



**PSA DHB Sector Committee Submission to  
the Pae Ora Legislation Committee**

# **Pae Ora Healthy Futures Bill**

**December 2021**

## Introduction

We welcome the opportunity to make a submission on the health reforms and the Pae Ora Bill as the representatives of PSA members in the District Health Board (DHB) Sector.

We believe that the health reforms are necessary and overdue. We believe that we need to get it right this time and want to highlight the importance of some crucial aspects for our members.

## Who are we?

We are delegates who represent around 20,000 members who work in DHBs across Aotearoa New Zealand. Most of our members are women (83%) and 7% identify as Māori. The health workforce is employed by DHBs and are public servants under the Public Service Act 2020.

Our members work as mental health nurses and assistants; public health nurses; allied health, scientific and technical professionals and assistants; and administrative and clerical staff in DHBs. Our members in the allied health group work as physiotherapists, occupational therapists, anaesthetic technicians, sterile supply technicians, social workers, Māori health workers, dental therapists, etc.

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

As the representatives of the health workforce in DHBs it is our responsibility to ensure that our concerns and ideas for improvement are heard loud and clear. We are the health system. We are the ones who interact with patients every day based on skill, knowledge and experience.

Health funding is under extreme pressure. Equity of access and outcomes – the vision for the future health system – depends on consistent and coherent funding. Yet we are underfunded. Funding is fragmented. Funding is siloed. Funding issues taken together prevent adequate patient care.

With the reforms we see an opportunity to remove fragmentation and inequity. We must:

- create smooth pathways for patients to ensure pae ora
- foster cooperation and networked approaches
- connect Health NZ with regional and local needs
- create a safe, inclusive culture which nurtures learning

- ensure that health is recognised throughout government policies and agencies to ensure social determinants of health are addressed for effective health promotion.

We believe that the workforce and its union representatives must be involved on the national level and down to the local level. Staff must be heard to establish local needs, develop solutions and deliver equitable and high-quality services.

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

### **Worker participation and the need for walking delegates**

For the future health system to achieve its intended outcomes we need worker participation at all levels.

Our delegates must be recognised and supported to do this vital work. We need to ensure consistency across all hospitals for delegates' work. Having walking (or full time) delegates locally in hospitals and nationally with the health entities would be an acknowledgement and demonstration of the importance of listening to the voice of the workforce. They champion and communicate working in partnership with the local and national entities, play a constructive role in dealing with disagreements, and promote problem solving to ensure high levels of collaboration, supporting effective and efficient outcomes.

Delegates play an essential role in ensuring the smooth and efficient functioning of the hospital. For instance, they attend Bipartite Action Group (BAG) meetings and disciplinary meetings, encourage worker engagement, and contribute to strategic planning and CCDM governance meetings. They are the link between management and workforce, supporting the building of partnership models between the employer and workers – and so should participate in any review processes that inform the health system and other reforms.

### **Safe staffing and health and safety**

Consistency and equity around staffing and transparency around health and safety processes and data collection (including psychosocial information) are paramount. Consistency and equity of staffing and health and safety measures, regardless of where you live, would substantially contribute to a better functioning health system.

Effective models to monitor staff and workload must be developed to measure and adapt to shortcomings and/or higher demand. This must be based on adequate data collection tools. Currently CCDM isn't adequately resourced – especially from an allied health point of view – further fostering perceived hierarchies among the health workforce. We support centralised resourcing for monitoring safe staffing to ensure consistency across all hospitals.

To complement centralised resourcing, the local level workforce must be involved to define what is needed to serve the community in a safe, equitable and high-quality way. A partnership with unions will ensure they are at the table to hear of health and safety related issues and will contribute to solutions/mitigations of these.

In short, consistency and equity around staffing and health and safety processes ensures equity of access and outcomes regardless of where you live.

**Equal pay and common terms and conditions**

We understand that one of the key shifts of the health system is to value the workforce and to ensure that health and care workers are well-trained. Funding and actively maintaining equal pay and common terms and conditions are at the heart of realising this key shift.

All terms and conditions should be standardised, including those who are contracted out; i.e. we need a sector wide collective agreement across community services and hospitals. This would create an equitable culture, valuing all workers' essential contributions.

Equal pay and common terms and conditions are also essential to retain the existing workforce and to attract workers into the health system. This is of particular relevance given demographic changes and the longer-term health challenges people living in Aoteroa New Zealand are facing.

**Thank you for considering our submission.**

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