Public Service Association
Te Pūkenga Here Tikanga Mahi

Briefing to the Incoming Minister for Health 2020

Me mahi tahi tātou
Mo te orange o te katoa
We must work together for the wellbeing of all

November 2020

Congratulations

Congratulations on your appointment as Minister for Health. We look forward to working with you to make a real difference for people living in New Zealand and the sector specifically. We would like to meet regularly with you to discuss the opportunities and challenges of the sector. **We invite you to meet with representatives on our governance structures** – our District Health Board (DHB) Sector Committee and our Community Public Services (CPS) Sector Committee. We can also arrange for you to meet with the PSA's Mental Health and Addiction Committee, Te Tira Hauora and the PSA Deaf and Disabled network.

Given the interface between the Health, Disability Issues and Community and Voluntary Sector portfolio we appreciate your close working relationship with the Minister for Disability Issues and the Minister for the Community and Voluntary Sector. We have prepared a briefing for the Minister for the Community and Voluntary Sector about issues in her respective area related to health and disability.

About the PSA

The Public Service Association (PSA) Te Pūkenga Here Tikanga Mahi is New Zealand's largest union with nearly 77,000 members. We have included a leaflet with information about the PSA, its purpose, strategic goals, governance and membership. Of the nearly 77,000 PSA members, **20,484 members work in the DHB sector.** Of those members the majority are women (16,850). Māori members account for 1,569. In addition, we have over **9,200 members in the CPS sector** employed by community and private organisations to deliver community-based health and disability services.

The PSA is the principal union for the following occupational groups in the **DHB sector**

- Mental health and public health nursing and support
- Allied health professions – for example, dieticians, physiotherapists, health protection officers
- Technical professions – for example, anaesthetic technicians, sterile supply technicians
- Administrative and clerical – for example, medical secretaries, clinical coders.

Members in the **CPS sector** are

- Care and support workers in home support and disability support services

- Administrative and clerical workers
- Workers in mental health and addiction services
- Registered professionals, including social workers and health professionals such as occupational therapists

The PSA is an affiliated union to the Council of Trade Unions (CTU) Te Kauae Kaimahi. Through the CTU, we work closely with other unions who represent health sector workers. We participate in the tripartite (government/employer/union) Health Sector Relationship Agreement (HSRA) meetings and we are a member of the HSRA Oversight Group.

One integrated national public health and disability system

Our expectation for the health and disability system is that of an integrated, national, public health service and workforce across both the DHB and community sector **so that the health system operates as one whole of health system.** The PSA supports any changes that will enhance national planning, national consistency and accessibility to health and disability services and allows for regional responsiveness to ensure local population needs are met. We suggest that tripartism is at the heart of the health and disability system. The health and disability system (including community services) of the future cannot afford to cut itself off from one of the most important sources of information, experience and innovation: its workforce. To implement plans to reduce inequities in access and outcome, the PSA recommends that the system draws on those who work towards better access and outcomes in the spirit of service every day.

The PSA believes that there is a role for **not-for-profit, community-based organisations and iwi** in the design and delivery of public services to improve the wellbeing of communities where these organisations have connections with communities and a primary mission of service delivery. Community organisations can ensure high engagement with clients to choose, access and use the services they need if well-funded and so long as they do not replicate corporate business models. The workers employed by these organisations want to make a real and sustainable difference to communities. To do so they need secure, safe and fairly paid decent work which enables them to continuously develop their skills to serve our communities. We support valuing and recognising our members' work through decent employment conditions (including equal pay) and increased funding to reduce workload.

This whole of system approach cannot rely on **for-profit organisations** to deliver services e.g. home support services. The PSA stands for publicly delivered, quality, universal healthcare and disability services that have decent working conditions. We recommend the introduction of a mechanism to ensure accountability for spending public money so that there is no lessening of service quality and funding flows through to workers to guarantee safe staffing, equal pay and secure work. All parts of healthcare should be considered important enough to be publicly delivered and controlled.

Currently, primary health services and oral health for instance relies on a private for-profit model for a significant proportion of its services delivery. This limits access and hence equity of outcome particularly for already disadvantaged people and needs to be re- thought.

We acknowledge and welcome the increased **funding** for health services by the government during its previous term. However, the PSA recommends that for both disability services and home support services, the funding model as well as the level of funding is significantly changed. There is currently a **lack of paid breaks for home support workers** because they are not funded and not factored into work schedules. The **lack of safe rostering practices and standard shifts of work**, along with the **lack of guaranteed hours of work** for home support workers means that workers are facing insecure work arrangements and schedules (and consequently insecure pay) every week, sometimes every day. Competitive tendering supports the undercutting of pay and terms and conditions and is a flawed model. Delivering a high standard of service requires valuing and recognising both the needs of those receiving services as well as the skills and knowledge required to deliver these services. This requires decent employment conditions (including equal pay) and the protection of health and safety through e.g. safe staffing levels. Regular training and engagement with workers in the design and delivery of services will assist with recruitment and retention. The PSA recommends including criteria in funding contracts for decent terms and conditions of work, secure work, training and equal pay.

We believe significant improvements in the delivery of public health services will be achieved through workplace relations which are based on principles of industrial democracy and implemented through a high-performance/high-engagement (HPHE) workplace culture which maximises worker voice.

Our priorities for change

- **An integrated, national, public health and disability system, services and workforce** across both the DHB and community sector
- Promotion of **tripartism in the health and community sector** e.g. through the Health Sector Relationship Agreement (HSRA). Utilisation of the HSRA Oversight Group to assist and facilitate system change arising from the Review
- Commitment to **the participation of workers through their unions** in the design and implementation of the Mental Health Inquiry He Ara Oranga recommendations and the Health and Disability System Review recommendations
- Implementation of **equal pay settlements** across the health and disability sector, including the **renewal of care and support equal pay**
- Attend to the current **workforce issues prior to any further roll-out of Disability Transformation**

- Commitment to **secure and decent work across the health and disability system**, including guaranteed hours of work for home support workers, paid breaks and proper shifts of work
- **Prioritising the removal of for-profit service delivery** from home support services.

Below we explain our priorities according to their relevance to the Health and Disability System Review, the DHB sector and the community sector. We also added a section on disability. Naturally there are aspects that are relevant across and referenced multiple times.

The Health and Disability System Review

Tripartism and worker voice

The PSA recommends that tripartism and common terms and conditions are at the heart of an integrated health and disability system. The HSRA Oversight Group is a pivotal group within the health sector and an enabler of system change arising from the final report of the Health and Disability System Review. The PSA recommends that the Minister and the Ministry of Health **involve the HSRA Oversight Group as a key group in any redesign and implementation of system change.**

> A specific example of effective tripartite discussions was the COVID-19 Sector Leadership Response Group established promptly when lockdown was announced earlier in 2020. Despite the current shortcomings of the health and disability system COVID-19 has exposed, the system has also shown its ability to learn, adapt and improve on a continuous basis. A complex system of drivers, enablers, risks and opportunities across the health and disability sectors, requires effective national leadership. The COVID-19 Sector Leadership Response Group has enabled stakeholders including unions, providers, the funder and others to contribute to national discussions and the identification of solutions. For instance, COVID-19 required constant changes to the existing guidelines for the distribution and use of PPE which were discussed and agreed. Although there were still shortcomings in publishing the information in a timely manner, it demonstrated that better outcomes can be achieved when working together. Once these groups were established during Alert level 4 and 3, it was easy and quick to reconvene these tripartite groups when Auckland moved up to Alert level 3. This lesson of effective and meaningful tripartism, and worker participation, is an integral part of the system of the future.

In addition, the PSA suggests that unions are included in the development of the Charter for Health NZ, NZ Health Outcomes and Services Plan (NZ Health Plan), Commissioning and Contracting policies and the Digital and Data Plan.

A national workforce strategy

A **national health workforce strategy** across both the DHB and community sector (and specifically a Māori workforce strategy) with worker representation is at the core of a well-functioning and sustainable health and disability system.

> The fragmentation of the system was exposed during the COVID-19 lockdown. For instance, the supply chain from the Ministry of Health (MoH) to DHBs and then onto providers of community services, meant that the personal protective equipment (PPE) distribution was significantly delayed and didn't keep up with demand. Originally there was no centralisation of PPE distribution. Then there was a half-way house of centralisation with supply still having to be regionally delivered through DHBs. Different DHBs continued to operate to different criteria for distribution leading to inconsistencies, delays and shortfalls. Providers dealt with multiple DHBs who had their own differing systems about PPE supply to providers which further complicated the situation. Different employers managed PPE differently so that workers and those receiving services were given different PPE for the same situations.

National planning which includes planning for an integrated workforce would have contributed to greater consistency and access to PEE and hence consistent and continuous services. We propose that priority be given to the development and implementation of a national workforce plan across the whole sector (across DHB and the community sector). Such an integrated workforce plan would include joint training plans and career pathways as well as common terms and conditions of employment across the whole sector.

Hauora Māori

The PSA supports a strong focus on eliminating health inequity and improving outcomes for Māori. The participation of Māori workers is essential to making progress on this objective from the workplace level up to national discussions about the health and disability system. The PSA has established Māori structures such as Te Tira Hauora and Te Rūnanga which represent workers across DHBs and CPS. These groups would welcome a discussion with the Minister to share further insight into Māori health and community workers' conditions, the services they provide and the needs of Māori receiving services.

The PSA supports the **establishment of a Māori Health Authority**. It is important to consider how the board of the Māori Health Authority will work with the Iwi Leader Forum. We suggest that the Māori Health Authority includes Māori providers and unions. Particularly crucial is to consider how Māori providers are gaining the same equity in relation to budget allocation as non-Māori providers. Culturally appropriate and holistic service delivery also requires strong partnerships with iwi. The PSA supports efforts to ensure consistency of **Kaupapa Māori services** in terms of funding and quality. If services are commissioned locally, the PSA suggests that workers and community (including iwi and users) are included and part of procurement standards.

The PSA supports the incorporation of **mātauranga Māori** (Māori knowledge) into all aspects of the system. It requires training of staff in DHBs and the community sector to enact this. Training and development are an investment into the future of the health system. Cultural competency is an indispensable skill for a health and community worker. It can be achieved through employing more Māori and Pacific workers (but also through increased training programmes). The PSA supports avoiding the siloing of different areas of health and wellbeing such as physical and mental health. The PSA proposes that the development and implementation of the Māori workforce strategy and workforce plans are done with involvement of PSA representatives.

DHB sector

Implementation of equal pay across the health and disability sector

The allied, technical and administrative and clerical workforce in hospitals and the workforce in public community services including care and support workers is often undervalued compared to other health professions. This was highlighted during COVID-19 lockdown earlier this year and the lack of PPE made available to these workers. It became clear again that the nature and importance of their work was and continues to be poorly understood.

It is a priority for the PSA to **settle existing equal pay claims** across the health and disability system and to implement and maintain equitable pay rates into the future. Under the auspices of the 'State Sector Equal Pay Ministerial Forum', unions have developed an equal pay delivery plan which maps out the settlement of equal pay claims and their flow on across the public service for both directly employed and funded workforces. Settling current equal pay claims is crucial as is the flow through of these settlements to workers in the same and similar occupations in the health and community services sector. Two pay equity claims made by PSA have been settled in the term of the previous government: Mental Health and Addiction Support Workers and Oranga Tamariki Social Workers. These current claims are still outstanding:

- Admin/ clerical workers in DHBs
- Allied and technical health workers in DHBs
- Nurses in DHBs
- The renewal of equal pay for care and support workers delivering disability, mental health and home support services

Mental health and addiction services

The PSA's Mental Health and Addiction Committee (MHAC) have contributed significantly to the Mental Health Inquiry He Ara Oranga. The MHAC believes that everyone in NZ should have access to free, high-quality public mental health and addiction (MH&A) support provided by well-trained, valued, and fairly rewarded staff working in safe conditions.

Destigmatising mental health and addiction is essential to increase prevention, and recovery. Greater efforts are required to educate the public on the availability of services and that it is okay to use services. We also know **social determinants** contribute to mental health issues and addiction. Issues such as loneliness and isolation; racism; inequality; poverty; and undervalued, insecure, stressful work impact on the health and wellbeing of people living in New Zealand. Any MH&A strategy must consider the impact of these issues.

The creation of decent work in the mental health and addiction services sector, requires cross sector MH&A training opportunities and a **transformed approach to workforces across DHBs and the community sector** so that it operates as one workforce working to a national MH&A strategy and workforce plan. That means workers in mental health and addiction services can move across DHBs and the community sector. They must be enabled to work together, learn and train together, have access to the same career progression opportunities and enjoy common terms and conditions of employment. Safe staffing numbers and enhanced worker participation support the prevention and elimination of violence and assaults. It is impossible to achieve a community based, integrated system for mental health and addiction services, if the terms and conditions of employment are different between DHB and the community sector provided services. **Common terms and conditions** for decent work lead to high quality services delivered by a skilled workforce. Better cooperation, increased mobility and joined up training across the sector will deliver a continuity of support as people move in, across and out of acute and community services. Mental health and addiction services and their workforce are part of a continuum of long-term, sustainable service delivery. The PSA proposes that funding reflects this continuum of mental health and addiction services delivery.

There is currently a proliferation of **inconsistent funding contracts** within the mental health and addictions sector for the same and similar services across the different DHBs and within the same DHB. There is currently work underway with a tripartite MH&A Partnership Forum working to rationalise and implement a consistent approach to funding. This work requires prioritisation and targeted resources to be completed.
Workers often deal with people with dual diagnosis (intellectual disability and mental health issues) or with multiple issues which is not reflected in their work allocation. In order to achieve good and equitable outcomes, funding and the allocation of resource needs to recognise dual and multiple challenges.

Community sector

Renew equal pay for care and support workers

It is a priority for the PSA **to renew equal pay for care and support workers**. The Care and Support Workers (Pay Equity) Settlement Act 2017 expires on 1 July 2022. There are different avenues to

renew equal pay for care and support workers. One of them is the introduction of a **Fair Pay Agreement (FPA)**. The benefit of using an FPA is that it goes beyond pay and thereby ensures the sector becomes and remains attractive to workers, keeps up-to date with developments and service standards. FPAs also help with anticipating and planning for the future workforce needs of the sector such as workers' training needs and the development of career pathways, ensuring health, safety and wellbeing of workers, users and communities. Secure hours of work are a fundamental component of equal pay implementation. FPAs can provide an important mechanism for workforce planning across the sector. The PSA suggests that FPAs could cover equal pay, safe and secure hours of work, training, career pathway progression, superannuation, redundancy provisions, overtime and leave arrangements. The multi-employer collective agreement (MECA) for DHBs could serve as a basis for negotiations of an integrated sector (including community-based services).
The PSA supports that FPAs apply to everyone, both employers and workers, in an industry or sector. It ensures decent pay and working conditions cover all workers, whether they are classed as employees or contractors. The FPAs could be referred to in the commissioning and contracting policies (recommended by Health and Disability System Review's final report). FPAs ensure sector wide ownership of outcomes (as the FPAs are not imposed but negotiated).

Commitment to secure and decent work including guaranteed hours of work for home support workers, paid breaks and proper shifts of work

Regarding the home and disability support workforce, the PSA recommends the implementation of the following recommendations. Urgency is warranted because these have been ongoing issues for some years now and recommendations and agreements to address them have not been enacted. Home support workers are still not enjoying guaranteed hours and paid rest breaks in large areas of the sector. They are also prone to violence and assaults. Both, workers delivering services and users of services suffer. We propose these recommendations form the basis of the future direction for the **Home and Community Support Services (HCSS) Sector**:

- Stakeholders including the unions develop a **national agreement** to become the foundation for HCSS provision
- **Funding** for HCSS must be appropriate, adequate and sustainable to ensure safe and effective services. The current tripartite work underway on the pricing model needs to be completed.
- The PSA proposes that the **'regularisation' of work** forms an integral part of the national agreement. This includes
    - Paid training for all support workers to level 4 is fully funded and at the usual hourly rate of the worker
    - Provisions covering employment status, guaranteed hours, and changes to hours of work are included in the employment agreement and move to a shift model of

guaranteed hours that allows for travel time to be paid at normal hourly rate, paid breaks are paid and travel cost payments are increased

- The tripartite **Settlement Party Action Group (SPAG)** has been established and has a work programme associated with the above bullet points. We support that these recommendations when complete are endorsed and funded to be implemented

Funding and commissioning of services

Due to historic underfunding, shortfalls remain. Therefore, we recommend the following:

- Fully restore the **health funding shortfall** and ensure ongoing funding is sustainable to ensure strong, equitable public health, disability support and care and support services. Regular funding adjustment for CPI and statutory increases such as the minimum wage, annual leave and Kiwisaver are required
- The PSA supports that funding is **tagged for training** to ensure accountability for funding flows through to workers in community services such as home support workers
- Review the Ministry of Health's **individualised funding** arrangements to ensure employment protection for all workers is guaranteed alongside client autonomy and control over services
- The abolition of the **competitive tendering model** which supports the undercutting of pay and terms and conditions. We recommend including criteria in funding contracts (such as cooperation and decent terms and conditions) to ensure accountability for intended funding outcomes.
- Develop a transparent **pricing model** which covers the actual costs and the delivery of high-quality services
- Increase investment in **capability and infrastructure** across the sector (in particular in IT and system development) to support, among other things, adequate rostering systems and effective staff allocation of suitably skilled staff to people with specific needs
- The PSA strongly supports action on **inequities between support through ACC** and the employment, social support, welfare and health system for disabled people and people with health conditions

Disability

Attend to the current workforce issues prior to any further roll-out of Disability Transformation

Significant reform of government-funded disability services is currently under way. For the **Disability Support System Transformation**, a tripartite Workforce Working Group was established three years ago to ensure workforce issues were discussed and resolved and opportunities were used effectively. This working group has been disestablished about a year ago without a replacement. Items that Ministers Sepuloni, Clark, Genter and Lees-Galloway raised in December 2018 to be attended to by the working group have been left largely unresolved:

- The overarching agreed objective is that "disabled people, providers and workers have safe, sustainable, mana enhancing working relationships". To achieve this, it was agreed that greater choice and control of disabled people must be balanced with respecting the rights of all people and maintain and enhance the working conditions and security of support workers.
- Ensure MidCentral providers are offered a Flexible Disability Support contract to enable them to provide individualised support
- Develop flexible service specifications
- Develop a clause in the MidCentral funding agreement that personal budgets cannot be used to undercut industry-standard terms and conditions. This includes the development of guidance to help parties to work out what this means in their specific circumstances
- Establish a mechanism for central employment support
- Monitor and adjust the system to deal with any anticipated negative impacts for the workforce

The PSA recommends to urgently attend to the current workforce issues prior to any further roll-out of the Disability Support System Transformation. Workers' rights are complementary with clients' rights. We suggest that collective bargaining and workers' rights to basic employment protection is an integral part of the reform process to ensure the delivery of the best possible services to the public.

Additional disability related recommendations are

- Regarding the Health and Disability System Review's recommendations the PSA sees a risk in **funding for most disability services to be devolved to DHBs**. We recommend that careful consideration is given to where the primary funding of disability support sits to ensure that funding is ringfenced and regularly increased to ensure it supports both health and social needs, as well as support for new clients coming into the system
- The PSA supports the **employment of more disabled people** with community organisations to reflect their communities better. The **minimum wage exemptions** for disabled people have to be disestablished to ensure disabled people are paid at least the minimum wage.
- Workbridge's Job Support Fund available to employers to **accommodate disabled people at work** must be increased to ensure that more disabled people will be employed and retained. An expression of insufficient funding is the shortage in transcribers and sign language interpreters (especially bi-lingual ones) across the community sector and the ability of Deaf and disabled members to participate in their union
- We support an **Accessibility Act** to provide accessibility for disabled people in terms of information and physical access