Nurse Executives of New Zealand Inc.
DEVELOPING NEW ZEALAND'S NURSING LEADERS

17 May 2019

Health and Disability Review 2019

Collaborative response from the Nurse Executives of New Zealand membership

He rau ringa, e oti ai
With many hands the job will be finished

Nurse Executives New Zealand welcomes the opportunity to provide collective feedback to the Health and Disability Sector review committee, to help to shape future services, strengthen nursing profession's contribution to health improvement, and urgently address the health needs of our people and whānau.

Nursing is ready to respond to current and emerging health needs of our growing population and to reduce inequities, focus on wellbeing and restoring health.

Nurse Executives New Zealand (NENZ) is a professional organisation whose members are nursing leaders from across the whole of the Health and Disability Sector. This feedback was gained from a workshop session held in April 2019.

We agree this is an important and timely review that needs the input from a range of nursing leaders across the health system. Where ever we are working it is vital that there is sense of continuity and consistency of approach and resourcing that allows patients and whānau to receive timely access to quality health care. Nursing is ready to respond to current and emerging health needs of our growing population and to reduce inequities and restore health.

1. What are the most important values for our future public health and disability system?

a. *Servant leadership* ***"He tangata, he tangata, he tangata. It is the people, it is the people, it is the people."***
b. *Heartfelt service* ***"Healthcare's focus on physical disease and bio-medicine is unbalanced. We need to pay much more attention to emotional, psychological and spiritual wellbeing and the huge importance of healing relationships."*** *Dr Robin Youngson-Time to care*
c. *Smart disruption.*
d. *Intelligent based service (workforce/technology/systems).*
e. *Agency partnerships (health cannot do it all).*

2. Think about how the best health and disability system for New Zealand might look in 2030.

- *A system that is timely, accessible, affordable and quality driven. Points of access are not confined to hospital or health centre.*
- *A system with greater flexibility in terms of access:*
  - *Online care has to be embraced, accelerated and easy to navigate for people/whānau.*
  - *Pop up care options explored-malls/airports/occupational health.*
  - *St Johns and other workforce (nursing) collaborate to better address people need through mobile options*

    - *Facilitates easier collaboration between services such as Primary Healthcare Organisations (PHO) and Non-Governmental Organisations (NGO's).*
- *A system with a vision and mission to focus on physical, mental, emotional, and spiritual wellness.*
- *A system based on strongly led consumer input and relationships that define direction.*
- *A system that is deliberate in serving the needs of those with unacceptable and early mortality, Māori and Pacific people and their whānau, people living with disability and those demographically disadvantaged (remote/rural) or displaced (refugee/migrant).*
- *A system where we give everyone a more equitable opportunity to improve their health and wellbeing, noting we all start at different points in time and with multiple impacting factors.*
- *Addressing needs of the people most underserved alongside the needs of the nation of Aotearoa.*
- *A system based on wellbeing to maximise self-determination/self-care/resilience of people, their family or whānau.*

3. How would that be different from the system we use today?

- *Consumer /public awareness campaigns developed at a macro level to support health and wellbeing literacy and support for online healthcare management (to bring us up to date with banking for example).*
- *Consumer /public awareness to inform people and whānau on who can provide their care aside from a Doctor-Nursing, Pharmacy, Health psychologist).*
- *Consumer and community ownership-People and whānau have a vested interest in their care-are involved in planning**, "Work with me to find out what me and my whānau need."***
- *Same day access for people and whānau with drop in services available.*
- *Universal health records.*
- *Healthcare is far more integrated and available in a variety of primary health care and community settings, such as, Kohanga reo, primary and secondary schooling, tertiary, industry, and occupational work places.*
- *Reduced bureaucracy, less duplication (DHB/PHO/NGO integration**) "Everybody knows me; I don't need to tell my story again and again with each new person I meet!"***
- *People and whānau are able to navigate their care and are informed sufficiently to remain well.*
- *Flexible systems to streamline services, planning and funding.*
- *Flexible and shared systems that are responsive to all providers (technology that talks in an integrated fashion).*
- *Economies of scale are applied where possible (workforce development, training and models of care-we are a small country).*
- *Recruitment model focussed on skill, knowledge and behaviours required to service needs of people of Aotearoa.*
- *Nursing roles are maximised and funded to reach their scope potential so they can be enabled to help and care for people and whanau who need it most.*
- *Nurses in advanced roles.*
- *All nurses have access and training to prescribe (in under graduate programme).*
- *Nurse Practitioner roles receive same financial incentive as medical training in areas of need.*
- *Parity in funding distribution (undergraduate through to post graduate for workforce capability development (presently the medical workforce funding is disproportionately high)*

- *Parity in funding distribution for Māori and Pacific workforce (presently the medical workforce funding is disproportionately high).*
- *Primary Health Care (PHC) Nurses working in General Practice are employed within the District umbrella-one employment model & one collective pay agreement across an integrated system*
- *Incentivise nursing advanced roles rurally (a health centre that is rurally based is able to access extra funding if they employ a Nurse Practitioner).*
- *Parity on ACC claims between NP's and Doctors.*
- *Health providers and people (and their whānau) receiving services can ably communicate and work proactively with funded channels alongside social welfare services to support integrated systems.*

4. *What changes could make our health and disability system more fair and equal for everyone?*

- *A holistic applied model of care specific to culture is understood and fostered in all care/service settings alongside a compassionate service philosophy Evidence supports the benefits of re-humanising healthcare https://heartsinhealthcare.com/*
- *Funding for need is considered.*
- *Consumer owned care.*
- *Different service models that facilitate easier access for marginalised groups*
- *Data enabled quality improvement systems.*
- *Data and systems that span the primary and secondary divide and talk to one another-streamlining of services to ease the flow of the patient and whānau journey.*
- *Patient experience survey's that are favourable to Māori and Pacific people, available in their language and shorter.*
- *Funding that crosses DHB boundaries and enrolment structures, e.g. workplaces (occupational health), churches, Marae, malls and airports (areas where people live and frequent).*

5. *What changes could most improve health for Māori?*

- *Strengthen Māori leadership at all levels from iwi, Hapū, DHB, PHO and NGO services.*
- *Māori leaders are fully engaged and supported to develop action orientated plans, based on Māori aspirations for the health of their people.*
- *Foster greater use of Kaupapa Māori research methodologies when examining and seeking to extend our understanding of health need.*
- *Address workforce numbers of Māori staff across all levels of service delivery*
- *Proportionate universalism-delivery of services based on need to start closing the gap for Māori and Pacific people and for those living in deprivation.*
- ***Everybody** works within a meaningful model of care such as Te Whare tapa Wha to the extent that a person and their family/whanau needs. Visualise the person presenting for care as a unit with individual need and desire which more often than not is linked to a network of loved ones who may or may not be able to support.*
- *Raise the understanding and commitment to Te Tiriti by ensuring we authentically facilitate understanding of Te Ao Māori in redressing inequities.*
- *To embed Tikanga Māori by way of mihi at the beginning / end of the day, karakia before kai, incorporation of te reo as much as possible to normalise and recapture the richness of our culture throughout our health environment.*
- *Review of the discourse in tertiary and other levels of training of cultural competency and/or 'Treaty training.'*

- *Regulated and unregulated workforce korero on redressing inequalities.*
- *Understand & map the system to create a mechanism to join up social and health services. We need to break down silos and work collaboratively. Health services need to create pathways to social services.*

6. What changes could most improve health for Pacific peoples?

- *Strengthen Pacific leadership at all levels of service.*
- *Pacific leaders are fully engaged and supported to develop action orientated plans, based on Pacific aspirations for the health of their people.*
- *Proportionate universalism-delivery of services based on need to start closing the gap for Māori and Pacific people and for those living in deprivation.*
- *Understanding of the role of religion, faith and spirituality in Pacific people's health via use of the Fone Fale health model, designed and created by Fuimaono Carl Pulotu Endemann as a Pacific island model of health for use in the New Zealand context-**holistic philosophy.***
- *Formalise an understanding on the Pacific patient journey before, through and after primary care. There are standard processes & pathways through secondary care, but not primary care.*
- *Understand & map the system to create a mechanism to join up social and health services. We need to break down silos and work collaboratively. Health services need to create pathways to social services.*
- *Utilise & expand our community networks and partnerships-VALUE-Agency partnerships are fostered and integral to heartfelt services.*
- *Undertake a systematic review of what we already know about Pacific access to care, experience and quality of care and effective models of care.*
- *Address gaps in knowledge, including reviews and evaluations of current Pacific initiatives and programmes.*
- *Grow and education providers, clinicians and professionals on Pacific models of care.*

7. What changes could make sure that disabled people have equal opportunities to achieve their goals and the life they want?

- *Apply values above (technology/compassion/innovation).*
- *Consumer input to care planning and design.*
- *Reduce the burden of bureaucracy.*
- *Accessibility to inter-agencies is improved-case care management.*
- *They are brought into all of our health conversations and prioritised.*

8. What existing or previous actions have worked well in New Zealand or overseas? Why did they work, and how might they make things even better in the future?

Some considerations and examples are provided, note this list is not exhaustive, however gives insight into some initiatives that are taking place or have merit and can add value with ongoing/further investment.

Existing/previous actions (NZ/Overseas)	Why effective	Why this will improve the future
Integrated care (refer Kings Fund evaluation of Canterbury District Health Board)	Have implemented most of the prosed changes above	Supports change to stop providing health care that has always got the same results as the system never changed.
Evidence for the implementation of the Nurse Practitioner (NP) role	Carryer, J., & Adams, S. (2017). Nurse practitioners as a solution to transformative and sustainable health services in primary health care: A qualitative exploratory study. *Collegian*, *24*(6), 525-531. Pirret, A. M. (2008). The role and effectiveness of a nurse practitioner led critical care outreach service. *Intensive and critical care nursing*, *24*(6), 375-382. Carryer, J., Gardner, G., Dunn, S., & Gardner, A. (2007). The core role of the nurse practitioner: practice, professionalism and clinical leadership. *Journal of Clinical Nursing*, *16*(10), 1818-1825.	National and international research shows that full utilisation of the NP workforce has a significantly positive impact on how and where health services are delivered and patient outcomes.
Not solely use a disease/medical model	Kings fund evidence shows that there is a diminished improvement against most disease measures e.g. diabetes by solely using a medical disease model	Focuses on the wider determinants of health and the role of people and communities.
Universal free access into healthcare system (such as Scandinavia examples)	Cost is a barrier to those most disadvantaged	Good health and understanding you have value, supports lifelong participation within a functional society
Shared/collaborative models of workforce capability development, e.g. Metro Auckland Collaborative mental health and addictions credentialing for PHC nurses	Short course to enable practice ready clinicians Shared learnings across NZ-to enable flexible scale and spread Economies of scale and investment	Proactive, workforce upskilling Increased access point for patients and whānau
Respiratory Improvement PHO work (e.g. GASP initiative)	Ram, F. S., McNaughton, W. (2014). Giving asthma support to patients (GASP): a novel online asthma education, monitoring, assessment and management tool. Journal of Primary Healthcare, vol 6 (3), September 2014, 238-244 Evidence via patient story.	Patient and whānau focused Practical and applicable to nurse and doctor providers Spread and scale feasible.

Pacific Church-based programmes. HVAZ/Enua Ola programmes are now 10 years old. Includes Parish Community Nurses	Pacific model of care; a pathway for access into the health system for those who may otherwise find it difficult. Parish nurses in particular are an important source of health advice and education. These nurses speak Pacific languages and understand the fundamental Pacific values, beliefs and practices and how they influence people's health behaviours.	Needs further evaluation as was not set up to capture this. Needs integration into mainstream service delivery/contract/other
Gerontology Nurse Specialist (GNS) model in primary care-proactive care coordination for older adults Phase 1	Successful evaluation report – expand model scope and recommendations	Leveraging off the dose effect of a nursing intervention for our older population (who's needs and complexities are increasing as we live longer)
Gerontology Nurse Specialist (GNS) model in primary care phase 2	A PHC GNS intervention to a socioeconomic and ethnically diverse high needs population in Waitakere city; with the proportion of Māori and Pacifica people each over 12%, with high impact of disease and need	Focus on Phase 2, part 1 and part 3 and build on outcomes: The PHC GNS model was beneficial for socioeconomic and ethnically diverse older population. The in-home Comprehensive Geriatric assessment (CGA) was worthwhile and older people responded positively to the PHC GNS role. PHC GNS rapid response feasibility study post hospital discharge for older people at risk of readmission shows promise as one way to decrease readmissions. The small feasibility sample showed fewer hospital admissions, Emergency Department presentations and hospital days than the matched comparison group. Above application to GNS or NP role in PHC can add value
Plunket Postnatal Adjustment Programme (PPNAP) - Parents experiencing mild to moderate depression in the perinatal period.	Providing support for woman and their whanau in the community who are struggling with adjusting to parenting. The service offers a free short term service providing assessment, education, and intervention and linking with community based services.	PPNAP maintains an effective relationship with the Mothers and Babies experiencing moderate depression.
Whānau Āwhina, Ōtautahi service model	The Whānau Āwhina, Ōtautahi team works in partnership and collaboration with other intensive services to ensure families receive wrap around services that improve	The service model provides consistency of care even when transient. And facilitates a provision of more intensive services including

	outcomes while promoting collaboration between health and social service providers.	interagency work, community connecting and additional contacts.
Plunket Poutokomanawa Whānau Centre provides a welcoming, warm space for local families and whanau in the heart of Manurewa – Auckland which is a predominately High Needs community.	The centre aims to provide a safe place where whānau can relax and meet other parents, attend Plunket clinics and ask questions about the health or wellbeing of their family. We wanted to make sure local whānau engaged with us and told us what they needed in our centre. The community feels welcome and finds the centre a respite from some of the challenges many face. In their day to day lives.	This means Plunket is adapting, collaborating and innovating, so it is better positioned to have a positive influence in the first 1000 days of the lives of all children and tamariki, no matter where they live.
In Nov 2018 Plunket Line launched its new Video Conference Breastfeeding support service. Providing Mums and their whanau one on one, personalised breastfeeding support from Plunket nurses trained as Lactation Consultants. Sessions are available every day of the week (including weekends) with most of the appointments are scheduled the same day or the next day.	The service is providing early intervention with 60% of babies under 6 weeks old. For example, a Māori client living in a rural location with an 18-day old baby was referred. Baby was underweight, and Mum was unwell with a breast infection. After 2 sessions the mother was referred back to her LMC. Baby had gained weight and the breastfeeding was going well.	Any GP, Lactation Consultant, LMC or Health Professional can contact Plunket Line to refer a breastfeeding client to the service. Plunket Line will work alongside the mother and family as well as the referring health professional to ensure a plan of care is effectively coordinated.
Kaupapa model of breastfeeding support inclusive of Iwi providers and Plunket together. Currently Eastern bay of Plenty Potential for wider BOP	Whole of Well child Tamariki ora enrolled population Collaborative care delivery Accessible for all with home visiting and Marae based Māori model of Health	Improving equity for ābreastfeeding

9. ***What are the most important changes that would make the biggest difference to New Zealanders?***

- *A holistic applied model of care specific to culture is understood and fostered in all care/service settings alongside a compassionate service philosophy. Evidence supports the benefits of re-humanising healthcare https://heartsinhealthcare.com/*
- *Funding for need is considered.*
- *Consumer owned care.*
- *Access to healthcare should be as easy as access to online banking (answers and consultation support).*
- *Systems need to keep up with legislative changes and streamline care for our people and whānau.*

- *Public health care services strengthen leadership capability and integrate closely with existing providers.*
- *Data that truly represents activity and utilisation of clinical workforce (PHC specifically) to aid planning and capability development and more accurately inform National datasets.*

10. Is there anything else you wish to add?

- *Some employment structures as they currently stand are under-utilising the potential of the registered nursing workforce. For example:*
- *School nurses are in a vital position to positively influence and support our children and youth populations. This role variously sits under vote health or vote education where many are employed by school principles. This leaves these some school nurses in professionally isolated positions, without easy access to professional health networks, professional development, feedback and advice.*
    - *This role needs to be situated where the school nurses can access professional development, nursing support and nursing networks.*
    - *School nurses need to have access and report to Nursing Clinical Leaders.*
    - *The NENZ group strongly supports all nurses in these roles coming under vote health, and for example: being managed and supported by DHB led public health service or community nursing teams.*