



PSA submission to Te Whatu Ora

Proposal for Consultation:

National Public Health Service

Introduction

The Public Service Association

The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 85,000 members. We are a democratic organisation representing members in the public service, the wider state sector, local government and non-governmental organisations working in the health, social services and community sectors. We have over 25,000 members at Te Whatu Ora.

The PSA believes that maintaining high functioning, valued and experienced work force provides for a quality service for stakeholders and the clients who use the service.

PSA Approach to Restructurings and Reviews

The PSA recognises that change will be necessary to achieve the 5 key system shifts of the health reforms and that change will be a feature of creating Te Whatu Ora.

As a union, the PSA is not resistant to change and has considerable experience of change proposals and their effects upon staff and service delivery. Our focus is on:

- **Employment and job security:**
 - Minimising job losses and maximising opportunities for redeployment, development and training.

- **Worker voice:**
 - Ensuring PSA members can have a say in the decisions about whether and what change is needed;
 - Ensuring PSA members can have a say in determining any formal process for implementing any change.

- **Fairness and transparency:**
 - Ensuring change processes are procedurally fair and transparent.
 - Ensuring decision making processes are transparent.

- **Ensuring any change promotes sustainable services, high performing productive workplaces and decent jobs:**
 - Mobilising members' knowledge to improve the efficiency and quality of services and jobs.
 - Once the change has been implemented, monitoring the impact on workloads and services.

A collaborative approach to change produces better outcomes and maintains productivity. How change happens and how workers are engaged in design and delivery of new structures is crucial. The importance of clear communication around change processes is a core principle for the PSA, it has also repeatedly been upheld by the courts. Goddard CJ adopted the following propositions from a 1993 Court of Appeal judgement (Communication and Energy Workers Union v Telecom NZ Ltd [1993] 2 ERNZ 429) as a guide to employers and employees.

If there is a proposal to make a change, and such change requires to be preceded by consultation, it must not be made until after consultation with those required to be consulted. **They must know what is proposed before they can be expected to give their views'** (see Port Louis Corporation).

This does not involve a right to demand assurances but there must be sufficiently precise information given to enable the person to be consulted to state a view together with a reasonable opportunity to do so. This may include an opportunity to state views in writing or orally.

The requirement for consultation is never to be treated perfunctorily or as a mere formality. The person or body to be consulted must be given a reasonably ample and sufficient opportunity to express views or to point to problems or difficulties (see Port Louis Corporation).

Consultation must be allowed sufficient time.

This submission

The submission reflects feedback from workers at Te Whatu Ora: delegates, members and non-members. Two surveys were carried out, one entirely qualitative and one qualitative and quantitative.

This submission opens with comments on the process of this restructure as a whole, particularly the lack of information. Then it moves onto the specific proposal for National Public Health Service. This includes examples of how the lack of information has hindered good feedback and also concrete suggestions members have to amend the proposal.

Our members support the health reforms

Our members have always been very supportive of the goals of the health reforms and embraced the benefits a unified health system could bring. Our submissions to the Pae Ora Healthy Futures Bill were enthusiastic and our members welcomed the formation of Te Whatu Ora and Te Aka Whai Ora.

As long as it's tika and pono and enables us to expand into areas that have never been accessible to our kaimahi before, change is something I'm all for if it means improving our services.

Our members still see the value of the changes that were promised. Our members were most positive when they were speaking about the possibilities of reforms and the changes that they wanted to see:

I hope that systems/areas from the old DHBs be streamlined so that we are all working from the same systems

Hopefully a focus will be on more equitable care, and less duplication of roles.

Hopefully it will help with transfer of staff through the hospitals and repeated information / training for them, repetitive training done once.

This submission will outline the very negative experiences our members have had with the restructuring process. We emphasise that this negativity comes as a result of the experiences people who supported the goals of the reforms have had within Te Whatu Ora and of these reforms. The mismatch between support for the goals of the reforms and negative experiences of the process shows the imperative of Te Whatu Ora taking this feedback seriously and amending their practices.

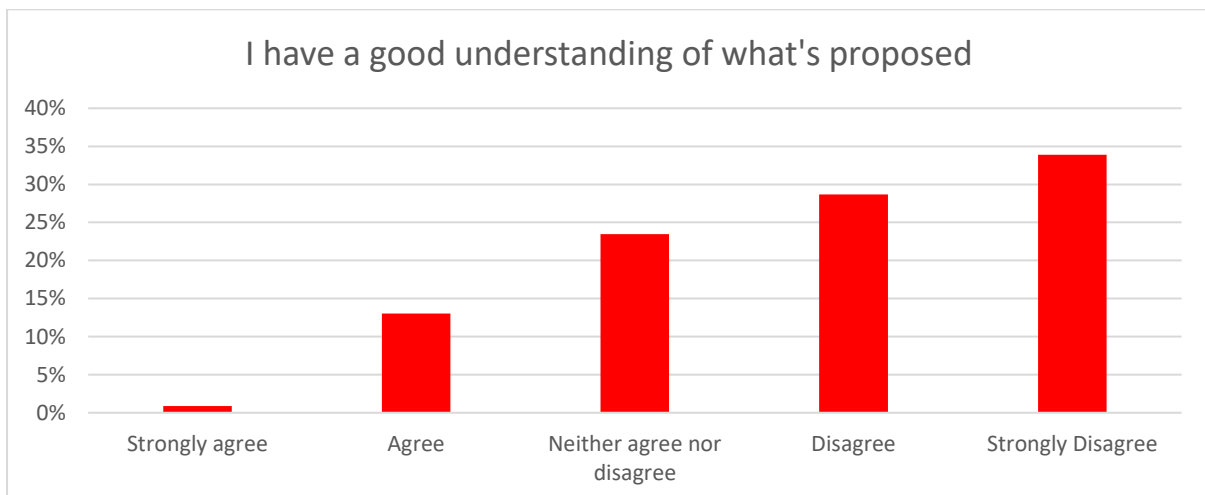
The Change Management Process – Overall

This section is about Te Whatu Ora’s change process overall. Our members had a range of experiences’ and there were obviously a range of practices across geographical areas and consultation documents. This summary speaks to the dominant themes members raised.

Our members don’t have the information they need

The information is too vague to make an informed comment.

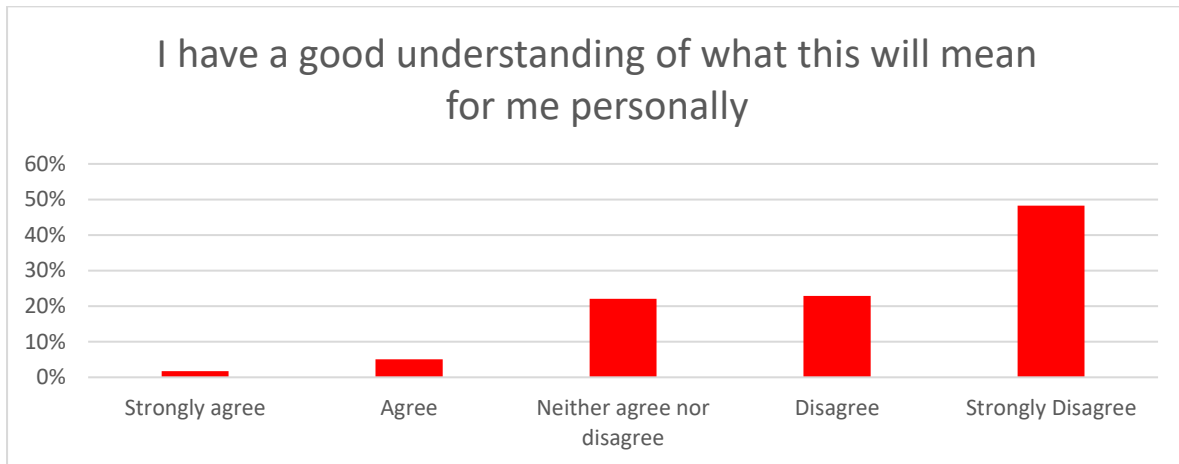
I don't know what's going on and I'm afraid I'll lose my job.



The most overwhelming response from our members was that they did not understand the change proposal and did not know what impact it would have on their work. The two comments quoted above were repeated over and over again, as members were very clear that neither the information, nor the way it was presented were clear. Just 16 per cent of those who responded to our survey said that they felt they had a good understanding of the proposal.

Our members were very clear that the proposals had not been effectively communicated to them. They specifically mentioned the language of the document and the approach of all staff hui as obstacles. Members mentioned that the approach of all staff hui further suggested that management did not understand the current state. Members described questions not being answered and lack of clarity in communication.

Communication to our members has not been done well with a lack of understanding about the changes and what it specifically means for them and a lack of clarity around the operating model. Just 7% of members agreed that they understood what it meant for them personally.



In our members' voice

The more consultation I have, the more confused I am about where my role and that of my counterparts across the region will fit.

We have no idea what is going on in our department in regards to proposed line change as no one got back to us after we gave feedback. We are left in limbo.

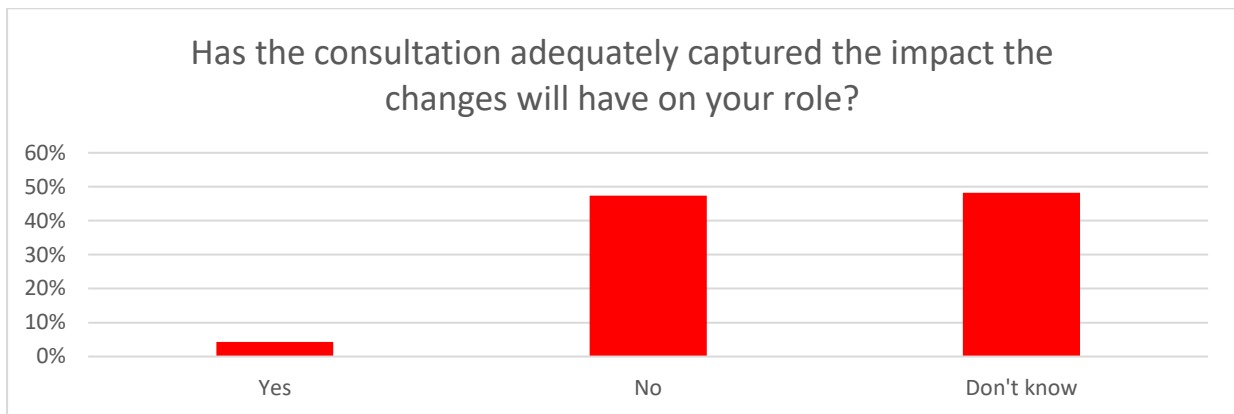
They have held hui to discuss changes but I have been unable to attend or watch any of these during work hours. We cannot watch the recordings either because we don't have a computer operating system that can play them and also have no sound on work computers (and also no time to watch them). They need to distribute a written summary of the changes and what the implications are for each department, and allow adequate time for feedback.

I feel like my manager hasn't had enough information at any point during this process to support me well. She's been very in the dark, which I don't think is her fault. -- There has been a massive quantity of information to take in, which has a lot of jargon in it. This has meant it has taken considerable time and effort to understand the proposal.

Te Whatu Ora's approach to consultation

The confusion members described is not coincidental, but a result of a series of decisions that Te Whatu Ora has made about its approach to restructuring. This round of consultation and restructuring focus on the top 5 tiers of leadership only. Our members pointed out again and again that work had not been done to consider and communicate the implications for the rest of the organisation.

The decision to restructure from the top down is defensible (although some members strongly criticised it), but the decision to present those decisions without full consideration of the rest of the organisation is not. As one member put it: "We have been asked to give feedback on something that we can't see ourselves in."



In our members' voices

They've worked from a top down approach and haven't considered the bottom up.

It seems the restructure is affecting upper and middle management at the moment. There's no discussion about the impact this will have at a grass roots level.

The process has been very poorly handled. While the intention is reasonable, and the proposal for my team's future structure makes sense to me, I cannot gauge the overall impact because of changes to associated roles in the regions and in the national office.

Lack of information of current state

Many members repeatedly made clear that the proposals did not show a good understanding of their work or the current state. They emphasised that without a good understanding of the current state it was impossible to understand how to undertake reform.

The lack of knowledge about the current state significantly damaged the process of consultation. Consultation documents went out with errors and members were unable to discover if they were affected and how. There were example of good consultation and examples where the document was based on clear knowledge of the current state. To effectively to design a new system or consult on changes a full picture of the existing state of the organisation is needed.

In our members' voices:

They need to find out what roles/ functions people are actually do first, prior to map people correctly to roles/ function. There is no job sizing to find out workload, priority work programmes and key projects.

Our regional director had many face to face meetings with our management and staff since June last year. The intelligence director (the directorate I'm likely to move into) held a series of workshops in November and December last year.

I spent an exceptionally long time not receiving any communications and being told that 'no communications meant my job wouldn't change' - until I saw that I had no place in the future state. The reason provided to me was that I started in February - but it's a trivial activity to get a list of new starters and communicate with them directly to let them know their communications would be delayed.

This has been overlooked and I can not see a role that will pick up that responsibility.

Not enough information provided to determine if the proposed structure is going to be good or bad for me at this stage

No time to look at how this effect me, as my role isn't actually correctly mapped correctly in here.

The proposed restructure is being done to us rather than with us. We have been restructured by people who do not understand the capacity and capability required to deliver on the mahi. There should have been more conversations with teams and senior leaders within teams to understand what is needed. This still needs to happen.

It is the worst I have seen in the last 20 years, and I've seen dozens. Head Office have no idea of my role, and when I contribute to papers that are apparently to help them understand they seem to be incapable of understanding. Real time decisions are being made without understanding the system.

There should be a face to face visit to understand what some roles are about. Centrally created structure is too idealistic , there are many jobs in the background that will not be done under the new structure, there will be nobody to do them

How do I have faith in the process if the fundamentals information about their staff aren't even correct. My position description does not include the all the clinical advice that I provide to teams across Te Whatu Ora and MOH.

Impact on members

Our members outlined that this lack of consideration for them and the work that they do in the consultation documents had an impact on them. Te Whatu Ora is communicating about its values in terms of who it considers as part of change and how it communicates that change, and our members are receiving the message loud and clear.

In our members' voices

It was disrespectful not to engage with the managers and their teams about the work they do prior to designing the new structure. So much of what we do is not represented in the new structure. Is this their way of saying that what we do doesn't matter and is therefore not worth continuing? That's what it feels like anyway!

The leadership group's lack of empathy in addressing the restructuring process is troubling, and at times, difficult to comprehend. It is particularly concerning when a leader dismisses the situation, despite the evident and meaningful impact on our team.

Additional issues with restructuring

In addition, to the big picture issues with the process already discussed, our members raised a number of other issues with the process of restructuring.

Approach to allocating staff to new roles

Our members expressed concern with the approach to allocating staff to new roles was damaged by the lack of information about the current state outlined above. There was also concern that the wave process was not designed with workers' needs in mind – nor to minimise job losses and maximise job security.

In our members' voices

They should have sought clarity around what actual duties people with job titles did as it is no use then coming back with this so called further consultation ...to possibly still employ the people with a different job title. The angst and stress that this process is causing is huge and shows a very real lack of care and integrity. - The fact that people cannot apply for 'new' roles until they have been disestablished is inappropriate shocking

My concern is that those in the later waves of consultations might miss out on new job opportunities in the earlier waves. - - I have non-clinical skills that are not tied to a particular function so if I am disestablished, I could have applied for roles in the earlier waves of consultations. I understand that it would be difficult to change the whole organisation in a single wave but I'm not sure they are acting in good faith with those in the later waves

Equity

Our members raised equity issues with the process and wanted to ensure that workers were fully supported in appropriate ways throughout the process.

Employees' who were currently pregnant or on parental leave and whose roles were proposed to be disestablished expressed particular concern about their concerns they would be treated equally and the impact of going through the process at this time.

In our members' voices

There should have been kaumatua at each feedback meeting to look after cultural protocols including karakia.

Employees with accessibility needs and/or being neurodivergent would be heavily impacted by this kind of change but it does not seem to be enough level of specific considerations and supports.

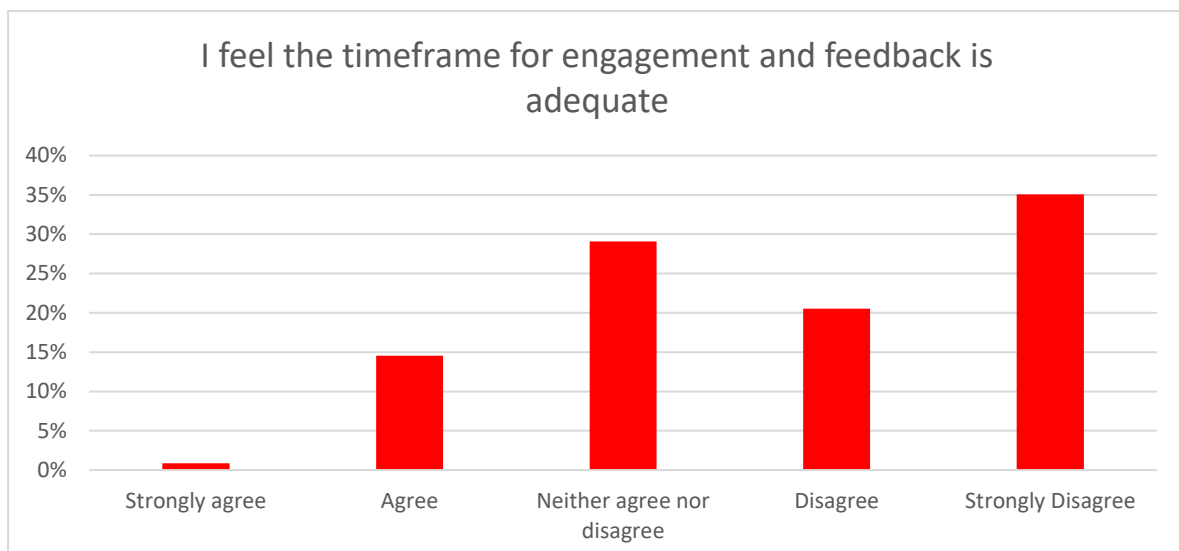
I am currently pregnant. I can't afford to lose my job, and yet I can't see that any consideration has been given to people in my position - either about to go on parental leave, or already on parental leave. It took a month to get answers to (some) of my questions about how I will be protected through this process, but some questions remain unanswered some 5-6 weeks after submitting them. How can I be sure that I won't be discriminated against because I am going on parental leave?

Timeframe

Our members were very clear that the timeframe for the consultation was inadequate. We appreciate that when this was raised the Commissioning and then the National Public Health Service consultations were extended by 5 working days.

In our members' voice

Time frame for consultation included school holidays and public holidays and many people taking leave at different times made it hard to meet and discuss changes and prepare responses collectively.



Format for feedback

Members expressed concern about the limited options for expressing feedback and in particular the limited option for collective feedback.

Members also expressed concerns about the on-line consultation tool. There were questions about its functionality. Members expressed concern that they were being required to learn a new tool at a very stressful time, and other members had not been successful in using the tool.

The fact that they had to set up a login made people some members sceptical that it was anonymous. Some members mentioned that they had not put in feedback, or only wanted to submit feedback through us for this reason. This should concern Te Whatu Ora for two reasons, first an anonymous tool does not provide any function if people do not believe in it and what we've learned from our members suggests that there are workers who were too afraid to provide feedback.

Second, members' fear that they could be targeted for speaking up provides key information about the current climate at Te Whatu Ora.

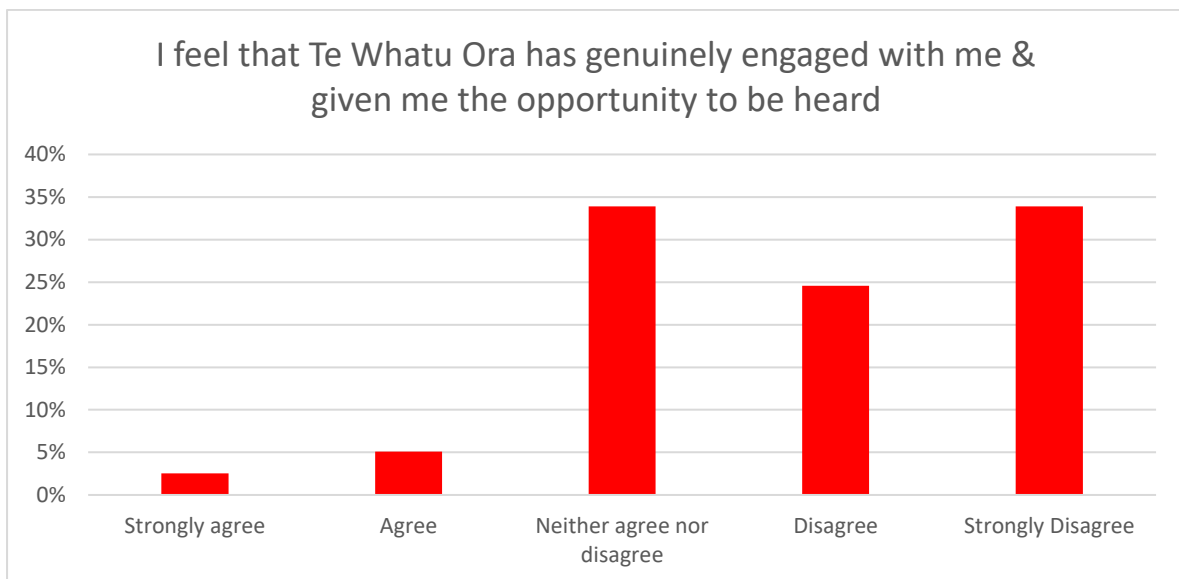
In our members' voices'

There should be options to put in written feedback, recorded verbal feedback, one to one meetings, meetings as a small team, meetings at different levels (eg senior leadership, advisor level, programme management level etc). We need to have the opportunity to feedback verbally either one-to-one, and as smaller team as well as with larger teams. There should also be an opportunity to provide detailed reports to the consultation team.

I have been so swamped with BAU work that I haven't had time to learn how to use What Say You well enough to then provide feedback.

What Say You is a terrible tool - I shouldn't have to invest significant time to learn how to use a feedback tool in order to then give feedback. This could have been, and should have been, a lot simpler

People are frightened to provide comment or ask questions in case they are targeted and disestablished.



Impact on Workers

A restructuring process that is badly run comes at a cost. Our members outlined the impact that the process had had on them, their teams and their work. Te Whatu Ora can ill afford to pay the cost of losing workers and less resilient teams.

As well as an institutional cost, this approach to restructuring has had a personal cost. Our members articulated again and again the impact that the change process had had on them and their colleagues.

In our members' voices

The recent restructuring has had a profound impact on our teams' effectiveness, significantly undermining the resilience and cohesion we developed as a team in response to the challenges of the COVID-19 pandemic etc.

This process has left me feeling very undervalued and makes me wonder if I really want to work for an organisation that treats their staff in such a manner.

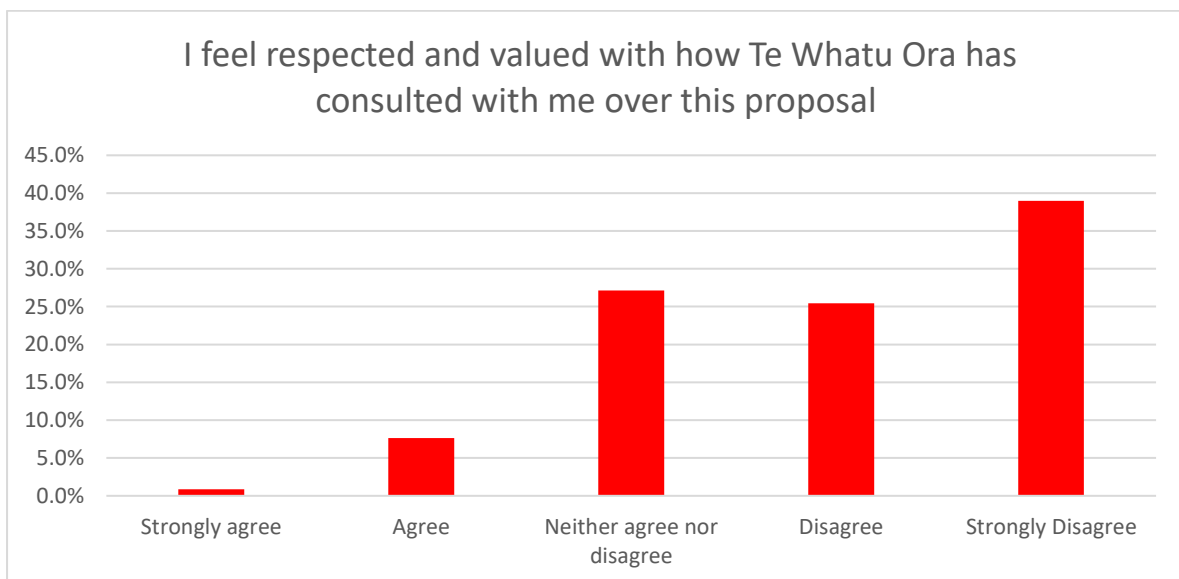
The way I found out I was impacted was second hand by a colleague in another region who received their email 12 hours ahead of mine. I feel totally disrespected and traumatised.

Increased levels of anxiety and uncertainty ripple through all staff. Does not feel like a transparent process.

This process has left me feeling very undervalued and makes me wonder if I really want to work for an organisation that treats their staff in such a manner

Do you understand that by lifting and shifting people with no clear understanding of their roles you are creating huge stress and distress. It is not good enough to keep saying sorry

I am about to be restructured as I am in the next wave and it is increasingly stressful.



What would a better process look like?

Te Whatu Ora does not need to reinvent the wheel, or be innovative in its approach to change processes (although it would be appropriate for Te Whatu Ora to be an exemplar when it comes to meaningful actions to promote workers wellbeing through a change process). Te Whatu Ora needs to follow well established principles to engage with workers in a meaningful way.

One of the more optimistic comments from our members outlines the choice Te Whatu Ora has now:

I think it's necessary to restructure in order to create better collaboration and efficiencies. Change is uncomfortable but is a reality of life. Te Whatu Ora understandably cannot provide detail about where lower tiers will sit until they sort out the upper levels, so a lot of us don't really quite know where we will stand in the long run. I think Te Whatu Ora have been honest and transparent. Time will tell whether they genuinely listen to feedback from staff

National Public Health Service Process

The opportunity to provide feedback on the proposed structure is appreciated, its positive that our thoughts are being considered, taking into account our experience and expertise. Though there has been the need to attend multiple sessions to get an understanding of how the changes affect the whole system and understand where we 'fit'. It would have also been helpful to see an idea of the roles/teams that sit under those covered by this proposed structure, to support our understanding of how things will be done on the ground.

Members in NPHS raised the same concerns that have already been outlined. They emphasised the difficulty of seeing themselves in the proposals. They were particularly concerned about the treatment of those who had worked on the COVID-19 response and the implications of the move from local to regional.

Recommendation: That Te Whatu Ora completes a subsequent round of consultation on a revised proposal for NPHS based on feedback received. This proposal must be based on high quality information about the current state and include the entire structure of the organisation, not just the top tiers.

Treatment of those who worked on the COVID-19 Response

Public health members were particularly concerned about Te Whatu Ora's treatment of those who were working on the COVID-19 response. Many workers have been on rolling fixed term contracts for years. Te Whatu Ora must consider if the fixed term contracts are genuine and if the work is continuing then convert people to permanent roles.

In Members' Voices:

More broadly, I feel that the current proposal vastly undervalues fixed term employees, particularly those working in the Covid-19 response. From what I've heard, it sounds like Te Whatu Ora is planning to do the bare minimum to meet their legal obligations to fixed term employees (i.e. seeing our contracts out, then nothing), while at the same time continuing to pay lip service to valuing our work and to a desire to keep skilled and experienced workers in the system. Many of us working in the Covid-19 response have been on repeated short-term fixed term contracts since 2020 with a high level of job uncertainty. We have made this sacrifice to our personal job security to serve our country. This fixed term workforce represents significant skills and experience, particularly in communicable disease management and emergency management and there is a huge risk currently of most of this being lost. I think Te Whatu Ora should be

doing more to reciprocate our spirit of service, by serving us - supporting us to find our place in the new system, particularly as permanent employees where that is what people desire. I think they should be going above and beyond to ensure each one of us is supported through this process and feels valued, rather than doing what they are currently - the bare minimum.

Recommendation: Recognise the importance of those who have been working on the COVID-19 response, including considering if the fixed term contracts are genuine and if the work is continuing convert people to permanent roles.

Implications of reporting line changes

Our members whose work is moving from local to regional are concerned that the operational implications and the impact on their job have not been fully thought through. The change document describes this as a change in reporting line, but it could mean a significant change in the scope and scale of the job. Workers in administration roles are also seeing suggestions that they will be responsible for much larger team.

Our members do not necessarily disagree with these changes, but they do disagree with the process and the fact that the impact on their job has been downplayed. They want the opportunity to be involved with such a major change in their work and to have increases in their role acknowledged.

This is another example of the implications of not thinking through the impacts of change in leadership to the rest of the organisation.

In Members' Voices:

We raised yesterday concern about the proposal minimising the impact on roles that are proposed to go from local to regional (ie. Planning, policy, comms, intelligence and workforce development). They have claimed that we are going to have minor impact by way of line manager only. However, this would not be the case, if my role is going from supporting 40 staff at the local level to supporting 100+ then the scale and scope of my role has changed significantly.

I currently look after a team of 16 people. The proposed new structure has two teams sitting within the group, which could see the wider team increase substantially. There is currently no mention of other administration support. If I am supporting 100+, then the scale and scope of my role has changed significantly.

Recommendation: That a revised NPHS proposal provide more information about any intended changes in scope of jobs that have reporting line changes, or if no changes in scope are intended communicate that clearly, so our members can give informed feedback

Key areas of priorities for public health not visible in proposal

Our members were committed to make sure that the new structure prioritised equitable health outcomes. Our members noted areas where there appeared to be gaps in the current structure. Part of the problem with only providing details of the leadership roles is that anything outside those

roles is not visible. Therefore this document does not make clear how goals of creating equity for disabled people, rainbow communities and diverse ethnic communities will be achieved.

In Members' Voices:

A lot of the equity roles appear to have disappeared (possibly centralized?) - unfortunately equity is one of those things that tends to be 'out of sight, out of mind'

The NZ ethnic and migrant community have been overlooked. This community should be given as much thought as Māori, Pasifika and NZ Europeans. This community often has poor health outcomes, what is being done to address this it appears to have been overlooked.

It is good they acknowledge the Māori and Pacific leads, but have overlook disability sector in the equity they are hoping to achieve from this.

It is recommended that there are designated Māori and Pasifika leadership at a local level. Equity leadership should also be at a local level. The proposed model should be strengthened to demonstrate a priority of Māori and Pasifika hauora.

Many members also raised questions about where smokefree roles fitted within the new structure. There was concern that it was not mentioned. There was also concern that the separate funding stream meant that people's jobs may be at risk and this had not been properly consulted on. Again a key problem is the lack of information about key public health priorities in the document.

In Members' Voices:

I am employed as a Health Promotion Advisor/Smokefree Coordinator, funded out of the Tobacco Control budget. Despite asking my line managers (they haven't been told) and questions within the What Say You feedback channel, we have been given no indication of where either my role nor tobacco control will sit in the new structure. The only mention of tobacco in the original consultation document is as a 'harmful commodity' in a regulatory context. - We have however been advised as part of a regular monthly agenda item facilitated by prior-Ministry of Health tobacco control staff, that any decision on the tobacco control contract is still pending. How is this an appropriate channel for us to find out our roles are potentially at risk?

There needs to be a recognition of Health Promotion and smokefree should not be buried under 'harmful commodities' as it appears to be. There is the government goal of 2025 and this should be a clear priority within this proposal.

Where does tobacco control sit? To meet the Smokefree 2025 goal, we need to continue or increase our health promotion efforts, including supporting our clinical colleagues to support their patients to consider their smoking behaviours. Evidence shows that advice to stop smoking given by a health professional can have a significant impact on people's willingness and motivation to quit. Concern

is that funding will be directed solely to cessation services, without consideration of the importance - and the evidence! - of those early conversations with people and resultant referrals to get them into cessation support services in the first place.

Recommendation: That a revised NPHS proposal provide information about the full structure of the service so that members understand where key functions such as Smokefree fit and how the service is going to uphold equity and give informed feedback on those proposals.

National Public Health Service Feedback

Some of our members expressed support for the broad approach being taken. Members particularly praised the following aspects:

- Recognition of public health nursing
- New titles reflect the work better than old titles
- Opportunity to work interdisciplinary and collaborate across regional boundaries
- Increased opportunity for professional development.

In our Members' voices

Good to see that Public Health Nursing finally has recognition for national & regional leadership.

More opportunity to make a difference as part of a multi-disciplinary team

There is the possibility that I will have peers doing the same/similar roles to me. (it is unclear whether this would actually happen, but would be the main improvement I would experience)

It seems like there is more opportunity for career development, and my previously under-valued role (policy and planning) has been elevated and is proposed to have more support and resourcing. There is likely to also more opportunity for regional and national collaboration.

More joined up with other teams. New local leadership could be a new good change.

The regional structure allows for people to work with others doing similar roles within the region. This also supports skill development and cross region working.

Changes in boundaries

The proposal contains a proposal for a Group Manager, Waikato & Lakes and a Group Manager Bay of Plenty and Tairāwhiti. Since 1996 there has been a joint public health service for Lakes and Bay of Plenty: Toi Te Ora. Toi Te Ora are listed as only being affected in a change of reporting line. However, cutting the geographical area that people are working in half has far more significant than a reporting line change. Our members were very clear that if the change in reporting lines also required a change in this could require changes in the scope and nature of the roles, where they worked, and even their hours of work and their total remuneration.

This change proposal does not discuss the implications of this change in boundary for the Toi Te Ora workforce. Our members have identified some of the impacts, but there has not been adequate consideration of the issues involved. Te Whatu Ora must run a separate consultation process on this proposal that includes consideration of the entire workforce, not just the top five tiers of leadership.

Our members had concerns about the approach and substance for the geographical groups. It was not clear how NPHS would operate across regions. In addition, some members were expecting regional teams, and were hoping to work more collaboratively. While some members supported the structure proposed, they emphasised the importance of developing ways to work across boundaries.

In our members' voices

There is nothing good about Rotorua merging with Waikato. I have made strong relationships as I often work across the whole of the BOP not just Rotorua. We have not been provided with information on an operational level.

Keep Toi Te Ora Public Health TTO as one unit (including Rotorua) merge the whole of TTO including Rotorua with Gisborne (east coast) merge Taupo with Waikato. I would like informational on operational changes, every time I ask, I am told to enter my question into 'What say you' the DHB portal for asking questions. - -

they should not progress with the proposed split of Toi Te Ora. Currently, public health works a lot with education, councils and Iwi, and the current boundaries pretty much aligns with the boundaries of these settings (although not perfectly, it's close enough). If they split Toi Te Ora, it will make it very complicated and difficult for us to do our jobs, as we will have to try to coordinate across boundaries how we will engage these settings. We already have a enough trouble supporting Turangi which sits in the Toi Te Ora region but falls under Waikato regional council. Furthermore, we have some roles where there is one person cover a function for the whole region, if we were to split, Bay of Plenty will have no one to fulfil that function, and Lakes will have too much FTE. We also have teams split across the region e.g. a team leader sits in Lakes, but their staff sit in Bay of Plenty. This will leave the team without a team leader, and a team leader without a team. Finally, public health functions best with it done at a population level, but there needs to be careful consideration of the size and make up of the population in terms of how effective you can be. By splitting Toi Te Ora, Bay of Plenty will be too small and Waikato and Lakes will be comparatively too big. -

We support the inclusion of Taranaki as a single district within the proposed regional structure. It will be necessary for the structure to also promote 'cross boundary' ways of working to improve outcomes for communities that have not been well serviced with the traditional 'border' approach

Concerned about the lack of written information on the rationale and risk/benefit analysis of the proposed changes in geographical groups in Te Manawa Taki, National Public Health Service

Many of the discussions and planning we've been doing with our regional directors has been based on the premise that we would be forming regional teams (ie. Northern, Te Manawa Taki, Central, Te Wai Pounamu), and working as regional teams. This is a great direction to go as it will help us work collaboratively, share resources and expertise, and strengthen public health. However, the proposed structure has us retaining our geographical boundaries and sub-regional teams and its proposing increased management structure. This is concerning as it will essentially retain the one thing that these changes were hoping to remove. By keeping these boundaries we will continue to work siloed and unsupported.

Recommendation: That a revised NPHS proposal include a discussion about the implications of the geographical responsibilities of the Group Managers. Any proposal that involves changes in geographical scope for workers involve full consultation with affected members.

Health Promotion Structure

Our members expressed significant reservations about the Health Promotion structure. The Health Promotion Structure appears to have been brought over from Te Hiringa Haurora. However, Te Hiringa Haurora only did social marketing – and health promotion is much wider than social marketing. Our members are concerned that Health Promotion will not cover the full range of public health functions. Our members strongly believe that Health Promotion should be organised to cover the key areas of Ottawa Charter: strengthening community action, develop personal skills, create supportive environments, reorient health services.

In our members' voices

I am also concerned about the demonstrated lack of knowledge or understanding about the role of Health Promotion. They have held 'promotion' consultation meetings where facilitators said, 'we need to agree a definition of health promotion' another said 'we all promote health'. Seriously? Health Promotion is a discipline with acknowledged qualifications and guiding principles, yet these 'leaders' have no clue! It does not instill confidence in the future of either health promotion nor public health!

Need more national health promotion leadership. Regional health promotion workforce should operate as one big team. Promotion should not be combined with prevention.

The Health Promotion Directorate has pretty much copied and pasted the structure and roles of Te Hiringa Haurora that moved into this department last year. However, Te Hiringa Haurora only does social marketing which is a very small amount of what Health promotion is. Health promotion is broad and incorporates a variety of specialised skills and approaches working at many

different levels, and initiatives. The consultation document states that the Health Promotion Directorate will provide the leadership and direction for health promotion nationally. I am very concerned that this will reduce the scope and limit health promotion, thereby making it completely ineffective. –

Recommendation: That the structure of the Health Promotion Directorate be revised so that it reflects all areas of Health Promotion as outlined in the Ottawa Charter.

Increase in the number of tier 4 and 5 managers

Many members noted that the number of tier 4 and 5 managers were increasing. They commented that this seemed to be at odds with the goal of the health reforms, which were to reduce duplication. As mentioned above some members were surprised to see sub-regional structures and expressed a desire to work more collaboratively. There were also concerns that at times of crisis the many layers of managers would impact on Health Protection Officers ability to escalate and would complicate the signoff process.

In members' voice

It feels very hierarchical and bureaucratic. I'm concerned that the multiple layers of management are going to limit our agility as an organisation and make getting anything signed off time consuming and complex.

Far too many managerial roles. Nothing has changed there surprise surprise.

The proposed structures are very top heavy with added layers of managers. For example, there are 40 group managers and 83 managers in the NPHS structure compared with the current ~12 GMs. 12 PHUs have only been reduced to 10 administrative areas with further disruptions in changes of areas.

It appears to be management and top heavy. From my point of view instead of having a service manager who the public health teams report to, it now has a new tier of manager.

The national Te Aka Whai Ora and Te Whatu Ora seems like a very top heavy management focused organizational structure. I thought the whole idea of the Pae Ora was to reduce management roles and increase clinical roles for improved health services and equity.

It's been almost a year since our Health Reform but staff working on the ground doesn't feel like there is much guidance from NPHS. A lot of consultation/meeting but no changes on our day to day role. - Staff are confused with the proposed structure and it just feels like Te Whatu Ora are employing more managers and not investing more money to employ more staff working on the ground.

Recommendation: That the revised NPHS proposal with information about the full structure of the service include further explanation of the roles of the management structure and how it will relate to staff.

Importance of clinical expertise

Our members appreciated that Public Health Nurse clinical expertise was valued (although were concerned about the FTE). Our members also prioritised ensuring that allied health clinical expertise was recognised. Some members discussed the importance of still having, and being linked with the Directors of Allied Health within Hospitals. Others talked about the advantages of having a Health Protection Officer Lead. They noted the expertise of Health Protection Officers are not widely known and the time they have had to take educating others on Health Protection Officers' roles.

In members voices

Will we still have a DAH at each Te Whatu ora hospital? - Will clinical roles or Professional Leadership management roles be affected by these changes?

Its not clear to me whether we will still have a Director of Allied Health at Te ahtu ora Hauora a Toi. If not this of grave concern as we will have even less accessibility to a regional DAH.

For Protection...have an experience HPO (Health Protection Officer) that understands the different legislation we have to work under. The different roles and legislative responsibilities we have in the community and at the border because the amount of times during COVID we had to tell policy advisors, border COVID leads to familiar themselves with IHR 2005, IATA, NZ legislation...was ridiculous.

Why not a Health Protection Officer Lead??? –

Recommendation: That NPHS consider how Health Protection clinical leads could be included in the structure.

Recommendation: That the revised NPHS document include information about how connections between clinical leads, such as Directors of Allied Health, and the public health workforce shall be maintained.

Role of our emergency response in public health

Our members have considerable experience in responding to a wide variety of emergencies. Across Te Whatu Ora there is experience of responding to earthquakes, floods, a pandemic, a volcanic eruption and a terrorist attack. Our members had concerns about the structure of the Director, Protection and PH Emergency Response & Coordination team and that it represented an old-fashioned approach. However, again there is not current visibility of the whole structure. It is vital that the structure of emergency response and coordination is developed with the expertise members have developed through experience.

Have Te Whatu Ora thought about setting up Emergency team in each strain, that actually go to disaster stricken areas...Let organisations, Public Health Units and hospitals work during the emergency with their connections but the emergency team in each stream are there to help keep on track, providing feedback to government, have other contacts (taumata arowhai...where were the water testers in the flood work...where are the sitreps) to get faster

resources/information/interagency workings etc. Keeping consistency and providing the services to communities in need but deserve as is legislation.

Under Health Protection - Emergency/Outbreaks, Communicable Disease and Environmental, all intertwine (mosquito is considered environmental work but carry communicable diseases, if a foreign contagious mosquito breeds with nz mosquitoes this could cause a communicable disease outbreak, etc) with each other...it is very old school thinking that they can separate into these areas...especially when on a local area the on-call Health Protection Officers are expected to respond to all areas when a public health risk is identified.

Recommendation: That public health workers' experience of emergency response be appreciated and listened to. That further information around how the structure is intended to work be included in future consultation, and consideration be given into how to include workers' hard gained expertise.

Recommendations

Process

- Te Whatu Ora develops an exemplar approach to change, including codesign and a union steering group to oversee change.
- Te Whatu Ora restore trust with workers by genuinely listening to feedback from staff about the damage the process has done.
- Te Whatu Ora apologise to affected workers for the impact of this process.
- Te Whatu Ora reconsult on the current wave on 8 change proposals, the next round of proposals are developed through active engagement from unions and members, provide sufficient information about the current state, and include the structure as a whole, not just the leadership team.

National Public Health Service

- That Te Whatu Ora completes a subsequent round of consultation on a revised proposal for NPHS based on feedback received. This proposal must be based on high quality information about the current state and include the entire structure of the organisation, not just the top tiers.
- Recognise the importance of those who have been working on the COVID-19 response, including considering if the fixed term contracts are genuine and if the work is continuing convert people to permanent roles.
- That a revised NPHS proposal provide more information about any intended changes in scope of jobs that have reporting line changes, or if no changes in scope are intended communicate that clearly, so our members have full information when they give further feedback.
- That a revised NPHS proposal provide information about the full structure of the service so that members understand where key functions such as Smokefree fit and how the service is going to promote equity, so our members have full information when they give further feedback.
- That a revised NPHS proposal include a discussion about the implications of the geographical responsibilities of the Group Managers. Any proposal that involves changes in geographical scope for workers involve full consultation with affected members.
- That the structure of the Health Promotion Directorate be revised so that it reflects all areas of Health Promotion as outlined in the Ottawa Charter.

- That the revised NPHS proposal with information about the full structure of the service include further explanation of the roles of the management structure and how it will relate to staff.
- That public health workers' experience of emergency response be appreciated and listened to. That further information around how the structure is intended to work be included in future consultation, and consideration be given into how to include workers' hard gained expertise.