



Submission re Inquiry into Health Inequities for Māori

Submission of Te Tira Hauora o Te Rūnanga o Ngā Toa Āwhina o Te Pūkenga Here Tikanga Mahi

Wellington, 19 September 2019

*“Kia mau ki te tūmanako,
Te whakapono me te aroha”
Hold fast to hope, faith and love*

Who we are:

1. Over 74,000 people are members of **Te Pūkenga Here Tikanga Mahi, the Public Service Association (PSA)**. Just under 12,000 PSA members are Māori, working in the Public Service, the wider State services, District Health Boards, Local Government and contracted Community Public Services in all parts of Aotearoa. Founded in 1913, the PSA is the largest trade union in New Zealand and is an affiliate of Te Kauae Kaimahi The New Zealand Council of Trade Unions.
2. [Te Rūnanga o Ngā Toa Āwhina](#) is the body that represents and coordinates Māori members within the structures of the PSA as part of advancing the Te Tiriti o Waitangi principles of partnership, protection and participation in activities to achieve the purpose and objects of the union as they relate to the working lives of PSA members.
3. We are proud to share the way in which we have created [Ngā Kaupapa](#) as a framework for Māori by Māori that encapsulates the essence of Te Ao Māori within our union. These are the core values that Māori live by in our everyday lives as whānau, hapū and iwi. Rangatiratanga, Manaakitanga, Kotahitanga, and Whanaungatanga are a few of which are expressed by our members in dealing with their public service mahi.
4. In preparing this submission, we sought the views of members of Te Rūnanga o Ngā Toa Āwhina.
5. This submission has been prepared by **Te Tira Hauora Kōmiti**. The committee comprises of eight Māori delegates from the District Health Board (DHB) Sector, being representative of our members working as nurses, social workers, clerical staff and Kaihauora. In its capacity, Te Tira Hauora acts as the cultural liaison between the PSA DHB Committee and Te Kōmiti o Te Rūnanga o Ngā Toa Aawhina, providing a cultural oversight in the workplaces of the 20 DHBs from Northland DHB to the Southern DHB Invercargill.
6. Te Tira Hauora is responsive to 1610 kaimahi especially in Hauora, and similarly to 7516 kaimahi across all sectors, as managed by Te Kōmiti ie Community Public Services, Public Services, State Services, Local Government and the DHB Sector.
7. Te Tira Hauora makes this submission regarding the 'Inquiry into Health Inequities for Māori' on behalf of our Māori Delegates who attended the PSA Hui Hauora 2019 at Orongomai Marae, on 21-23 August 2019.

He Karakia: *nā Dame Rangimarie, Naida Glavish and Rob Cooper*

E te Kaihanga, e te Wāhingaro,
E mihi ana mo te hā o tō koutou ōranga,
Kia kōtahi ai o mātou whakaaro i roto i te tū wātea.
Kia U ai mātou ki te pono me te tika
I runga i Tō Ingoa Tapu.
Kia haumie, hui e, taiki e

E ngā mana e ngā reo, e ngā karangarangatanga
Tēnā koutou, tēnā koutou, tēnā koutou
E mihi ana tēnei ki Te Atua mo mātou te tino manaakitanga.
He mihi anō ki ō tātou mate o ia marae o ia marae .
No reira, e ngā whetu, tū mai tū mai ki runga.
Ka huri, e te Kanohi Ora,
Tēnā koutou tēnā koutou, tēnā tātou katoa

Anei tētahi nā te Nōta no Ngāpuhi; ko te matāmua nei nā Matua Hori Franks rāua ko Whaea Wikitoria Hikuroa.
Ko Ngāpuhi, raua ko Ngāti Maniapoto ōku iwi. Ko Allan Franks taku ingoa.
Tīhei Mauri Ora.

Huri noa:

The continual negative health statistics attributed to Māori are deemed unacceptable by Māori and the Crown. These statistics are a credit to no-one least of all the providers of Health Services, inclusive of Mental Health and Addiction Services.

Kia ora. My name is Allan Franks. I work in a Kaupapa Māori Service as Kaiatawhai in Te Whetu Tawera Mental Health Services, Auckland District Health Board. I am a PSA Delegate of 15 years, and convene Te Tira Hauora Kōmiti as Tuakana in the PSA. The committee comprises of eight Māori delegates from the DHB Sector, being representative of our members working as nurses, social workers, clerical staff and Kaihauora.

Te Tira Hauora makes this submission re: 'Inquiry into Maori Health Inequities' on behalf of our Māori Delegates who attended the PSA Hui Hauora 2019.

He Whakatauāki:

“Kia whakatōmuri te haere whakamua”

To know the future is to know the past

The whakatauāki suggests, the future is resultant of the past, to learn from evidence and move with purpose into a better future, is our focus to support best health outcomes for Maori, ultimately to experience ‘Pae Ora’ as per He Korowai Oranga Māori Strategy 2002.

He kōrero:

Those of us who attended Hui Hauora give respect to the voices of our tūpuna and whānau inherent in some 4000 submissions already made. We also acknowledge the energy and commitment of our Māori Leaders, and those of the PSA driving the inquiries. In so saying, we acknowledge and support the resultant recommendations from Oranga Tāngata, Oranga Whānau, a Kaupapa Analysis with Māori for the Government Inquiry into Mental Health and Addictions; and both submissions made by the PSA on the Health and Disability System Review, and the Mental Health and Addictions Inquiry. The recommendations made in the PSA submissions are attached in an Annex to this submission

Similarly, we give respect to our many tangata whaiora who unwittingly contribute to our national statistics, compelling this submission to add yet more support for the redress of those inequities in Health experienced by Māori. Our submission is insightful of themes consistent with the Mana Wahine claim Wai 2864, Whakawātea Te Ara Report and Recommendations, followed by Ministry of Health’s response, and the Hauora Claim Wai 2575/Wai 1315, these themes being consistent with one another. At every instance we agree the ‘poor state of Maori health outcomes is unacceptable’ Wai2575.

With this submission we acknowledge contributing factors presented, as lived workplace experiences i.e.:

Colonisation, intergenerational trauma, institutional racism, minimization of Tiriti o Waitangi in government legislation, prejudice and bias of staff, non-committance of practitioners to cultural competency, access to relevant education, and information of entitlements.

In addition, we consider:

a fragmented workforce; poor representation of Māori employees across the workforce; poor support of Kaupapa Māori giving effect to Treaty principles (Te Ara Oranga); inadequate measuring and monitoring of systems; poor funding; admix of immigrant staffing; lack of trust and confidence with management structures; gender pay parity issues.

In In this submission we support these themes presented to redress inequities:

- Review the meaning of the Te Tiriti o Waitangi (Wai 2575)
- Restore Te Tiriti o Waitangi to government legislation and lower level documents,(Wai 2575)
- Revisit Crown relationships with Māori , regarding Treaty responsibilities
- Realise Māori Leadership, ie. Mātanga Mauri Ora Advisory Group, Māori Health Commission, a Māori Primary Care Authority, a Primary Kaupapa Māori MHA service, He Korowai Oranga, Te Kōkiri, and management structures to include continuous collaboration with Māori regarding workforce planning, policies, improvement of services
- Record specific sets of issues experienced by Māori health service users and providers
- Restructure toward a consolidated workforce, re integration of mental health services, Primary and Secondary Health Care, and Crown Agencies, with the principles of Te Tiriti o Waitangi to be in the heart of services, and workplace development
- Recruitment strategies regarding staffing requirements of Māori for Māori
- Reframe Cultural Competencies to be mandatory, and audited
- Redesign measures to understand health gains using Te Tiriti o Waitangi as the measure
- Revise data collection to test Māori experience regarding Mental and Public health services
- Robust management of institutional racism
- Ring fence funding for Māori health

Changes in the workplace have implications for kaimahi. In preparedness we seek to have early engagement to consult and collaborate. We are a resource having a direct link to our members, our workplaces, and union resources. Our collective 'Māori Lens' provides a sense of clarity for what is perceived by whānau, which in addition supports non-Maori provide better health outcomes, outcomes which we are all accountable for.

As Māori delegates we have a vested interest in the wellness of our workplace culture by demonstrating our diversity and inclusiveness especially with the establishment of Ngā Kaupapa i Tuku ihoa, a comprehensive framework of workplace behaviours indicative of Tikanga Māori. It is an endorsement by the PSA to complement its initiative to "Freshen the Workplace" i.e., Whakahoungia te Mahi. It provides a strong Maori presence to voice better working relationships with colleagues, which ultimately anticipates more favourable outcomes for our whānau. See: <https://www.psa.org.nz/about-us/te-runanga/nga-kaupapa/>

Our PSA structures i.e. Te Rūnanga o Ngā Toa Awhina, the DHB Committee and other internal networks provide mechanisms for Whakawhanaungatanga. These mechanisms aid communication links to facilitate movement with our members, with management teams, and government bodies.

Current activities regarding the Inquiry into Māori Health Inequities, has had a great effect around health services, no less in the workforce, inspiring a concerted commitment to revitalize all aspects of health services; in this as unionists, we have an important role here to support best outcomes. Already much work has been done within the PSA to revitalise what work should look like, for which Ngā Kaupapa i Tuki Ihoa is an integral component. With this tool we want to be a considerable part of the co-design process to meet our preferred future changes.

In making this submission we take up the wero laid down by Lady Tureiti Moxon, Pūkōrero

“WHAT ARE YOU GOING TO DO ABOUT IT?”

to pass onto the Crown,

“WHAT ARE YOU GOING TO DO ABOUT IT!!”

Thank you for the opportunity to comment on the Inquiry into Health Inequities for Māori. We welcome the time and investment into research, planning and advisory functions to address inequity for Māori accessing end of life cares.

We wish to make an oral submission to the Select Committee.

Naku noa,

Allan Franks
Te Tira Hauora Komiti
On behalf of PSA Te Runanga o Nga Toa Awhina

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Annex 1: Summary of recommendations of the PSA submission to the 'Government Inquiry into Mental Health and Addiction'

This submission addresses 10 key areas for action and encompasses 26 recommendations, listed here. We have used the term Tangata whai ora to refer to people experiencing mental illness. A translation of this is a person on the journey to wellness.

WORKFORCE PRIORITIES

Address workforce shortages

- Introduce an overarching workforce strategy across the Mental Health and addiction sector, including the issue of staff retention.
- Properly value work and pay accordingly.
- Develop an integrated workforce who could have career paths seamlessly across the DHB and community sector.
- Integrate education and training across and between sectors, which enables the flow of mental health and addiction workers between services.
- Ensure pay and employment equity across the sector.

Ensure safe staffing

- Agree to safe staffing levels for all services across the sector and implemented.
- Address workforce shortages so that safe staffing levels are achieved without compromising decent working conditions and access to professional development.
- Ensure safe staffing includes staff to client ratios both in the acute inpatient/forensic units and community services – across both DHBs and NGOs.
- Ensure work cell phones and laptops are provided for ease of communication.

Engage with staff

- Investigate barriers to implementing a High Performance/ High Engagement approach throughout the sector in order to create a culture shift that values the insights of people working closely with Tangata whai ora.

MENTAL HEALTH AND ADDICTION SERVICES

Integrate services into one cross sector mental health strategy

- Develop and implement a national mental health strategy that encompasses the DHB and community sector.
- Integrate services across the DHB and community sector.
- Ring fence funding for mental health.
- Fully fund and resource mental health services for tangata whai ora experiencing high, enduring and complex needs. This includes: Community mental health centres, acute inpatient units, longer term residential facilities, respite facilities, community support work services.

Provide a continuum of care

- Standardise contracts with providers in the community sector without restricting flexibility to reflect individual client needs and local service innovation.
- Ensure the transition between different services is smooth, seamless and based on the needs of Tangata whai ora.

Review Compulsory treatment orders

- Review the operation of compulsory treatment orders to ensure they are fit for purpose.
- Resource the Substance Addiction Compulsory Assessment and Treatment Act by making the necessary facilities and staffing available.

Mental health in prisons

- Increase resources for forensic mental health services.

Addiction services

- Frame alcohol and other drug addiction as a health first issue, while also holding people to account for criminal behaviour.
- Resource Alcohol and Other Drug (AOD) services so that waiting times are eliminated.
- Ensure that decisions about appropriate services for Tangata whai ora with co-existing problems/dual diagnosis are driven by the needs of Tangata whai ora rather than cost shifting and/or availability of services.

ASSOCIATED PRIORITIES

Intervene early

- Fully fund and resource mental health in the primary health sector, before Tangata whai ora become acutely unwell.
- Implement prevention strategies.
- Raise awareness in communities and schools.

Meet basic human needs

- Ensure everyone has access to an adequate standard of living including warm dry housing. The basic social determinants of wellbeing should be available to every person.



Annex 2: PSA’s recommendations for a fairer and better health and disability system (as taken from the PSA submission to the Health and Disability System Review)

Theme	Recommendation	Outcome
Public system	To create a fully public system with fair contracting arrangements and limited number of for-profit organisations.	A non-competitive public system would not capitalise on people’s health challenges which are often none of their own fault such a non-communicable disease, chronic diseases, disabilities or simply getting older. We believe that the system would better deliver on better and more equitable outcomes.
Pay and Working Conditions	<ul style="list-style-type: none"> • That work of all levels in the health and disability sector be properly valued and paid accordingly. • That pay and employment equity is ensured across the sector • That DHBs and community service providers recognise adequate and stable compensation systems which go beyond salaries, and should include: Paid training opportunities; Planned and systematic pay and benefit upgrades; Fringe benefits; and In-between-travel and Sleepover compensation • That the size of the income gap between members of the healthcare workforce be reduced. • That good working conditions and participation of workers is mainstreamed across the health and disability system. 	<p>The value of improved pay and working conditions in the workforce is immense.</p> <p>Research demonstrates that improved valuation and pay of workers improves overall staff retention. Career paths lead to efficient and meaningful use of workers – the ability to retain experienced workers provides stability to organisations, enhances morale and ensures consistent services.</p> <p>In the context of the New Zealand health system, these recommendations will influence improvements in staff levels and reduction in workloads and time pressure.</p>
Work	<ul style="list-style-type: none"> • That the Ministry of Health (MoH) and DHBs recognise healthy and safe workplace environments as a prime requirement for health and 	Negative work environments are detrimental to both service users and the workforce, placing our most vulnerable citizens at increased risk of poor

Environments	<p>disability workforce development and the provision of high-quality services.</p> <ul style="list-style-type: none"> • That persistent workplace environment issues be addressed at all levels and across the whole system. • That the MoH and DHBs recognise the influence of working environments on patient outcomes. • That the quality of healthcare facilities be improved, and the quality of healthcare facilities be recognised for its influence on staff and patient outcomes. 	<p>health outcomes as health workers struggle to provide high quality care.</p> <p>Poor conditions are also detrimental to staff retention, with overseas work environments increasingly seen as attractive to New Zealand staff, as they are perceived to provide improved education and conditions. Members reported many factors of their working conditions as undesirable, including workloads that are perceived to be unrealistic, decreasing numbers of staff coping with increasing throughput, and increasing expectations to extend work hours to absorb additional responsibilities.</p>
Address Workforce Shortages	<ul style="list-style-type: none"> • Development of an integrated workforce across the DHB and community sectors so that we have cohesive workforce planning and development across the delivery arms and connected/integrated workforce planning across occupations. • That an overarching workforce strategy be developed across the health and disability and community sectors, with a focus on staff retention and diversity of workforce demographics. • That a commitment be made towards achieving and maintaining safe staffing levels for all services across the sector. • That workforce shortages be addressed so that safe staffing levels are achieved without compromising working conditions or access to professional development. • That workforce capacity and capability be strengthened to meet increased demand, as predicted by long-term forecasting models. 	<p>A quality health workforce is a crucial component of the modern health care environment, because it has a direct effect on patient and consumer health outcomes. To meet future demands on the health and disability system and its workforce (including the use of new technologies) an increased focus on recruitment and retention of skilled health practitioners will be vital.</p> <p>Workforce planning would also include countering the trend towards an increasingly atomised workforce and focus on promoting team-based work structures that are made up of multi-disciplinary occupations and valuing the contribution of the different occupational perspectives to counter and challenge the hierarchical and siloed nature of the current structures. Increases will also be required to meet the extra demand for health care workers because of population changes.</p> <p>Ensuring healthy workplace environments will be key to achieving this goal, as retention is influenced by an array of factors including workload management, leadership, and general positive workplace experiences.</p>
Digital	<ul style="list-style-type: none"> • That the MoH and DHBs recognise the need for integrated digital information sharing platforms, and that a digital information 	<p>Survey respondents regularly and clearly articulated that the lack of a smart system for information access and sharing can be detrimental to the</p>

Infrastructure	<p>system be developed and implemented <i>across all</i> health and disability sector services and providers.</p> <ul style="list-style-type: none"> • That digital systems be implemented to allow for timely access to critical service user information from all service providers when relevant (and given permission by service users). 	<p>timeliness and accuracy of patient care. Lack of compatibility between different digital systems leads to limitations in information sharing, unnecessary administrative work, and higher risk of error in treatment provision.</p> <p>Health providers will be enabled to share critical information electronically, enabling all providers to give service users timely and consistent care within an environment that has strong and clear accountabilities for safeguarding privacy and confidentiality of patient or service user information.</p> <p>While the development and implementation of a smart system across the health and disability sector will be a significant task, there is immense opportunity for modern technology to assist in the gathering and sharing of health data and information, as well as opportunities for insight into healthcare trends through analysis of data collected. This will support evidence-based decision making at policy and patient care levels.</p>
Functional Infrastructure	<ul style="list-style-type: none"> • That the infrastructure of the health and disability sector be improved to reduce complexity for service users and providers. • That a consistent, standard approach to healthcare be set up across the sector to promote consistency in workplace practices. • That a commitment be made to improve ongoing relationships within the health and disability sectors' various service providers and agencies, and between health and other sectors. • That DHBs ensure service providers within and between districts work with each other to develop and maintain a coordinated approach to healthcare across the sector (connecting public health, primary care, community-based care, and secondary services). 	<p>Fragmentation of services in the NZ health and disability system has often been a target of criticism, and reduction of fragmentation of services will allow for fostering of greater collaboration between service providers and agencies. Reduction of fragmentation will improve timeliness of access to services, reduce duplication of labour and resource use, and reduce the barriers to health created by (often unavoidable) movement between medical practices or geographical regions.</p> <p>Introduction of standard workplace practices will aid in the provision of healthcare by aiding workforce functioning. Introduction of universal job roles across similar providers in the sector will aid workers to provide equivalent care regardless of their location and reduce barriers to providing care that arise from misunderstandings of job roles and responsibilities or other operational procedures.</p>

		<p>Multiple respondents described variations in workplace practices between different service providers – even those of the same nature – as a cause of high levels of stress and confusion, ultimately hindering their ability to provide timely care to service users as well as being detrimental to workplace relations. Many employees in the health and disability sector receive significant levels of on-the-job training for their positions, leading to high variability in training quality and outcomes as it depends on the knowledge of the trainer. This variability could be reduced by introduction of standardisation of positions.</p>
<p>Relationships and Workplace Dynamics</p>	<ul style="list-style-type: none"> • That workers are enabled to democratically participate in workplace and decision-making processes. • That a commitment be made to improving workplace culture and relationships. • That an emphasis be placed on improving engagement and communication between management and staff, and that support and cooperation in the workplace be promoted as vital to a healthy workforce. • That High Performance/High Engagement (HPHE) be introduced as an opportunity to improve systems and processes and devolve decision making so that it can be more responsive to patient/person centred care. 	<p>Effective organisational leadership is vital for a healthy workforce. It is important that organisations have in place structures to support both decision-makers and those affected by the decisions. In addition, obtaining organisation-wide buy-in through engagement between management and staff is at the heart of developing a healthy environment.</p> <p>Relationships between staff and management are critical, with many employees citing management-staff dynamics as implicit in decisions to remain or depart a workplace. Survey respondents also regularly emphasised the benefits of feeling valued and recognised by their employers and management through active and democratic participation in the workplace.</p>
<p>Funding</p>	<ul style="list-style-type: none"> • That one national health and disability strategy be delivered through a national funding framework that includes capacity for regional responsiveness. There are currently many different pricing models operating within disability, the health of older people and mental health. • That health and disability sector funding be significantly increased to decrease barriers to achieve positive health outcomes and to reduce inequalities. • That future funding models be designed to be more adaptable to 	<p>It has been well established that effective investment approaches require more than re-prioritisation of funding allocations, but an increase in total funding.</p> <p>A large proportion of respondents outlined funding limitations as a large barrier to providing high quality healthcare, urging increased funding to improve the access to and/or quality of equipment, resources, staff levels, and equality of care. Introduction of consistency in pricing models would</p>

	change, such as in response to changing service demands.	ensure equity of access and outcomes. Current funding approaches in New Zealand has yielded what is referred to as “postcode healthcare”, in which the point where a service user enters the health system is an influence on the outcome of their care. Funding needs to be adjusted into a model that does not allow the location of your treatment to affect the quality of care you receive.
Cultural Sensitivity	<ul style="list-style-type: none"> • That a commitment be made to increase representation of Maori and Pacific peoples employed in the health and disability sector across all occupational categories. • That principles of the Treaty of Waitangi such as partnership, participation, and protection be promoted to achieve collaborative service delivery. • That a culturally sensitive framework for the health and disability sector be developed and implemented, including improved cultural education for service providers. • That the health and disability sector evolve beyond an exclusively Westernised system, removing barriers to providing patient-centred care for non-Western patients or service users • That a commitment be made toward achieving a workforce that more accurately reflects the changing ethnic composition of the NZ population. 	<p>Improved cultural education will allow for improved cultural sensitivity, improving access leading to a reduction in inequalities in health outcomes and improved environments for service users and providers.</p> <p>Many areas of the current health workforce in NZ do not reflect the changing ethnic composition of the New Zealand population. Further strategies are required to increase the proportion of Māori and Pacific students enrolling in and completing health and disability related programmes.</p> <p>The changing demographic profile of New Zealand is also driving changes to the health workforce, with an increasing demand for a workforce that is culturally appropriate and knowledgeable, and able to deliver services to diverse communities.</p>
Education (Training & Ongoing Development)	<ul style="list-style-type: none"> • That a national framework be developed to identify issues and gaps in health and disability workforce education. • That the role of DHBs and health managers as educators be strengthened. • That mechanisms be introduced to allow for ongoing training and professional development, equipping all health practitioners with knowledge and skills to respond to the constantly changing environment. 	<p>Respondents regularly indicated a desire to be able to access ongoing training and development, as well as identifying areas for improvement in standard health qualifications.</p> <p>The outcomes of improved education are immense, as employees who have received job-specific training are typically more productive and confident. The need for ongoing education is also significant for a variety of health practitioners to stay current regarding constantly changing aspects</p>

		<p>of health practices. It is crucial that training not be limited to new employees, and that all practitioners be provided with access to ongoing training opportunities.</p>
<p>Disabilities</p>	<ul style="list-style-type: none"> • That a commitment be made to adequately meet the needs of those with disabilities and the workers providing their services. • That the health and disability sector develops solutions in tripartite for a health and disability system that respects the rights of disabled people and the workers who provide their services. • That current contractual funding arrangements are transformed to ensure strategic and sustainable workforce planning in the disability sector 	<p>Utilising the voice of those with diverse needs will offer the opportunity to develop models for providing support and care for disabled people based on what the service user needs, rather than what an alternative body perceives as a requirement.</p> <p>In line with this, specialised training to work with disabled people should be incorporated into the mainstream with the trainers themselves being disabled or experienced with disability services.</p>