



**PSA Health Delegates Working Group  
Submission to  
the Pae Ora Legislation Committee**

# **Pae Ora Healthy Futures Bill**

**December 2021**

## Introduction

We welcome the opportunity to make a submission as the representatives of PSA members. We take a joint perspective of members and delegates across the Community Public Services (CPS) and the District Health Boards (DHBs) on the health reforms and the Pae Ora Bill.

We believe that the health reforms are an opportunity to create a truly integrated health system within which hospitals and community services work together in a cooperative, smooth and timely fashion to deliver equitable services today, tomorrow and in the future.

## Who are we?

We are a group of delegates from the Community Public Services (CPS) known as the NGO or contracted out sector and the District Health Boards (DHBs). We founded the group in May 2021 after the health reform was announced by the Minister. We believe that we need a public health and disability system with worker participation at its heart.

On behalf of our members, our aim is to shape the future health system. We gave ourselves principles to act as a basis for our work:

- We will take an all of system approach to achieve an integrated, national, public health and disability system, services and workforce across both the DHB and community sectors
- We will promote tripartism in the health and community sector
- We will aim to ensure 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

## Why are we making a distinct submission on the health reform?

We have seen many health reforms in the past - all with good intentions but with very limited delivery on the intended outcomes. Targets have been set against funding which are easily manipulated and do not necessarily lead to improved health outcomes. The system has remained hierarchical and characterised by control and risk management and inequitable access and outcomes. Hierarchical structures need to disappear, and all people need to be valued for the contribution they bring. Appropriate leadership doesn't need a degree: everyone is a leader in their own place.

We need to shift the system towards a **participatory system that is characterised by learning** and a willingness to try new things to develop best practice. A learning environment and transparent

communication is instrumental to changing the system and the outcomes for all people living in Aotearoa New Zealand. Workers must have the time to reflect, share and contribute to the health system.

The health system remains **underfunded** while for-profit providers, who receive government funding, continue to make profit from people's unwellness rather than serving communities and contributing to increased wellbeing for all. Within organisations – not for profit or for profit – funding needs to be spent proportionally recognising the importance of all roles for the functioning of the organisation. At a minimum, we believe that profit shares of such organisations need to be monitored and proportioned. Their profit is often at the detriment of decent terms and conditions for staff, and other much needed investment into training and development to ensure that services meet the needs of people in the community. We strongly recommend consistent pay rates and terms and conditions across the health system to ensure people receive the services they need irrespective of who is providing them.

The health system of the future must focus on **respecting, protecting and fulfilling the human right to health** for all people living in Aotearoa New Zealand. The system – including the government – must be committed to giving effect to the right to health and to realising equitable access and outcomes. This includes supporting *prevention* of illness over *intervention*. In line with the [Ottawa Charter](#) the promotion of wellbeing for all must tackle the detrimental impacts of the social determinants of health.

At the same time the government has an obligation to fulfil the rights of health and care workers. At present, unions are busy chasing up to ensure workers actually get what they already have a right to receive: a safe environment, rest breaks, decent pay, secure work, or paid time off for learning and development – these should be met without this extra accountability. The health system needs to ensure that workers are always sitting at the table and their voice is listened to. Decisions are made together by workers, peers and community. Tripartite governance structures embedded into the health system could provide for worker voice as an integral part of a well-functioning health system which ensures the implementation of the right to health for all.

## **How do we transform the health system for the better?**

- **Worker participation and representation**

Worker participation and representation at all levels of the respective organisation would ensure that high performance/high engagement (HPHE) models are integrated throughout. Worker knowledge, expertise and background should be drawn on: listened to and taken into consideration, including for design and delivery of service.

- **Integrated services**

A health and care worker must be valued equally across the health system irrespective of their employer. Professional mobility as well as access to the same resources and professional development across the health system must be enabled to create mutual learning and development of services. Information sharing through using one system across the health system is crucial to provide the best possible services based on understanding a patient's history

and needs. Collaboration between hospitals and community organisations, as well as between hospitals, and between community organisations, would enable better service delivery and timely services at the point of need. Commissioning and contracting should make cooperation a condition to be awarded a contract and competition must be taken out of the tender process. Competition promotes underbidding competitors on e.g. lowering labour costs which is not in the interest of communities and the services they receive.

- **The Health Charter should apply across the whole health system**

We want a Charter that is not about the words, but about the action. We want a Charter that holds us and the system accountable to ensure equity, consistency and conformity across the health workforce and the health system including the NGO sector. It must be a living document and processes need to be in place to adapt it over time. Regular reporting is vital to ensure compliance. Workers have an integral part to play in realising the Charter and holding the system accountable. We don't need piles of documents, but consistent and continuous action to breath live into the Charter.

- **Culture change**

Huge culture change is needed that reflects all the recommendations above. Respect for the voice of people who are affected by the Charter is essential, as is the willingness to do things differently. Bias against gender and ethnicity, disability, sexual orientation must be eliminated to reflect and uplift the communities people serve.

**Thank you for considering our submission.**

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