

Health Workforce Plan & Health Status Report

Questions from Stakeholder hui 01 November 2023

We are seeing overall loss of nursing FTE, mostly to Te Whatu Ora for higher pay rates. How is Te Whatu Ora going to address this need to ensure care in the community and close to home?

Te Whatu Ora is only able to negotiate pay equity processes with its own workforce; however, the Government last year committed \$200 million a year to lifting pay for nurses and healthcare assistants in the funded sector, to help close pay disparities with nurses and HCAs employed by Te Whatu Ora. This funding was in addition to usual uplifts for primary and community contracts agreed by Te Whatu Ora.

Much of the Health Workforce Plan reaches all our workforces across the health system, including the primary and community sector. Several actions in the Plan specifically target primary health care and rural communities and includes specific areas (such as immigration) where we are working to make Te Whatu Ora resources available to the sector more broadly.

Expanding the Voluntary Bonding Scheme in one measure we're taking as part of the Workforce Plan to address shortage in areas and roles where need is greatest. For 2024, the Scheme has been expanded to include:

- Anaesthetic Technicians and Pharmacists
- All new graduate midwives nationwide
- Additional places for graduate nurses working in eligible specialities eg: mental health and aged care.
- Additional eligible communities for general practice trainees.

What is being done to support nursing students and new graduate nurses?

We are focused on how we can improve placement experiences, including by giving students placements closer to home where we can (so they have better access to whānau and community support, and to allow a wider diversity of students to train, such as those with whānau commitments), and by improving the consistency, quality and cultural safety of placements across the health system. At this stage we're focusing on pre-registration nursing, midwifery, and Allied Health, Scientific & Technical students.

The Health Workforce Plan outlines significant investments in the retention of existing health workers. This includes:

- Improving flexibility and support to staff at career transition points
- Clarifying career progression pathways.
- Investing in a national cultural capability framework.
- Rolling out a suite of wellbeing focused programmes, including fatigue awareness, cultural safety and responding to major adverse events.

The plan also is focused on delivering more people with the right skills into our workforce, which we know will have the greatest impact on our existing staff.

We are also exploring hardship-based support options for students to help manage financial pressures they might face while studying.

What actions are being taken to build GP capacity, and prevent the loss of experienced practitioners (especially GPs) from the workforce?

Our focus is on the sustainability of community-based care into the future. Part of that is ensuring we're growing more general practitioners into the workforce, and getting more medical trainees going into general practice.

Prior to the release of the Workforce Plan, the government announced they would be Scaling the General Practice Education Programme (GPEP) places to 300 by 2026. We continue to work with the RNZCGP on initiatives to reach this goal. Pay parity, and other financial incentives for GP registrars has contributed to a record 239 graduate doctors signing up for GP training in 2024.

Additional actions we have taken to increase and retain the number of GPs include:

- Commitment to increasing the number of community-based attachments available.
- Established a hosting fee for GP's who host community-based attachments.
- Increased salaries for GPEP1 registrars, by 20% from 2023.
- Established a New Zealand Registration Examination (NZREX) Primary Care pathway for international doctors.
- A targeted international recruitment campaign to attract GPs to New Zealand.

In the workforce development plan is there a focus on aged care?

The focus of the Plan is on overall workforce pressures by profession, and on addressing acute inequities for Māori and Pacific communities and workforces.

While aged care is not a specific focus of the Plan, we expect the actions outlined in the Plan to reach across sectors and workforces and will help address pressures on aged care and specialist workforces. For example, investments in growing our nursing and kaiāwhina workforces will help ease pressures on aged residential care.

Pharmacy Technicians still not on Immigration NZ Green List, why not?

Te Whatu Ora does not control which professions are on the immigration Green List, and so can't directly answer this question. A range of factors are likely to influence the status of pharmacy technicians on the Green List, including the relatively poor recognition of overseas pharmacy technician qualifications in Aotearoa.

Is there a plan to roll out Whakamana Whanau nation-wide?

There is work underway to expand the programme across the motu. Creating opportunities to support staff transition from support/assistant functions into clinical professions, via an "earn as you learn" approach, is one of many key Initiatives of our [Health Workforce Plan 2023/24](#)

How do we best approach the unmet needs in mental health?

A broad approach to unmet need in mental health in Aotearoa is to:

- define and identify unmet need and its underlying drivers
- develop a strategy to address the identified unmet need and its drivers
- implement the strategy
- monitor implementation of the strategy and impacts on unmet need.

An important aspect of approaching unmet need is to identify and address inequities in unmet need, including honouring Māori rights, aspirations and expectations as outlined in Te Tiriti o Waitangi.

A long-term process is currently underway in Aotearoa following this broad approach that began with the Government Inquiry into Mental Health and Addiction in 2018, and continues with Kia Manawau Aotearoa (Long-term pathway to mental wellbeing) in 2021 and Te Pae Tata (the Interim New Zealand Health Plan 2022) as we transition into the new healthcare system. Further detail is outlined below.

Defining unmet need

Both 'need' and 'unmet need' for healthcare can be difficult to define and measure. There is currently no shared understanding or framework for unmet need in Aotearoa New Zealand or how to measure it. Health needs may be conceptualised differently depending on underlying values and can range from understanding health needs as specific clinical services, to holistic definitions which encompass needs which may require input from services and approaches outside of healthcare. One definition recently proposed based on a review of the literature is: "a need (whether expressed/perceived or not) for healthcare, AND a service or intervention which results in a beneficial health outcome". An alternate shared, non-deficit and value-driven definition of unmet need has been proposed following stakeholder consultation in Counties Manukau in 2022: "opportunities to (re)allocate health and other system resources to address patterns of inequitable health outcomes as a foundation for meeting wellbeing aspirations". (Reference: [Unmet-Need-Work-in-Progress-report-for-sharing-Te-Whatu-Ora-Counties-Manukau-2023.pdf \(countiesmanukau.health.nz\)](#))

Identifying unmet need in mental health

The 2018 Mental Health and Addictions Inquiry [He Ara Oranga : Report of the Government Inquiry into Mental Health and Addiction | Mental Health and Addiction Inquiry](#) was undertaken in response to widespread concern about mental health services and unmet need. One of its primary objectives was to identify unmet needs in mental health and addiction (encompassing the full spectrum of mental health problems from mental distress to enduring psychiatric illness) and recommend specific changes to create an integrated approach to promoting mental wellbeing, preventing mental health and addiction problems, and identifying and responding to the needs of people experiencing mental health and addiction problems.

With regards to unmet need the Inquiry noted that while comprehensive and robust information to identify unmet need for mental health services in New Zealand is lacking:

- It was clear that many people were struggling to get access to appropriate, or even any, support, other than medication. Unmet need was described as being "substantial", with at least 50 percent of people with a mental health problem receiving no treatment
- This situation reflected both people not recognising their own needs for mental health support and a lack of capacity to meet those needs
- The mental health system was set up to respond only to people with a diagnosed mental illness, and only did so through too narrow a lens, with little support beyond medication. Specialist services were under pressure and unsustainable. The growth in demand for services has outpaced increases in resourcing, with little scope for improvements within a constrained environment. Particular concerns included high rates of compulsion (including community treatment orders and seclusion), limited support options at times of crisis, limited drug rehabilitation services, insufficient services for people in the criminal justice system, and persistently high numbers of people presenting with suicidal thoughts and behaviours
- There was a gap in affordable and accessible supports for those with mild to moderate mental health and addiction needs, including those experiencing mental distress in the absence of a diagnosed mental illness
- Inequities in mental wellbeing were evident for Māori, for Pacific peoples and certain other population groups who share a common identity, experience, or stage in life.

It noted that many of the risk factors associated with poor mental health sit across a range of social determinants that may lie outside of the health system such as poverty, inequality, inadequate parenting, lack of affordable housing, low-paid work, exposure to abuse, neglect, family violence or other trauma, social isolation (particularly in the elderly and rural populations) and discrimination.

The Inquiry report outlined its vision for mental wellbeing whereby people have access to a wide range of support that meets their needs, when and where they need it.

The report went on to make a series of recommendations, proposing major changes in current policies and laws, supported by significant increases in funding. The recommendations cover 12 broad areas:

1. **Expand access and choice** from the current target of 3% of the population being able to access specialist services to provide access to the 'missing middle' of people with mental illness or significant mental distress who cannot access the support and care they need.
2. **Transform primary health care** so people can get skilled help in their local communities, to prevent and respond to mental health and addiction problems. Responding appropriately to people with these challenges should be part of the core role of any general practice or community health service. The capability of the primary care workforce needs to be enhanced, with additional mental health and addiction training for general practitioners, practice nurses and community health workers.
3. **Strengthen the NGO sector** to support the significant role NGOs (including Kaupapa Māori services) will play with the shift to more community-based mental health and addiction services. The NGO sector is an increasingly important contributor to the delivery of government-funded mental health, addiction and wider health and social services. But factors such as short-term contracts, high compliance costs and reporting requirements, multiple funders and contracts, and a power imbalance impact on the sustainability of NGO providers and the service they can provide.
4. **Take a whole-of-government approach to wellbeing** to tackle social determinants and support prevention activities that impact on multiple outcomes, not only mental health and addiction.
5. **Facilitate mental health promotion and prevention** with leadership and oversight from a new commission, including an investment and quality assurance strategy for mental health promotion and prevention.
6. **Place people at the centre** to strengthen consumer voice and experience in mental health and addiction services. People with lived experience should be included in mental health and addiction governance, planning, policy and service development.
7. **Take strong action on alcohol and other drugs** by enacting a stricter regulatory approach to the sale and supply of alcohol; replace criminal sanctions for the possession for personal use of controlled drugs, with civil responses; support that law change with a full range of treatment and detox services; and establish clear cross-sector leadership within central government for alcohol and other drug policy.
8. **Prevent suicide.** Urgently complete and implement a national suicide prevention strategy, with a target of a 20% reduction in suicide rates by 2030. Suicide prevention requires increased resources and leadership from a suicide prevention office. The processes for investigation of deaths by suicide need to be reviewed.
9. **Reform the Mental Health Act.** Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992, to reflect a human rights approach, promote supported decision-making and align with a recovery and wellbeing model, and minimise compulsory or coercive treatment.
10. **Establish a new Mental Health and Wellbeing Commission** to act as a watchdog and provide leadership and oversight of mental health and wellbeing in New Zealand.

11. **Refer to the Health and Disability Sector Review** for consideration, broader issues such as the future structures, roles and functions in the health and disability system, including the establishment of a Māori health commission or ministry.
12. **Establish a cross-party working group on mental health and wellbeing** to reflect the shared commitment of different parties to improved mental health and wellbeing in New Zealand. A cross-party working group would provide an opportunity for members of the House of Representatives to collaborate and advocate for education, leadership and legislative progress on mental health and wellbeing.

Addressing unmet need in mental health

The Government endorsed the direction set by *He Ara Oranga* and accepted, accepted in principle or agreed to further consideration of 38 of the 40 recommendations in *He Ara Oranga*. The Government's response was backed by investment of \$1.9 billion in Budget 2019 in a cross-government mental wellbeing package.

Kia Manawanui is a 10-year strategy and plan with actions sequenced across the short-, medium- and long-term that sets out an approach to implementing the Government's response to *He Ara Oranga* [Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing | Ministry of Health NZ](#). It sets out the actions across government that will build the foundations for mental wellbeing. The actions in *Kia Manawanui* are intended to be flexible, rather than prescriptive.

They are sequenced across 3 timeframes:

- building the foundations (2021–2023)
- expanding innovation (2023–2027)
- embedding system-level change 2027–2031).

The actions in *Kia Manawanui* are organised according to the following 6 national key system enablers:

- strengthening leadership (Leadership)
- ensuring appropriate policy settings and human-rights based legislation is developed and mandated (Policy)
- investing differently in mental wellbeing (Investment)
- working towards improving data and insights (Information)
- making better use of technology, including telehealth and digital services (Technology)
- building a diverse, skilled workforce that includes clinical, cultural, community and peer support roles (Workforce).

Progress against each is reported regularly. The most recent update was June 2023 and can be accessed here: [Kia Manawanui Aotearoa – long term pathway to mental wellbeing – Te Whatu Ora - Health New Zealand](#)

Te Pae Tata (the Interim New Zealand Health Plan 2022 [Te Pae Tata Interim New Zealand Health Plan 2022 – Te Whatu Ora - Health New Zealand](#)) included a range of actions and budget priorities in response to the *He Ara Oranga* report and the recommendations it made:

Actions

- Implement a nationally-consistent approach to the integration of specialist community mental health and addiction teams with NGOs, primary and community care.
- Design and expand Te Ao Māori mental health service solutions, including primary mental health and wellbeing, access and choice services.
- Urgently progress the mental health inpatient units approved builds and ensure the construction programme meets the agreed milestones.

- Develop solutions with communities, including with NZ Police, to support people who are in mental distress or experiencing an acute mental health and addiction episode to access timely care and support.
- Work with HUD and MSD in developing solutions with Kainga Ora, housing providers to improve access to quality, safe and affordable housing with support services, to transition people from inpatient mental health units into the community.
- Continue the He Ara Oranga partnership between police, mental health and addiction services, community groups and Iwi service-providers giving methamphetamine-users the opportunity to get therapeutic help and employment support.

Budget 22 and Government Priorities

- Continue the alcohol and other drug treatment courts in Auckland, Waitākere and Waikato – Budget 22.
- Continue the rollout of integrated mental health and addiction services in primary care and for young people.
- Expand the availability and trial new models of specialist mental health and addiction services for Budget 22, to support the following services:
 - Child and adolescent mental health and addiction.
 - Eating disorders.
 - Taurite specialist Māori.
- Continue and expand Mana Ake, a school-based mental health and wellbeing initiative, for primary and intermediate aged children – Budget 22.
- Ensure the continuity of Piki, an integrated mental health support initiative for rangatahi – Budget 22.

Te Whatu Ora’s first Annual Report is due to be published before the end of the year which will describe progress against the actions contained in Te Pae Tata - the Interim New Zealand Health Plan 2022.

The COVID-19 pandemic and the North Island Weather Events of 2023 have presented additional challenges to mental health with reports of increased mental distress and demand for services. The overall direction as laid out by He Ara Oranga, Kia Manawa and Te Pae Tata continues with additional investments being made as a response to these events. The Budget 2023 has allocated additional funding for psychosocial and mental health relief across affected regions and various social sectors as well as health particularly targeting vulnerable communities.

Given that so much of this burden of health and the pressure on the system is preventable, shouldn't the priority be much greater investment in prevention and public health?

Yes, this is supported by the WHO “Social Determinants of health: The solid facts” which says:

“Health policy was once thought to be about little more than the provision and funding of medical care: the social determinants of health were discussed only among academics. This is now changing. While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population as a whole are the social and economic conditions that make people ill and in need of medical care in the first place. Nevertheless, universal access to medical care is clearly one of the social determinants of health.”