturally appropriate, closely co-ordinated and achieves care expectations has been highlighted during the COVID-19 pandemic. In fact the extent of the erosion of investment in population health over the last decade was starkly revealed.

Implementation of findings of recent inquiries are not achievable without significant change to health funding and delivery models and mechanisms. These inquiries include the:

- Mental Health and Addictions Inquiry
- Health and Disability System Review (HDSR)
- Oranga Tamariki Inquiry

- Rejuvenation of public health units and the national close contact service.
- Stage one of the WAI 2575 Health Services and Outcomes Kaupapa Inquiry.

The current business models privilege acute and specialist care over primary care, which is over-reliant on the private sector to provide things like oral health. Pandemic management in the primary care sector has shifted priorities, which has further highlighted resourcing shortfalls, particularly as the contact tracing system is established.

An alternative model

The NZNO *Strategy for Nursing* (2018) proposes an alternative care model that seeks sustainable innovation and evaluation, and aligns with community need. It embraces whānau ora concepts and better utilises and funds the breadth of nurses' skills, including culturally-appropriate ways of working. These proposals also feature in the recommendations of the HDSR (2020) including:

- a new health authority – Health New Zealand (HealthNZ)
- a Māori Health Authority (MHA) to sit alongside HealthNZ and the Ministry of Health



- a reduction in the number of district health boards (DHBs)
- DHB members appointed rather than elected.

Inequities

Pay inequity for workers in Māori and iwi health providers is a prime example of how the existing funding models create inequitable access to and delivery of health services. Specifically, it shows the racist marginalisation of kaupapa Māori services despite these services looking after those with the greatest needs. Other examples of inequity include the health care workers in the largely privately

owned aged care sector as well as the big differences in incomes of DHB and non-DHB employed nurses. There are also discrepancies in professional development opportunities and health and safety standards, and few nurse leaders control the budgets for which they are responsible.

“Pay inequity... shows the racist marginalisation of kaupapa Māori services despite these services looking after those with the greatest needs.”

“The NZNO Strategy for Nursing (2018) proposes an alternative care model that seeks sustainable innovation and evaluation, and aligns with community need.”



Achieving health equity



Inequities are everywhere within our current health system, particularly but not exclusively for Māori. Redesigning the primary health care system and adopting an equity focus will improve health services and make providers more accountable.

What sorts of health inequities exist in Aotearoa New Zealand and what could be done?

'Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.' (MOH, 2019)

The Waitangi Tribunal Hauora Inquiry report

The Waitangi Tribunal Hauora Inquiry report (2019) presents compelling evidence of funding

inequities, institutional racism and structural barriers that negatively impact the ability of whānau, hapū and iwi to access health and wellbeing services in Aotearoa New Zealand.

The report's recommendations include replacing the principles of the Treaty of Waitangi – Partnership, Protection and Participation – as the basis for engagement with

tangata whenua with the articles of te Tiriti o Waitangi: Tino Rangatiratanga; Partnership; Active Protection; Options; and Equity.

NZNO supports this report and asserts that reinstating tino rangatiratanga and mana Māori motuhake is fundamental for addressing the systemic dispossession that hinders tangata whenua from looking after themselves on their own terms.

"The Waitangi Tribunal Hauora Inquiry report presents compelling evidence of funding inequities, institutional racism and structural barriers that negatively impact the ability of whānau, hapū and iwi to access health and wellbeing services..."





The primary health care system completely redefined

The Waitangi Tribunal recommendation, which is acknowledged by the HDSR (2020), will completely redesign Aotearoa New Zealand's primary health care system to better serve Māori. Adopting an equity focus will improve health services and make providers accountable with funding based on Māori health outcomes.

Doing this will make a difference to screening rates and treatment outcomes for non-communicable diseases such as cancers, cardiovascular disease and diabetes, and diseases of disadvantage such

as mental health and rheumatic fever which burden Māori and Pasifika communities at a much greater rate.

Other groups needing advocacy to achieve equity of access to health care include: those living with dementia; those living with disability; the LGBTQI (Rainbow) community; and those living in rural and remote areas.



Determinants of health



There is a strong correlation between health and things like housing and profit-driven diseases. These problems disproportionately affect low income communities and it makes no sense to try to improve health outcomes without addressing the determinants of health.

How can determinants of health be addressed to improve health outcomes?

Housing

We've known for decades that there is a strong correlation between the quality, availability and affordability of housing and health outcomes. Recent measures of child poverty identify affordability of housing as the biggest factor contributing to the poverty of households in which children live (Stats NZ, 2020).

Contributors to poor housing

Social researchers working in the National Science Challenge: Building Better Homes Towns and Cities have done a retrospective analysis of contributing causes of the continuing housing crisis. They conclude the single biggest contributor has been progressively diminishing government capital assistance since 1960.

Provisions in the 2020 Budget for affordable housing and insulation of existing houses will amount to an increased health budget because of the health benefits better housing achieves.

Profit-driven disease

Researchers and public health advocates are calling for the determinants of health to include the commercial determinants of health because these 'strategies and approaches are used by the private sector to promote products and choices that are detrimental to health' (Kickbusch, Allen & Franz, 2016, p. e895).

Profit-driven disease triggered by obesity, addiction and poor oral health disproportionately affects low-income communities. Children's oral health is an indicator of community health and wellbeing along with housing affordability and income and benefit levels – all of which complicate the national challenge to address the number of children in Aotearoa New Zealand living in poverty.

“Children's oral health is an indicator of community health and wellbeing along with housing affordability and income and benefit levels.”

Health related referendums



At this election there will be two referendums on matters that have implications for both our nursing practice and our personal lives. NZNO does not endorse voting either way on either topic, but encourages members to be informed and make evidence-based voting decisions.

What might happen if I vote yes or no, and how can I make well-informed choices?

At this election there will be a 'Yes' or 'No' vote on both the End of Life Choice Act (2019) and the Cannabis Legislation and Control Bill. It is notable that this double referendum involves polarising moral issues that have significant professional implications for nursing. Accurate and unbiased information is critical so members can understand the impact of the new legislation on their practice and on their choices as individuals so they can make

informed decisions.

End of Life Choice Act

If there is a majority 'Yes' vote and the End of Life Choice Act comes in force in October 2021 it would:

- prohibit nurses and doctors from starting conversations with patients about assisted dying
- establish a process for patients who have been diagnosed with a terminal illness, and with less

than six months to live, to request an assisted death

- allow medications to achieve an assisted death to be administered orally or intravenously and by the patient themselves, or by a nurse or doctor, and in a place and at a time of the patient's choosing
- allow nurses and doctors to opt out of any part of the assisted death process without penalty.

Cannabis Legislation and Control Bill

The Cannabis Legislation and Control Bill will also have a 'Yes' or 'No' vote. It will introduce controls such as:

- an age restriction of 20 years and cannabis limited to recreational use in private homes and licensed premises
- a ban on promotion, marketing and advertising, and commercial growers could not also be suppliers or retailers
- state control and licensing of growing, product form and potency, and state supply at all points with no online sales or importing
- an overall aim to reduce use and harm and the significant inequity that sees young Māori with criminal offences rather than addiction treatment options that



will become available if cannabis use becomes a health rather than criminal justice issue.

As it is still a Bill, the control measures proposed may change depending on the referendum outcome. If there is a majority 'Yes' vote the Bill will start the select committee process.

Finding out more

The website below will give more information as the September 19 vote approaches and explains what a 'Yes' and 'No' vote may mean in terms of the End of Life Choice Act and the Cannabis Legislation and Control Bill.

www.referendums.govt.nz/

The website *Legalising cannabis in Aotearoa New Zealand: What does the evidence say?*, by the Office of the Prime Minister's Chief Science Advisor, also seeks to provide unbiased information about cannabis law reform and what might happen if you vote yes or no.

www.pmcsa.ac.nz/topics/cannabis/

"It is notable that this double referendum involves polarising moral issues that have significant professional implications for nursing."



Recommended actions

NZNO calls on the next Government to do the following.

1. Resource the health sector sufficiently to:
 - settle all pay equity claims by the health workforce including for those working in Māori and working in iwi health-based services and those in the aged and primary care sectors
 - achieve equitable access for Māori and Pasifika to all health and disability services
 - achieve safe staffing and appropriate skill mix in the aged residential care sector which was under-prepared for the impact of the pandemic on an ageing population
 - upgrade and maintain equipment stocks including PPE, buildings and technology solutions.
2. Use a multi-disciplinary and collaborative planning and decision-making model led by nurses to develop and implement a national plan for meeting the urgent need(s):
 - for a sustainable and more culturally diverse health

- workforce that reflects the Aotearoa New Zealand communities being served
- to address the significant vulnerabilities and inequities exposed by COVID-19
- of an ageing population whose needs include use of new health technologies, isolation, co-morbidities and poverty; and whose vulnerabilities have been conspicuous during the pandemic and not well-served by the prevailing business model
- of an ageing health care workforce for flexibility and upskilling
- for homes, communities and workplaces to be free from violence and abuse and to recognise the impact on the workforce of fatigue, shift work and unsafe vacancy rates.

3. Fund the immediate expansion of targeted primary health care that delivers 'place-based' (HDSR 2020 p. 100) or Tier 1 services to high needs communities. The pandemic has necessitated significant



innovation in primary care and presents opportunities to address institutional and structural barriers to care, such as technology, in this critical sector.

4. Fund new, low-cost, age- and disability-friendly housing at the levels required to achieve housing affordability for families of those children living in poverty.

COVID-19's challenges to the health sector demonstrate that the status quo can no longer provide what the critically important health workforce requires to deliver what

communities need.

The ability of the health care professions to respond to the demands of this and similarly impactful global events, such as climate change, will depend on the willingness of the next Government to initiate the recommendations of the Health and Disability System Review by committing resources, funding, policy and regulation.

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