# Video transcript - Q&A Hon Andrew Little - Health Workforce NZ Dialogue

And I note that we already have 30 questions and we have 10 minutes to try and get stuck into as many of these as possible.

But I know that you're sticking around for the day.

So you'll have the chance to speak to the minister if your question doesn't get answered in this very brief session that we have.

Let's get to the top voted question which comes from Carlton and this really touches on one of the things you mentioned in your remarks, which is about the future pipeline of Health Talent.

Carlton asks, can we institute ‘earn while you learn’ vocational pathways and funding to increase our health Workforce - specifically Māori- reduce barriers to education and work.

The short answer is, in principle, yes.

And I know that consideration has been given to just that mode of learning skills for future health workers in the health sector.

So, yep, and I think when I spoke about entry points too, for future health workers, and ways of coming into the health workforce, I think that's going to be a very important part of that.

Yeah, so I’ve got many questions to get through.

So that's the that's the summary answer.

Are there plans to coordinate workforce recruitment and immigration policies to better recruit and retain staff while long-term strategies can train more staff? Yes, you'll hear, but I think, when Te Whatu Ora and and Te Aka Whai Ora and the Ministry speak, one of the things that Te Whatu Ora has set up is a dedicated immigration desk that is running recruitment.

Right from you know, the advertising to the getting the Applications, processing everything that needs to be done and including granting the Visa and then settling people here and making sure that those who apply to work here from overseas get to be sent with the need is greatest at that particular time.

At the same time, Te Whatu Ora, under the leadership of Ailsa Claire, has a workforce task force that is looking at the long-term stuff.Working with the tertiary institutions, working with others to make sure that we are growing our domestic workforce and our domestic pipeline as well.

But you'll hear more from them about that.

Is there a plan to improve the quality of health data we collect, and how we use it? Yes.

It's pretty much the only answer to any of that.

But yes.

Absolutely.

I think.

this is a sector that is awash with data, that in my observation is, kind of not always equally well collected.

Can I put it that way? And not always equally well applied.

So, the whole purpose of HIRA - which is the big IT platform project that's underway - is to get consistency in terms of collection, consistency in terms of quality, and analysis.

That project is underway.

We will not be able to make good decisions without good data, and that project is critical to that.

Can we please work to address pay parity for nurses and doctors, including those training between primary and secondary care? Yep, that work is underway.

The pay parity issue has been a priority piece of work for me.

I have said to the stakeholder groups I've been engaging with there's a paper about to go to Cabinet literally in the next couple of weeks and I expect officials will have something to put to those stakeholders very shortly after that.

Yeah, I won't get too far ahead of myself because Cabinet colleagues get a bit annoyed if I say too much.

But that has been a big project of work.

As Minister I'm pleased with the progress that I think we've made but in the end it'll be for the stakeholder groups to be able to see that and then engage to secure the ultimate result there.

One person says can we agree to end the day with clear, concrete, meaningful, and measurable outcomes that will support a safe equitable health work environment? That's got a number of votes.

Another related comment here, or Question: The workforce are under significant pressure.

Is this korero today, which I'm grateful for, going to result in action? Yes.

It has to, because I guess another point I'd make is that if we don't do things Differently, and think about things differently, then we shouldn't expect different outcomes.

So we have to do things differently.

The purpose of today is to start that discussion to bring everybody together.

The argument put to me by the Orthopaedic Association and the nurses’ organization and others, was can we kind of just have a point where we start on the same page, start with kind of the same information, as we think about how we then process decisions in the future.

So this is that starting point.

In terms of actions, as I think I've made clear, there will always be the short-term stuff and there'll be the long term stuff.

And what translates into what kind of happens, that people tangibly physically see, will depend on whether that’s short term or long term.

We have to change what we're doing.

And the health workforce needs to know there are decisions being taken, actions being committed to, that make their working lives a lot better.

How can inequities within providers be addressed e.g.

Te Whatu Ora gets more funding than NGOs,and Māori NGOs get even less to obtain outcomes.

Yes, I'm pretty sure that that is being addressed through the additional funding we provided this year and some of the equity-based funding.

Short term at the moment, because there's quite a bit of work to systematize greater equity, but one of the reasons for Te Aka Whai Ora, Māori health and the lag in our health system properly serving the needs of Māori or the health needs of Māori has been pretty woeful in the past.

So Te Aka Whai Ora has a role not just in terms of commissioning delivery and better delivery about working with the whole system.

It works very closely with the whole of Te Whatu Ora, Health New Zealand, to make sure that theequity component, that Equity equation, is being delivered on.

And not just in the hospital services, but in the funded sector as well.

And we will take a while to get there but I'm confident that we've got the leadership now that will get us to a better place than we are right now.

Will you put equal effort into retention than you put into recruitment? The work we recruit has to be attractive enough to keep people recruited working.

The short answer is yes, and one of the things we've been doing is working on health workforce remuneration - particularly those at the low end of the pay scale.

That's, you know, part of the reason why we've embarked very early on pay equity projects for some parts of the health workforce.

We have a pay equity project underway now with the home care and support workers.

Probably some of the lowest paid part of the health workforce.

We’ve got the pay parity work continuing, as I said, with a proposal to put to stakeholders very shortly.

We've got pay equity underway with Allied Health Workforce, with midwives.

We've had the pay equity exercise with the New Zealand Nurses Organization that's going through a different phase at the moment, but we remain committed to lifting Health Workforce remuneration for that retention reason.

Contracts end December 31 and small organizations that have grown over the COVID response have no clear pathway to pivot into Oranga Services: what can be done now to bridge them? Yeah, my colleague Ayesha Verrall, who is the Minister responsible for covid-19 response, and for that budget and the ongoing funding for it, is doing that work right at the moment.

So I think we're expecting decisions on that very very soon.

Finally, from Bronwyn: Planning is one step, fronting with the money to actually resource is the issue.

Will the health budgets cover what is required if a workforce plan is developed? Yeah, and that goes back to the point I was making before.

We should start with, you know, the objectives: what we need to be doing.

There'll be different ways of achieving that and there'll be different costs associated with that.

And the purpose of my caveat section of my comments was there is always going to be a political reality for the political decision makers about the constraints that we come up against, but that should not stop us having a clear view about what the future needs to look like.

We have to make sure that our plan on the way there is practical and realistic and serves as many people's needs as possible.

All right, let's thank the minister for his time.

Thanks minister.