# Video transcript - Keynote 1: Hon Andrew Little - Health Workforce NZ Dialogue

Kia ora tātou katoa Nau mai haere mi ki te whare Pāremata Nau mai haere mai ki te Kaupapa o te rā, te Health Workforce dialogue, tēna koutou Tēna koutou, tēnā tātou katoa.

Good morning everybody.

And thank you Jehan for that introduction.

But thank you first of all to all of you for being here for giving up a Saturday to be part of this very important event.

That's very important dialogue.

We did arrange it to be on a day when it was raining on a Saturday because you're giving up a Saturday didn't want you looking outside to sunny weather which it often isn't Wellington as you know, and think you're missing out on something.

But thank you also.

For what those of you who are on the front line of healthcare do every day and many of you are here as proxies too for your colleagues for your peers those who you work with in hospitals and primary care and aged residential Care And in the allied health workforce.

So Thank you for what you do every day, and I want to acknowledge that I think we all understand that the last, oh three years in particular has been a really tough period this year has been even tougher.

And yet and I know for the many people who work alongside me and advise me.

I am deeply appreciative and grateful just for the effort that everybody in our health workforce puts in every day in these very difficult circumstances.

So, thank you.

But today is also an opportunity to talk about.

how we kind of prevent these sort of circumstances arising in the future.

A lot of people have told me that the disruption caused by the pandemic.

Has very much shone a light on things that were a problem before the pandemic.

They've now come to light and even more stark terms.

And from all the reading I've done and the advice that I've had one thing I would say an observation I would make is that we don't seem to have done long-term workforce planning particularly well, In Aotearoa New Zealand.

for a long time and maybe ever, but we have to and so we know that those challenges go right across the health sector, so this isn't just about hospitals.

Although, you know, the pressure on hospitals is often the kind of red light to what's happening in the rest of the health sector.

It is about GP clinics, it is about aged residential care.

It's about pharmacies.

It's about our mental health services and allied health workforce as well.

And I say too and you know as well as I do the challenges are significant.

And hence the gathering today and I should acknowledge too that the reason we're here today is this came, this is as a result of requests made to me by some of you in the sector.

I think the first suggestion came from the Orthopedic Association.

And the nurses as well.

They're just two who made the request.

I was very keen to pick up that request.

We had to think carefully about the timing those requests came in the middle of winter when the system was under immense pressure.

We just thought we'd think very carefully about the timing of here we are and here you are.

Not only here but giving up a Saturday to be part of this this important dialogue.

So what I want to do just briefly is just set out some background.

I think it the why about why we're here talk about three things that I think I as Minister would like to get out of today and in the end.

This is your dialogue.

and then just round out with some direction I think that that we need to also consider as we think about solutions.

So just by our background, there's a couple of reasons why we need today and we need this dialogue.

The first is that we have to have it because the circumstances right now are pretty serious.

When we think about not just what’s happening today, but what's coming at us as well in terms of demand for health service, then what we do today is going to be critical.

The second thing is this and Jehan acknowledged it, too.

Is the reforms give us an opportunity.

And I would describe it as a once-in-a-lifetime opportunity.

Or once in a generation opportunity and it may be more than that.

The last major health reforms we had were in we're about 20 years ago.

That's when we put in place the DHB model.

That had come on the back of other kind of region models as well.

But we now have the benefit of one principal employer of the public health workforce Te Whatu Ora Health New Zealand, Of three principal decision makers in the health system Te Whatu Ora Health New Zealand Te Aka Whai Ora Māori Health Authority and Manatū Hauora the Ministry of Health.

They are where the locus of strategy and leadership will come from.

On the back of that too we've had a period where we put record additional funding into our health services.

Because we know they've been and this goes back many years and no one's apportioning blame here, but we've had lengthy period of time when the system wasn't funded to keep up with population and growth and demographic change.

We've put record funding into infrastructure and buildings and we have a seven billion dollar building program underway now on top of that significant investment and the IT platform that we want infused throughout our health system, there’s still a wee way to go on that and we've put additional funding into Pharmac to improve the range of treatments and that's starting to come on stream now.

We put additional, significant additional, funding into mental health and addiction.

I'm not going to go into a whole lot of detail about that.

But just to say that is also part of the opportunity.

On top of that we've got new sort of accountability mechanisms now emerging, we've got the interim government policy statement, which is a requirement under the new legislation.

We recently launched the interim Health Plan te Pae Tata.

So that sets out about 120 tasks for Te Whatu Ora Health New Zeland and Te Aka Whai Ora Māori Health Authority.

No one is expecting all that stuff and that plan to be completed in two years.

It's a two-year plan, but they will all be started and they are all backed by a budget.

And we have the health system measures.

We have a whole heap of measures that set inside the system 400 of them as I understand but we have some public facing symbolic health measures which tell the public about what's good and what's not so good about the way our health system is operating.

And we have the organizational changes starting to to be put into place as well.

So the new structure especially the regional ones in a sense that’s the pulling together Hira the new it platform and we have the plan for planned care the restoration and reset of planned care.

All those things are coming together and form the backdrop of the opportunity that we have.

There's another important element to the background or the backdrop to the discussion as well.

And it comes from a conversation I had with an endocrinologist earlier in the year when we were talking about the challenges of today and and as we understood the future.

He had what was a was a stunning insight to me because I hadn't really been confronted with it before but he said He was a lying out his concerns about the future.

He's talked about 10 to 15 years from now and he talked about.

and the growing or the continuing aging of our population which is going to continue to add to the demand on our health services and we know that that's been growing already and that will continue to grow.

but what he also talked to me about just from his observations of the work that he does is the growing demand for health services and treatment by a younger population.

Those with non-communicable diseases particularly diabetes was what he was worried about.

So he talked about how health services are going to have to adapt, he talked a lot about public health policy and that is a real challenge for us that we have to get on top of.

And then on top of that we know from recent experience and from international experience the growing demand for mental health and addiction Services.

No one is expecting that to slow down anytime soon.

He summed it up as it's all coming at us.

Now it's kind of very easy to get into the the doomsaying and throw up our hands in horror.

The challenge for today is is to understand, or people like me to understand that.

And then to hear from you.

about how we draw your input and how we make sure that the decisions that the system makes and all the parts of it the right decisions not just for today, but for the long term as well, so as Jehan said today will be an opportunity to get some information about the short-term stuff that has already been committed to and discussion about what we need to be doing longer term and a bit of inspiration.

We wanted somebody external to our system to talk to us about how approaches are being made in other parts of the world and how we think about the organization of health services and health work and how we think about the use of technology and the like So as I said before there's three things that that I would certainly like To be thought about in our discussions today.

The first is the obvious one, which is the immediate gaps the vacancies that we have in our system.

Now it will vary from kind of one professional discipline to another but I can say that of the public health system when I look at the data, we have a vacancy rate presently of currently between 10 and 11 percent.

It is of the of the funded positions we've funded a lot more of the last few years.

Roughly between 10 and 11 percent are vacant at the moment.

There are vacancies in the rest of the health system as well.

I know that primary care and public and aged residential care - we have to address those as well.

So we'll hear a bit about the commitments that have been made on initiatives that we think will help to kind of fill those immediate gaps.

And it'll be good to get your feedback about that.

The second area is in the area of long-term solution as it said before everything I've read and seen and in talking to people, everybody tells me we've never really done long-term workforce planning for the health system.

Well, at least for a long time, and in almost certainly the previous structure of the system didn't help that when of other kind of allied aervices plus the what's happening in the private sector and everybody kind of competing in the market including the overseas market.

And we don't ever seem to have got a great deal of coherence about it.

I think the other thing that people tell me is.

You know the situation we've got at the moment in terms of the shortages has been years in the making.

And although it's not a reason for us not to apply every amount of effort and energy we can in to addressing our situation, we also know that pretty much every health system in the world is facing similar challenges.

And so that is a context in which we have to think about our solutions.

So We have to think about the questions we have to think about is what are we doing for that future pipeline of Health Talent? And when we think about that is, how do we think the tasks of delivering health services should be distributed in the future - who should be doing what? And do we have to rethink about how we how we allocate those tasks and that's and much a question for the professional and regulatory bodies as well as it is for those in the front line thinking about how they get through the workload they have to do each day.

We have to think about how we use technology or better use technology or embrace technology that perhaps we aren't using at all or at least well at the moment and think about those sorts of things - how do we get the best out of that? And those questions have to be posed across the whole workforce.

I guess another challenge is we should think about is how do we In terms of attracting people to the health workforce we can go through medical schools nursing schools and what have you but how do we attract people other people into the health system? To kind of expose them to what it's like.

So what are the entry-level roles can we think about and other entry points we can think about that will draw people in? I do that as a reflection of what happened with the vaccination program last year is when we draw on an unregulated workforce in a lot of places and the feedback certainly I was getting from that as a whole bunch of people saying yeah, I quite like this health work.

Where can I find opportunities? Where can I find opportunities not just to get further into it but to get training and skills and qualifications and staircase into something else.

So let's have a think about that.

But the third thing is I'd like to hear more about really comes from pretty much most conversations.

I have when I get around visiting hospitals and health facilities around the country.

And it was very much reflected back to me in dealings and I spoke earlier this morning because she on behalf of her members and this national organization.

raise this with me and that is how as frontline health workers, as advocates for the health workforce as regulators of the health workforce, as representative groups, How do we make sure we get our input into the decisions that not only affect The day-to-day work of our people but the the nature of the work that we do.

Where is our input? How do we know that's captured? Where do we get to have that dialogue? And so when we think about the opportunity of the reforms one of the things I'm very keen to see in I come from a union background so I'm very much into the workforce having a voice at the right time at the right place and that's you know, before decisions are made.

How do we build the institutions and the structures that we are creating at the moment? They are still being formed.

How do we build the institutions to make sure that you, your peers, your co-workers, the people you represent, the people who fall under your care.

How do we make sure we have the institutions in the system that gets your voice captured.

Because in the end it comes down to how do we make the best decisions? And the best decisions draw on the best array of knowledge and understanding that is around and a lot of that sits in the front line of delivery of health services.

So I'm very keen to hear about that because in the end this is this is one day.

for a system That employs I think Jehan said 220,000 people.

I've heard up to 240,000 people or needed to employ more.

And it affects every community, every household, everyone.

So we're not going to fix everything today.

But today will be the start of generating the ideas and the Engagement, but it cannot stop here.

I just add because I'm the Minister and often have to deliver bad news.

There is a caveat to some of thisa and it is reflective of politics.

But the reality is there are always going to be constraints as there is in pretty much every endeavor in life.

and I hear a lot of good ideas, see a lot of great think pieces, I’ve just been reading some stuff that the Association of Salary Medical Specialists have produced for their conference coming up.

And Sarah I know I saw you earlier but please be assured I have been reading it.

And a great piece there.

But there are going to be constraints and what any government of the day can do.

Governments are always constrained in what we spend and what we can invest in.

The reason we have a budget every year is because we can't do everything we would like and we have to make choices.

We have to set priorities and sometimes they are hard choices to make.

So I doubt whether there is anybody in this room that doesn't have an ideal view or an ideal vision of what an ideal health system would look like, whether it's fully public or a mix of public and private or fully state funded or partly state fund or whatever it is.

And they're you know, multiple different, you know variations from around the world.

But there is always going to be a reality check in what is possible and the context in which as political decision makers we end up working in each day.

So I just raised that as a caveat.

But I want to go back just by way of concluding remarks to what today is about.

As I said before, I think this is a once in a lifetime opportunity.

At this time given where we’re at, with where the health system is at, not only the challenges that you and I and that we all face.

But where we are at the change to the health system and building the structures for it.

And when I say structures, I mean the points of decision making this is an opportunity to start to shape up and influence how that looks for you, for your colleagues.

A chance to shape up, a way to make our system.

capture your professional input your professional needs, but also ultimately what this is all about and what everyone in this room is here for and what I am here for and that is the chance to now shape up what the system must look like to do the best for every patient who comes to it for care and for their needs.

That's ultimately what we're here for – a system that serves.

All of New Zealand at their time of need they need good health services.

I look forward to the dialogue today.

I look forward to my opportunity to exchange with you.

I again say thank you all for giving your time today to be part of this.

And I wish you all the best in your deliberations and in the work you do today.

Nō reira, tēna koutou, tēna koutou, tēna tatou katoa.