

HEALTH POLICY

Our vision – Healthy Kiwis

Labour is committed to enhancing the well-being of all New Zealanders, so they can live longer, healthier lives. To do this we need to shift thinking away from seeing health policy in isolation, and from seeing healthcare as something that begins in a hospital or doctor's surgery, and ensure that all our policies enhance the well-being and health status of New Zealanders.

Good health is something that begins in our homes, schools, workplaces and communities. If a house is overcrowded, cold and damp, then it is hard to stay healthy. If parents lose their jobs they find it hard to put healthy food on the table or afford a visit to the doctor. If people do not have adequate income, then they find it hard to afford the basic necessities of life.

These are examples of what are sometimes called the social determinants of health. We must address the inequities that are contributing to poor health outcomes. This will require particular attention to policies in terms of education, income equality, housing, taxation and social development and how they impact on health.

A focus on addressing the social determinants of health and access to healthcare will not only improve health outcomes, but will also prove cost-effective and good for economic growth over time as the need for expensive interventions and treatments reduces. There is not a bottomless pit for expenditure, but investments now in proven early interventions should reduce the need for expenditure not only in the health system but in other areas of government including social development and corrections.

Our Principles

Prevention and Early Intervention: Labour believes in a health system that is as effective at preventing ill health as it is at treating those in need of care. Prevention and early intervention lies in the hands of families and communities who must no longer be seen as the passive recipients of care.

Health in all Policies: We need to ensure that the health impacts of all policies are considered, and policies that are developed support addressing the social determinants of poor health and health inequities. This also means addressing a range of environmental factors that determine health status, for instance, sending people back into the environments that made them sick in the first place means they will often get sick again and again

Collaboration across government, non-government agencies and the health sector is needed to deliver this system. No Government department/Ministry acting alone is as effective as they could be with real collaboration with each other and other key stakeholders.

Evidence base: We need a Health system that is based on evidence about what works – not fixated on manufactured targets or political slogans.

Universal access: Labour has a passionate belief in universal access to quality health care, while meeting the specific needs of vulnerable populations

Long term approach: We know that inequity will not be erased overnight, but by making investments now that target well-being and keeping people healthy we will give all New Zealanders the opportunity for the same life-chances.

Our Core Commitments

- A commitment to funding the sector so it can manage changing demographics and health status of New Zealanders.
- Ensuring that innovations and efficiencies within the health system are encouraged by launching the Health Innovation Project to drive nationwide application of models of good practice in the delivery of health services.
- A re-invigorated Primary Health Care strategy that emphasises accessibility, affordability and coordinated services.
- Agenda for Children - It's About Our Kids, including extending free access for under sixes to after-hours medical services, meaning 24 hour, 7 day a week free access for under 6 year olds.
- Develop nationwide tools for elective surgery prioritisation based around timeliness, equity and quality.
- A 10 year plan to increase access to primary oral health care services, beginning with young people and pregnant mothers.
- The development, retention and recruitment of a high quality health workforce that sees the right skills used in the right place at the right time, with gives enhanced roles for nurses and community health workers.
- Adequate and sustainable funding for aged care that allows "ageing in place" but also provides safe, properly staffed residential care.
- A co-ordinated approach to address the obesity epidemic that is costing New Zealand millions of dollars a year.
- Ensuring mental health is restored as a priority for District Health Boards with appropriate targets to restore and improve mental health services.

Healthy Kiwis, Living Healthy Lives

There is an increasing understanding that more equal societies do better economically and socially, through research such as Wilkinson and Pickett's *The Spirit Level*. Allowing inequities to develop in our society drives social exclusion, fuels poverty and crime and leads to poor health outcomes and life expectancy for vulnerable populations. Conversely, addressing these issues will improve economic productivity, lower costs associated with prisons, benefits and improve mental health and well-being.

International research shows that a society's health status is closely linked to factors that are not traditionally seen as being part of health policy, eg income inequality, employment, housing and transport. Males in the least deprived areas in New Zealand can expect to live 8.8 years longer than males in the most deprived areas (82.1 versus 73.3 years). For females, the difference is smaller, but still substantial, at 5.9 years (84.6 versus 78.7 years).¹

In New Zealand we also have to acknowledge the importance of ethnicity in health outcomes. The New Zealand Medical Association have noted that Māori have poorer health outcomes and therefore have greater health needs than non-Māori as measured in heart diseases, cancer and mortality. This persists even when other factors such as socio-economic status and smoking have been accounted for. Pacific groups and other immigrant populations are also found to have a low health status.²

It is through addressing these issues that we will see a more healthy population in New Zealand. In addition addressing these issues will also start to arrest the ever-increasing cost of healthcare.

Labour will adopt a whole-of-government approach to reduce and eliminate inequities in health, including through coordinated policy approaches covering issues such as fairer taxation, education, housing, employment, poverty eradication and income inequality.

Labour has already made commitments which include:

- Creating a \$5,000 tax free zone.
- Taking GST off all fresh fruit and vegetables.
- Increasing the minimum wage from \$13 to \$15 an hour, raising earnings for the quarter of a million workers who currently earn less than \$15.
- Committed to increasing and upgrading Housing New Zealand's state housing stock. Labour also remains committed to the policy of income related rents for state house tenants.

Labour will set a range of nationwide health targets for priority areas such as immunisation, oral health, elective services, cancer waiting list times, avoidable hospital admissions, diabetes and mental health, healthier lifestyles, smoking cessation and efficiency in services.

Labour will ensure that Health Impact Assessments are undertaken of core policy initiatives across government, with a particular focus on equity issues.

¹ Social Report 2010, Ministry of Social Development.

² Health Equity Position Statement, New Zealand Medical Association, April 2011

Labour will adopt a life-course approach to ensure that the causes of poor health outcomes are addressed, with a particular focus on ensuring children receive the best start in life.

Labour will address the inequities in health status experienced by Māori, Pasifika peoples, refugees, migrants and other vulnerable groups.

Population Health

The core of a health system that is dedicated to creating healthy populations is good public health services. Public health focuses on preventing illness and supporting wellness by providing people with information and support to make healthy decisions about their own lives.

Under the current government public health funding has been reduced, and there is a plan to merge together public health services into a stand-alone agency, effectively removing public health from the Ministry of Health. District Health Boards often do not regard public health as core business and the last 2 years has seen a significant reduction in staff levels of all public health units.

Labour will promote and adequately fund population health at a nationwide and community level to target core issues including:

- Obesity
- On-time immunisations
- Health conditions related to smoking
- The impact of over-crowded and poor quality housing on health
- Problem gambling and drug and alcohol addiction
- Chronic and non-communicable diseases such as diabetes, respiratory and heart disease
- Rheumatic Fever eradication
- Serious skin infections

Labour will pass the Public Health Bill into law.

Labour will work with District Health Boards and other stakeholders to ensure there is integrated planning and service delivery for preventive healthcare. Such an approach will have the structure to best deliver public health programmes rather than a structure driven by a desire to reduce the number of government agencies.

Labour will support long-term research to deal with the underlying causes of illness and strategies for the promotion of good health and well-being.

Labour will re-instate National Administrative Guidelines for schools on the sale of healthy food.

Labour will re-establish a new Healthy Eating, Healthy Action programme.

Labour will support increased participation in sport and recreation activities, including through an investigation into school sport participation, including the feasibility of reintroducing mid-week early finishing nationwide to facilitate mid-week sport.

Sector Organisation: Integration and Innovation

Information Technology

A major challenge in the health system is to make that there is consistent, accurate data and information that is easily and readily available to all parts of the health system.

Labour will invest in information technology so that the flow of health information between primary, secondary and tertiary health sectors is achieved in a timely and seamless manner that also safeguards patient privacy.

Labour will support collaboration across the health sector to take maximum advantage of new technology and the potential of high speed broadband to deliver more effective health services for all New Zealanders.

Health Innovation Project

In a number of District Health Boards there have been significant productivity and service delivery improvements over recent years. In many cases these have delivered better and more timely services, resulting in improved health outcomes for patients, more efficient use of resources and cost savings. Often these innovative practices are based on process and system improvements rather than around clinical practice, although both will be the focus of the project.

The Canterbury Initiative

The Canterbury Initiative encourages health professionals to understand that they function as one health system, have limited resources to deliver the best possible care, and work together to make things better. The process aims to agree on consistent evidence based ways of treating the majority of patients. This reduces waste and duplication and frees up resources to focus on the most difficult cases.

Urology was one of the first areas to use this approach. They established their own governance committee to oversee their budget. They have hired a specialist manager to oversee opportunities for innovation and improvement. They hired a specialist nurse to lead the pre-admission process. This has reduced no-shows, and increased readiness for surgery. The nurse position saved 15 hours per week of doctor time and increased consistency of pre-admission checks. Simple changes such as introducing digital dictation also saves time and resources.³

Labour will launch the Health Innovation Project to be led by the National Health Board to drive nationwide application of models of good practice in the delivery of health services.

The project will identify innovative practice in the delivery of healthcare, particularly at the secondary and tertiary level and support the further development and application of these practices across District Health Boards. The NHB will work with DHBs to implement the models of practice as appropriate to the needs of those DHBs.

The project will require some additional investment up front to support the NHB to undertake the project. Those DHBs who have innovative practice that is considered to have the potential to be

³Adapted from A Prescription for Change, Gareth Morgan and Geoff Simmons

applicable to nationwide application will be given incentives to work with the NHB to further develop and refine the ideas.

In the medium to long term the project is expected to generate significant savings within the Health Budget.

District Health Boards

District Health Boards should provide an important channel for community input into decision making. At the moment there is a limited transparency in the way that many District Health Boards operate.

Labour will require District Health Boards to adopt more democratic and transparent processes, including greater inclusion of the public and community in the decision making process and a requirement that the budget development process be undertaken in public session.

Primary Health Care

“US evidence points to a 4:1 return (in terms of quality adjusted life years gained) from investment in prevention and primary healthcare, as compared to hospital treatment” - A Prescription for Change.⁴

Primary healthcare encompasses the services that Kiwis receive from frontline health workers in their community. Early and effective access, wellness support, diagnosis and intervention lead to healthier people and families. In turn this results in less pressure on our hospitals. It is bad for individuals' health and for the society and economy as a whole to wait and get seriously ill before treatment.

Labour is proud of the Primary Healthcare strategy that we put in place in the first decade of this century. It made significant progress in ensuring that receiving primary healthcare is more affordable and accessible. Changes by the current government have seen a reduction in the number of Primary Healthcare Organisations, and a growing role for the private sector in the delivery of primary healthcare.

The cost of accessing primary healthcare remains a problem for many New Zealanders. Increasing the cost of seeking care makes health care more expensive for everyone. Sick people deterred from seeking treatment become sicker and require even more costly interventions later. Consistent under-funding of the healthcare system by the current government over the last two years is seeing fees go up, which is reducing accessibility especially for the most vulnerable populations.

Labour will re-invigorate the primary healthcare strategy to ensure all New Zealanders have access to affordable primary healthcare, including after-hours care.

⁴ A Prescription for Change, Gareth Morgan and Geoff Simmons

Labour will review the funding formula for primary healthcare to ensure affordable access for all New Zealanders and that the needs of vulnerable populations are being met, including a review of rural health funding to ensure access to affordable and quality services.

Labour will encourage the development of further genuine collaboration in the delivery of primary healthcare, refining the PHO model and drawing together GP services and other allied health professionals.

Labour will facilitate clear communication between primary and secondary care providers to prevent unnecessary admissions and hospitalisations.

Labour will develop multi-disciplinary primary health teams that work in the community (including in schools) with families, including through home based visits to ensure access to primary healthcare services for individuals and families who are not currently accessing services.

Labour will support the training and greater use of nurse practitioners, community outreach nurses and dental hygienists to deliver primary care services.

Labour will further investigate the DHB salaried General Practitioner option as a way of ensuring accessible and better integrated primary care, where GP services are not being provided or are not sufficient to meet the needs of the community.

Labour will fully implement the New Zealand Ambulance strategy to ensure ambulance services continue to be a strong first line of intervention within the health system.

Agenda for Children - It's About Our Kids

"Children matter. Children are one of the most vulnerable groups in our society. Good health and developmental outcomes for children depend on how well families' basic needs are met, the strength of families' social and cultural connections, families' access to quality services and facilities, and families' economic security. Young children's family environments are so influential that they predict children's cognitive, social and emotional abilities and their subsequent success at school." – The Public Health Advisory Committee.⁵

The health of our children reflects the complex nature of our society and the interactions they have within it. The outcomes for today's children will determine the future success or failure of our nation. The period of childhood shapes an individual more than any other time in life. We must ensure we do everything we can that children enter adulthood as healthy and happy as they can be.

The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued and included in the families and societies into which they are born.⁶

⁵ The Best Start in Life; Achieving Effective Action on Child Health and Wellbeing, Public Health Advisory Committee, June 2010

⁶ UNICEF, Child poverty in perspective: An overview of child well-being in rich countries. Innocenti Report Card 7. 2007, Florence

OWN OUR FUTURE



In order to give every child the best start in life it is essential that government focuses on reducing inequities in the early development of physical and emotional health, and cognitive, linguistic and social skills.

We need to ensure that there are high quality maternity services, parenting programmes, childcare and early years education to meet need across all communities.

We need to build the resilience of young children and enable them to control their own lives and health status. We need to ensure that schools, families and communities work together to reduce inequities and promote well-being for all children.

We need to strengthen the leadership in the health sector to promote the needs of healthy children, and ensure there is a whole of government approach for children. This must be backed by the capture and dissemination of high quality data about the health status and outcomes of children.

We have seen a number of reports in recent times that the cost of accessing primary healthcare is meaning that some children are not getting the treatment that they need. This is particularly so in terms of access to affordable after-hours care.

Labour will make child health a priority, and increase the proportion of health sector spending on services for children aged up to six years.

Labour will extend free access for under sixes to after-hours medical services, meaning 24 hour, 7 day a week free access for under six year olds.

Extended access will be in place across New Zealand and will be delivered through mechanisms based on the best evidence from around the country.

The estimated costs for this initiative (in \$M) are:

2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
10	10	10	10	10	10	10

Labour will also do everything we can to ensure children are free of or are receiving quality care for debilitating health conditions when they enter school at 5 years old, by providing adequate funding of outreach services to reach vulnerable children, supporting and enhancing B4 School Checks and providing a “mop-up” service at school to capture those children who start school who have not accessed a B4 School Check.

Labour will require District Health Boards to adopt child health implementation plans with nationally agreed measurable outcomes and targets that are monitored by the Ministry of Health.

Labour will develop systems during pregnancy to identify children who are vulnerable, and then ensure that the relevant levels of support are in place to support and optimise parenting.

Labour will create a seamless transition from maternity services to health care services for infants and young children.

Labour will strengthen the Health in Schools Programme, including social workers, starting with low decile schools, with the aim of expanding the programme to higher decile schools as resources allow.

Maternity Policy

Labour believes that there is a compelling case to ensure that New Zealand is the best place in the world to raise our children. It is important that all women and babies have equal opportunity to have optimal maternity outcomes. 63,000 live births were registered in the year ending December, 2010.

A high quality Maternity Service is necessary to ensure a positive influence on the health status and social wellbeing of the mother, baby and the community. New Zealand is 6th of the top ten countries in the world to be a mother a Save the Children study found in May, 2010 (12th Annual State of the World's Mothers report).

It is understood that implementation of the Maternity Action Plan over the last two years has focussed on workforce development, quality assurance and maternity new-born information system development. We support those initiatives as they were identified as being a high priority in 2008.

Labour will review the implementation of the 8 principles and 11 goals of the *Maternity Action Plan* developed by Labour in 2008.

Labour will continue further alignment of Maternity Service provision with primary health services and Primary Health Organisations.

Labour will give consideration to service access issues for rural women, young parents and women with mental health disorders.

Primary Family Centres

Increasingly, women are transferred home on average within two days of delivery or take early discharge from birthing facilities with Lead Maternity Carer support. The percentage of women having home births has not increased. Services need to be accessible, coordinated and integrated into the family care services support environment. In some areas Family Health Units should be available when women need respite care or Lactation Consultant intervention to maintain breastfeeding.

Labour will ensure community based facilities are developed by the District Health Boards in conjunction with Midwives, GPs, Plunket, La Leche League and Social Workers.

Breastfeeding Support

Labour introduced the Baby Friendly Hospital Initiative and Baby Friendly Community Initiative (BFHI and BFCI) in the last term in government. Currently 92% of birthing facilities have achieved accreditation and this initiative needs even more support to help mothers on discharge home and in the community.

The National Breastfeeding Committee was dis-established by the current government in 2009. NZ is not currently compliant with the Innocenti Declaration promoted by the World Health Organisation or UNCROC commitments.

Labour will re-establish the National Breastfeeding Advisory Committee. This committee will provide leadership on implementation of the Breastfeeding Strategic Plan launched by Labour in 2008. This committee would review the most appropriate funding mechanism to enable Lactation Consultants

to provide both facility and community based lactation support and education services in the community.

Universal registration with Well Child providers

Well Child services are free to all New Zealand kids from birth to five years. They include health education and promotion, health protection and clinical assessment, and family/whānau care and support. Quite simply, if children aren't enrolled at all, they'll miss all their Well Child visits, and their parents will miss out on vital support.

Labour will ensure all parents register their baby before birth with a Well Child provider of their choice, such as Plunket, Tipu Ora, the Pacific Health Service or the Tongan Health Society.

This measure will require additional resourcing to Well Child providers; this will be funded within baselines through a rationalisation of existing early intervention initiatives

At present, New Zealand does not have a comprehensive way of registering babies at birth and sharing that information with services to monitor a child's health.

Labour will accelerate full implementation of the Child Health Information Strategy to drive progress towards a Universal Child Health Record.

Well Child Handover

As noted above, under Labour's policy all children will be enrolled with a Well Child provider before birth. The Midwife or Lead Maternity Carer is contracted to provide visits in the first six weeks postpartum. Flexibility around transfer will ensure that no gaps in service provision occur, therefore minimising the risk of family violence, child abuse and neglect.

Labour will enable flexibility around the commencement of a needs based Well Child programme in the first six weeks of life. This must only occur at the agreement of the mother and the Lead Maternity Carer who should remain central to the Post Natal module of care.

The better the information and the sharing of it with those working with a family the better the care we can provide for our children.

Labour will ensure earlier and more formalised handover between Lead Maternity Carers and Well Child Providers.

This will assist with the identification of families and children needing special support, and will help Well Child Providers to begin support (e.g. home visiting) and, where needed, to intervene earlier.

Labour will also make sure children's health information is available to the health and child protection professionals who need it.

Core health and wellbeing information will be linked through health information systems to ensure it follows the child, and that all services are responding to that child's situation.

Labour will work to close the cracks between agencies protecting children.

Youth Pregnancy and Parenting

New Zealand has the second highest teenage pregnancy rate in the developed world. Although these parents and their babies have increased health and social risks, many do well and they are a vital part of the future of our country.

Labour developed a 'Youth Pregnancy and Parenting Programme of Action', which was approved by Cabinet in 2008. This plan has not been implemented by this government.

A multi-agency wrap around approach is aimed to grow awareness of body safety and awareness and encourage young women to improve their knowledge of the impact on their lives of an unintended pregnancy.

The plan also helps young parents to make informed decisions on how to parent and manage a more complex lifestyle while continuing to access ongoing learning.

Labour will implement the Youth Pregnancy and Parenting Programme of Action. This will be a cross-agency/sector initiative lead by the Ministry of Health and involve the Ministry of Education, Social Development and Youth Affairs.

Hospital Services

All New Zealanders have the right to accessible, quality public health services. While there is an increasing focus on primary care and preventive health approaches, hospitals must be supported to provide secondary and tertiary services and to work in an integrated manner with other health sectors. This will enable the health sector to work efficiently and effectively by maximising the utilisation of health resources. New Zealanders should have safe, sustainable, quality driven clinical services provided as close to home as practicable.

Central to this is the collaboration of DHBs at both regional and national levels. Clinical and administrative collaboration will remove the variability that can occur as a result of where someone lives rather than specific needs. This will not impact on a DHBs' ability to ensure services meet the specific health needs of their communities.

Acute Service

Ensuring access to the appropriate level of acute care remains a challenge for the health sector. DHBs struggle to ensure that hospital emergency department services are available in a timely manner for those who require hospital level care. Accessing primary care services from emergency departments is not an effective use of health resource. New Zealanders need to receive clear messaging about where to go to access the health services they require, and what these services will cost.

Elective services

Research undertaken by the Auditor-General shows that access to surgery is often a product of where you live rather than your needs. So-called "post code" access to elective services is not acceptable for New Zealanders. National guidelines regarding prioritisation, waiting times and condition treatment pathways will result in consistency and clarity in the delivery of elective services.

Labour will support the development of strong regional and/or national networks to make the most efficient use of health resources.

Support the development of national services, where appropriate, to deliver specialised care and encourage innovative practice.

Labour will review the capital charging regime as it applies to public hospitals.

Labour will ensure a coordinated hospital and specialist care system with consistent access criteria, quality and timeliness across New Zealand.

Labour will develop nationwide tools for elective surgery prioritisation based around timeliness, equity and quality.

Labour will develop a model of care for acute services that encompasses the needs of patients, primary care and hospital emergency departments.

Labour will develop sustainable and high quality palliative care services.

Labour will build and upgrade facilities across New Zealand to support the network of care across New Zealand.

Labour will strengthen the provision of ambulance services by instituting a staged plan to deal with funding, workforce, crewing and training issues.

Oral Health

The 2009 New Zealand Oral Health Survey shows that 44% of New Zealanders are not receiving any form of dental care. Under the last Labour government significant progress was made in improving the oral health for children, particularly for those up to Year 8 through the School Dental Service. There are still major issues in accessible treatment, particularly for teenagers and those aged over 18. A recent Christchurch study found 1/3rd of the high school students needed urgent dental treatment.⁷

The case for increased attention to oral health is strengthened by the increase in diabetes and obesity, both of which are linked to an increase in dental health problems. Also the “baby boomer” generation are the first generation entering their older years with their own teeth, which will require interventions for a longer period.

As with other areas of health policy, prevention needs to be a major focus in oral health policy.

Labour will develop, in consultation with the sector, a 10 year plan to improve the oral health of New Zealanders.

The key elements of the plan will be:

⁷ LANE project, Linwood High School, April 2011

- Continuation of free dental health care from birth to the age of 18 years, with an increased focus on ensuring that teenagers are enrolled with a dentist and are supported to attend check-ups and receive treatment.
- Review the framework that funds oral health services for teenagers to ensure that young people are enrolled, that services are delivered in an accessible manner and that dentists are appropriately incentivised to undertake the work.
- Extend incrementally, as resources allow, the provision of affordable dental care beginning with pregnant women receiving a package of free dental services.
- Undertake a social marketing campaign around the importance of dental hygiene, including to new parents to encourage them to enrol children with school dental service (available from age 2 ½).
- Ensure DHBs set targets for access to oral health services and oral health outcomes in their communities.
- Extend the Voluntary Bonding Scheme to dentists and dental hygienists who agree to work in rural areas and provincial centres which have a shortage of dentists and dental hygienists.
- Hold an independent inquiry into the fluoridation of drinking water, with a view to developing a national policy on fluoridation as a national dental health measure.
- Setting a target for District Health Boards on oral health care access and outcomes.

Workforce

A strong and well-resourced health workforce is necessary for a strong public health system. New Zealanders are rightly concerned that we train and recruit sufficient qualified staff to ensure that we maintain a high standard of care in our health system. There have been a large number of stories emerging that indicate many of our health professionals are being attracted overseas after being trained in New Zealand.

As a country New Zealand also has specific challenges to meet the health needs of isolated populations, specific populations groups and other vulnerable groups. A focus on developing the workforce to meet these needs for the long term is essential.

The nature of the medical workforce is changing in the same way that patterns of working life are changing in other areas. Professional people are more mobile, and less likely to stay in one place or indeed one line of work for their lifetime. The approach to managing the health workforce needs to take this into account.

As we move to a more integrated approach to the delivery of healthcare the roles and responsibilities of those within the health workforce will change. As we drive for healthcare to be delivered as close to communities as possible, and to deliver a range of services to meet changing

health needs, a more flexible and generalist capability is required to support the specialist workforce that will continue to operate.

Labour will continue to develop the role of Health Workforce New Zealand to provide a coordinated approach to ensuring New Zealand has a sustainable, flexible and appropriate health workforce.

Labour will ensure that the focus of Health Workforce New Zealand encompasses a wider health focus beyond the medical workforce to a whole-of-health-system approach that includes nursing and allied healthcare professionals.

Labour will support enhanced clinical leadership programme to give clinicians voice in overall health system development.

Labour will develop career planning and monitoring schemes for health workforce streams, including supporting bonding and advanced fellowship schemes.

Labour will further develop the capability of the nursing workforce to provide leadership and innovation in the health sector, by removing barriers to enhanced roles for nurses, including through the nurse practitioner role, enrolled nurses, prescribing by nurses and other nurse led services.

Labour will support further increase in the number of medical student places as resources allow.

Labour will review the outcomes of the GP Training Review, with a view to implementing recommendations to provide for a future employment model that is more flexible and is tailored to meet the specific needs of providing primary healthcare in 21st century New Zealand context.

Labour will implement the recommendations of the Locum Review Project with a view to finding cost savings and efficiencies in the provision of locums.

Labour will review the levels of service support for Lead Maternity Carers to ease the pressure of current small business reporting and charging and quality requirements.

Labour will develop training programmes for community care and support workers, including in the aged care sector.

Palliative Care

End of life care is a sensitive subject for many people and health professionals. Ensuring that there is good information and choices available to people is a vital part of a humane health system.

Palliative care services have been given more focus in the health system in the last decade, but there is more to be done to ensure that a holistic approach is taken to the final years, months and days of life. This includes respecting patient autonomy, including family and whānau and open and sensitive communication.

In particular in New Zealand there needs to be advanced care planning that recognises diversity in beliefs and practices.

Labour will revise and update the Palliative Care Strategy to ensure that palliative care is a core component of healthcare provision. This will include a review of funding of hospices.

Labour will support an integrated approach to palliative and end of life care that includes palliative care specialists working alongside other health professionals to ensure the needs of patients and their families are met, and clear choices are provided that respect the dying person's wishes.

Health of the Older Person

The best model of care for New Zealanders as they get older is to "age in place". Where possible people should be supported to live in their own homes and familiar environments as this is demonstrably better for their health outcomes. However, it is vital that for those who do go into residential care there is an environment which provides the highest quality services that keep people healthy and supported.

The funding and delivery of aged care in New Zealand is coming under increasing strain. Our population is ageing and costs are rising. At the same time the public is increasingly concerned that the current model of delivery of aged care services is putting money and profits ahead of patients and their care.

With our older population set to increase dramatically, rates of dementia and chronic conditions such as diabetes, heart disease and chronic respiratory disease are also set to rise which will lead to increasing aged care costs and require strategic planning for the future.

Change should be concerted, with an emphasis on guaranteeing older people's rights to dignity, respect and health. A new, less institutionalised approach to older persons care would allow for better social outcomes.

The future for aged care in New Zealand needs to be one built on the values of accessibility, dignity and respect for all older New Zealanders underpinned by transparency and accountability in the way the services are provided.

Our Inquiry into Aged Care

Labour, with Grey Power, undertook a comprehensive inquiry into aged care and produced a report entitled *What the Future Holds for Older New Zealanders*. The overwhelming impression was of a sector struggling to deliver the standard of care that older New Zealanders and their families would expect. There were too many stories of neglect, lack of appropriate care and lack of respect for our older New Zealanders.

The inquiry outlined many challenges we face. According to Grant Thornton's *Aged Residential Care Service Review* (The Thornton Review), New Zealand has a higher proportion of people in residential care than most other countries. More than 42,000 people receive care in around 700 aged residential care facilities every year in New Zealand. Unfortunately many older people who want to stay in their homes are being forced out by a lack of home-based care options as a result of funding cuts.

Challenges are also being faced in the quality of residential care. Workers are often very dedicated to providing excellent care to older people. However, they are severely restricted by staff shortages, low wages, lack of training, and the strict time management requirements of many providers driven by cost cutting and profit margins.

As one nurse said to the inquiry “registered nurse workloads are so high, and the number of care givers so low that they do not allow consistently good care to be given.”

The problems for staff have led to issues with care across facilities being utterly inconsistent, which has led to high rates of neglect and abuse and made it extremely difficult for the public to judge the quality of care within any facility.

According to recent statistics from the Ministry of Health, around 75,000 people receive home support at some time each year. But while institutional care is decreasing in most OECD countries, it remains the norm in New Zealand, and there is a serious shortage of supported housing for low income older New Zealanders.

The Thornton Review notes that older people have “a growing preference for alternative care arrangements such as informal care by family or friends, and for support provided in certain retirement villages.”

Labour wants to encourage older people to stay in their homes longer by providing quality home-based care. To do so, home support provision needs to be more integrated across health and care providers, as well as across the divide between the community, private sector and public sector. It is a high priority to investigate alternative community based models – especially for older people on low incomes.

Many people have compared the aged care sector today with the preschool sector 20 years ago. At that time, a largely unregulated, untrained workforce was the norm. We deemed the situation unacceptable for our children, and set about ensuring quality care for pre-schoolers. Older people need the same protections.

Labour will establish a Technical Working Party to investigate all recommendations of the report [What the Future Holds for Older New Zealanders](#).

The Technical Working Party will provide advice prior to May 2012 on a time-lined plan to implement the following priorities that will provide a higher quality service for older people:

- *Establish a Government-funded national training pathway for all staff in residential and home-based care that is linked to the National Qualification Framework and recognised in pay negotiations.*
- *Establish regulations for minimum staffing levels for nurses and caregivers in all residential facilities.*
- *As Budgets allow, implement pay parity between staff working in residential and home-based care with their equivalents in the public health system.*

In July 2011, the Auditor General released a report entitled *Home-based support services for older people*, which discusses how effectively the Ministry of Health and District Health Boards are

ensuring that older people get the care and support they need to remain living independently at home.

The Technical Working Party set up by Labour will investigate the recommendations from the *Home-based support services for older people* report, including:

- Collecting meaningful and reliable information to ensure ongoing service quality and value for money of home-based services.
- Evaluating by 2013 whether the use of a standard approach to assessment and reassessment is improving the way needs are assessed and home-based services are allocated.
- Considering the introduction of a mandatory standard for the provision of home-based support services for older people.
- Working collaboratively with others in the aged sector to develop a complaints system.
- Strengthening management contracts to ensure home-based support staff provide high quality services and are well trained and supervised.

A New Model of Service Delivery

Labour will develop an Integrated Health of the Older Person Service Delivery Model. This would include input from local authorities, the NGO sector, district health boards, private providers and unions. This would include consideration of models such as the Eden Alternative and Abbeyfield.

We will develop a continuum of care model that puts the older person at the centre of an individualised plan starting from ageing in place at home to hospital, respite and palliative care. This model would include the assessment of health and support needs and take into account social isolation, loneliness and elder abuse.

The inclusion of regional and local authorities would ensure that public transport requirements, housing and access to health services occur.

This new model will include how the contracts will be provided and costed.

Labour will review the Implementation of the *Health of Older Persons Strategy, 2002*, and develop an Aged Care Strategy.

Labour will review the process of engagement ensuring real consultation with older persons in health planning through a strengthened Community Public Health Advisory Committee of district health boards.

Elder abuse is a universal problem. It is not limited to any one gender, religious, cultural, ethnic or income group. Elder abuse may occur in many different settings, including private homes, residential care and hospitals.

Aged Concern estimates that 20,000 New Zealanders will experience elder abuse and neglect at some point in their lifetime, therefore it is important to educate those who work with older people.

Labour is concerned that there are still eight areas in New Zealand where there is no contract for Elder Abuse services.

Labour will work with the Ministry of Social Development to standardise a nation-wide contracting model for Elder Abuse and Neglect Prevention Services to ensure consistency of access of service provision across the country.

Labour will be proactive about policies to ensure that New Zealanders cope well with the challenges of ageing and caring in the coming decades. We will work in close partnership with the not for profit sector to support carers across the aged care sector.

The *New Zealand Carers Strategy*, published in April 2008 is supported by a Five-year Action Plan to address some of the issues that impact on the thousands of New Zealanders who assist friends and family members that need help with everyday living because of ill health, disability or old age.

The Carers Strategy was developed in a partnership between government agencies and the New Zealand Carers Alliance, a network of over 40 non-governmental organisations.

Labour plans to build on the *New Zealand Carers Strategy* to ensure the five year action plan is being implemented and achieved.

Mental Health

Providing services for New Zealanders experiencing poor mental health and working to maintain mental wellbeing throughout the population are both of heightened significance at this time. During a period of economic instability coupled with a series of disasters, demand on mental health services inevitably increases. Globally, the incidence of depression and anxiety is increasing.

Those who experience poor mental health are more likely to experience inequality of access to health care and are more likely to experience social exclusion in general. This presents multiple challenges for the individual, their community and often the state.

Like other parts of the health system, there is limited funding and a limited and ageing workforce. Therefore it is important that we not only focus on delivering services to those most in need, but also on preventing future demand through early intervention, support for those with lower acuity illness to be able to self-manage, and a public health approach to maintaining mental wellbeing.

Putting children at the centre of all policy will have a substantial impact on maintaining good mental health. There is strong evidence that reducing income inequalities, supporting the children of those suffering poor mental health and actively working to enhance the social and emotional development of infants assists and improves overall mental wellbeing.

In general, the social determinants of health also apply to mental health.

It is possible for many people who experience mental illness to recover or self-manage their illness successfully enough to comprehensively engage with society. Resources should be directed to achieving this.

Labour will acknowledge the importance of mental health by restoring it as a health priority for District Health Boards

Labour will require District Health Boards to set appropriate targets for the restoration and enhancement of mental health services

Labour will re-instate the ring-fence for mental health funding.

Labour will enhance the provision of acute services to those most in need.

Labour will work to ensure equity of access to health care for those experiencing mental illness.

Labour will support early intervention programmes for those with mild to moderate mental health issues as a method of providing low cost access to services and reducing costs in the provision of secondary services.

Labour will include good mental wellbeing as an objective of putting children at the centre of policy making.

Labour will support those experiencing lower acuity mental illness through to recovery and/or self-management.

Labour will review the contracting arrangements for mental health providers with a view to creating a more consistent and efficient approach to contracting.

Cancer Control

Cancer is the number one killer in New Zealand. 8,000 lives a year are lost to cancer, and it has impacts on the lives of hundreds of thousands of people.

Labour will re-invigorate the Cancer Control Strategy to focus on:

- **Prevention:** Over one-third of cancers are preventable. To deal with them we need quality public health measures that help reduce tobacco use, deal with alcohol abuse and poor diet.
- **Addressing Inequalities:** Māori and Pacific peoples have higher rates of cancer and die more frequently from cancer than Pākehā New Zealanders.
- **Research:** We need more research into treatment for cancer to build on innovative programmes across New Zealand.
- **Accessibility of Services:** We run the risk that access to cancer services will be determined by where you live, rather than your level of need. We must work to stop

so-called “postcode access” by ensuring service are accessible and affordable for all New Zealanders.

Bowel Cancer Screening

Bowel Cancer Screening is an example of an area where there is the opportunity to make a massive dent in the mortality rates through early intervention. A pilot screening programme is currently being run through the Waitemata DHB. Labour believes that a nationwide programme should be rolled out on successful completion of that pilot programme.

Disability Issues

The New Zealand Disability Strategy sets out the goal of creating long term support systems centred on the individual. In Health Labour will continue to increase the level of flexibility of support for disabled people in the support services they receive.

Labour will ensure the nationwide rollout of Independent Living arrangements.

Labour will study the outcomes of the trial of the local area coordination model and implement it as appropriate nationwide.

Labour will implement the recommendations of the National Advisory Committee on Health and Disability research document, ‘To Have an Ordinary Life’

Labour will ensure that health services accommodate the needs of deaf and blind people.

Labour will review the criteria for disability support with a view to ensuring that those on the Autistic Spectrum are supported through disability support services funding.

Labour will continue to reduce the disparities in funding support services between ACC and non ACC disabled people.

Labour will work towards providing free annual health checks for people with an intellectual disability.

Labour will review the funding mechanisms for disability services to achieve that there is adequate provision of carer support and respite care, including investigating changes to the funding of close relatives as respite carers.

Labour will transfer the funding of vocational services from Vote Health to Vote Social Development

PHARMAC and Access to Medicines

Labour believes that the PHARMAC model has delivered to New Zealanders low cost medicines and have saved the country hundreds of millions of dollars overall through its negotiations with drug companies. While individual decisions of PHARMAC may cause concerns to groups of people, the overall model must be protected.

Labour will protect and enhance PHARMAC's role, including through making protection of PHARMAC a bottom line that will not be traded away in trade negotiations.

Labour will not intervene in PHARMAC's decisions but will review the criteria for funding highly specialised medicines to ensure that those with rare diseases are treated equitably and fairly in decisions about the availability of drugs.

Labour will continue to ensure that access to HIV retroviral drugs keeps pace with international developments.

Alcohol and Drugs

Availability, marketing and low cost of alcohol

Excessive commercialisation and liberalisation has encouraged harmful misuse of alcohol and sends inappropriate messages about what constitutes safe use.

The availability, marketing and low cost of alcohol means it remains the drug of choice for most New Zealanders. Alcohol is virtually a necessity in most social settings and the commercial environment reinforces this belief.

The treatment of Alcohol as a normal commodity with limited restrictions on its supply sets it apart from all other recreational drugs and gives the impression that it is a safer than other substances.

Labour will seek to implement those recommendations contained in the Law Commission report *Alcohol: Curbing the Harm* that have not been included in the Government's legislation. These include:

- Minimum pricing for alcohol
- Restricting alcohol advertising
- Lowering the drink-driving tolerance.

Māori and Pacific people are disproportionately affected by alcohol and drug related problems

Māori are approximately twice as likely to experience problems with alcohol and other drugs. There is a lack of services specifically designed to support Māori, Pacific or Asian communities.

Labour will support alcohol and drug interventions that engage local Māori communities, staffed by people from those communities who have an understanding of Tikanga and Te Reo Māori.

Labour will support greater development of services that cater to the needs of Pacific and Asian communities. Such services would demonstrate an understanding of cultural practices and an ability to communicate in patients' first languages.

Legal intervention

Legal intervention often reduces the chance of rehabilitation rather than enhancing it.

The legal response to illicit drug possession and use often fails to address the problem itself.

The majority of prison inmates have alcohol and drug problems but programmes to deal with these are extremely limited.

The fact that possession of illicit drugs is a crime may deter users from making contact with treatment facilities out of fear of coming to the attention of the police.

Labour will work towards greater opportunities for diversion from the criminal justice system into treatment for those found in possession of illicit drugs.

Labour will investigate the appropriate use of diversion for those committing a minor offence under the influence of alcohol or other drugs.

Labour will ensure treatment is provided as an alternative to prosecution or conviction, integrated with community sentences or imprisonment or as a condition of parole.

Access to treatment is limited

Serious alcohol and drug misuse and addiction affects around 3.5% of the population yet there is only enough resource available to treat around 0.5% of the population.

Long waiting times for treatment pose a barrier to addicts taking up treatment as they may no longer be willing to participate once treatment becomes available.

Labour will increase treatment capacity – this will require additional treatment facilities, significant workforce development and improved efficiency of delivery.

Labour will work towards reducing waiting times for assessment and treatment.

Labour will increase opportunities for early intervention in primary and emergency care as well as in the justice system.

Funding for alcohol and other drug treatment is channelled through various Government agencies

Treatment providers find government funding sources are often disjointed, causing inefficient service delivery.

Labour will, in order to improve the efficiency of service delivery, review funding of alcohol and drug treatment services and work towards greater integration of different funding streams into one coordinated funding structure.

The Misuse of Drugs Act is out-dated and the regulation of drugs is poor

The MoDA is a response to the drug environment of the 1970s. Classification of drugs is often inconsistent and lacks scientific rigour. The current approach to new substances is slow and cumbersome and may be causing preventable harm.

Labour will give serious consideration to the Law Commission's review of the MoDA, which is taking an evidence-based, and Labour will seek to implement the recommendations of that report.

Māori Health

Infant Mortality

Infant mortality is regarded internationally as a barometer of social well-being. Rates of Māori infant mortality are far higher than for non-Māori in New Zealand. This applies to both neo-natal (0-28 days) and post neo-natal (29-364 days). The total of 330 babies dying is intolerable, and in addition the rates of Māori death are disproportionate.

Labour will develop a plan of action to address infant mortality, with a particular focus on improving life expectancy for Māori who are disproportionately represented in both neo-natal and post neo-natal mortality.

Inequities

A range of studies in New Zealand have shown that Māori deaths from treatable illness are far higher than non-Māori. We also know that Māori are less likely to receive medical treatment, and when they do, less likely fill prescriptions and complete treatments.

While some of this relates to socio-economic status, that does not explain all of the inequities in health outcomes and well-being experienced by Māori.

Labour will re-invigorate He Korowai Oranga to provide a framework for addressing health inequities affecting Māori. This will include adopting whānau ora approach to delivery of services that take into account the range of Māori community expressions.

Whānau Ora

Labour supports the philosophy and principles behind Whānau Ora. We believe that it is essential to take into account the wider situation, needs and abilities of families when providing support. This approach fits with the overall policy of seeing the promotion of good health and well-being as the bedrock of the health system.

Early feedback from the Whānau Ora pilot programmes being run by the government is mixed, with concern that administrative costs are high for some projects, and that provision is not always reaching those most in need.

Labour will support the continuation of a Whānau Ora approach to health service provision.

Labour will review the Whānau Ora pilot projects to ensure that they are providing effective and efficient services to those most in need.

Pasifika Health

The major problem areas for Pacific Health are well known and include, child health issues such as asthma and rheumatic fever, obesity, heart disease, diabetes, drug and alcohol issues, dental problems and youth mental health, including suicide.

Under National the access and affordability of quality healthcare for Pacific people has gone backwards.

The unemployment rate at nearly double the national average means it is financial challenge for Pacific people to get the healthcare they require. It is difficult for many Pacific families to meet the day to day cost of living. As a result their day to day health is suffering.

National is not working in the interests of the day to day and long term health care of Pacific families.

Labour will ensure all Pacific people have fair access to quality, affordable health care.

Labour will develop and support, in consultation with Pacific health and community leaders, Pacific models for delivery of services that have an integrated approach to working with Pacific families.

Labour will as part of the wider Pacific policy focus on developing a healthy, strong and vibrant community now and into the future by:

- Reducing inequalities
- Target the reduction obesity, diabetes, heart diseases
- Smoking cessation amongst Pacific Youth
- Mental Health
- Halt alcohol abuse
- Growing the Pacific health workforce
- Ensuring safe and healthy homes

Target the reduction in obesity, diabetes and heart disease

Pacific peoples have by far the largest prevalence of obesity by ethnic group and the pattern over the last decade or so has shown it is a growing problem⁸.

A real focus on changing the mind-set of eating and lifestyle choices must be made to address this major and developing issue for Pacific people. Initiatives must be prepared to challenge norms or sensitivities. The primary focus must be on improving the health of the community.

⁸ <http://www.socialreport.msd.govt.nz/health/obesity.html>

Labour will continue to support initiatives working within Pacific communities to reduce obesity rates and to promote the importance of nutrition while understanding that food is central to Pacific cultures.

Smoking cessation amongst Pacific Youth

Evidence shows that rates of smoking amongst Pacific youth are significantly higher than European youth.⁹ The consequences of which can be earlier deaths for Pacific people compared to Māori and Non-Māori. A number of targeted cessation programmes for Pacific communities are already operating but given the disproportionate negative effects of smoking and second hand smoke on the Pacific community, more needs to be done.

Labour will develop and implement a strong and well-resourced Pacific Tobacco strategy

The benefits from the success of such a strategy will be the reduction in conditions such as SIDS, cancer, diabetes and asthma. This policy must be a partnership with Non-Government Organisations that are already taking measures to lessen the harm of tobacco amongst the wider community. The input of medical experts, the media, social media and high profile Pacific people must also be sought. Particular attention must be given to targeting the reduction of smoking rates with Pacific women.

Growing the Pacific health workforce

A strong Pacific health workforce is vital to ensure New Zealand has a healthy Pacific community. The projected increase in the Pacific population and the increase in the number of elderly Pacific peoples demands a real focus in this area.

Many Pacific islanders will utilise mainstream services but the ability to have resources, qualified staff and systems in place to deal with a growing Pacific population will enable the health system to be more effective and efficient.

Labour will recommence a commitment to the Pacific health workforce to maximise the health system's ability to respond to the needs of the Pacific community.

Labour will commit to training and investing in a skilled Pacific health workforce that understands the challenges and opportunities in the Pacific community.

Ensuring safe and healthy homes

Pacific Islanders, like all New Zealanders, have the right to a good home to provide families with the basics to live the Kiwi dream.

The last Labour Government kick-started work to give all Kiwis the opportunity to live in a healthy home with the \$1 billion home insulation programme.

Housing New Zealand also committed to improving tenant health and delivering energy cost savings for state house tenants through "retrofitting" state homes so they are warmer, drier and therefore

⁹ www.nzma.org.nz/journal/122-1303/3795/content.pdf

healthier. Insulation also helps significantly reduce the cost of electricity. Pacific people make up 25% of state house tenants and directly benefited from that commitment.

Labour will commit to addressing the safety and healthiness of Pacific people in their homes whether they are owners or private or state tenants.

Labour will implement a pro-active and preventative community based approach to wider health issues addressed especially given issues around overcrowding in Pacific homes.

Youth health

New Zealand has one of the highest teen pregnancy rates in the world and ranks poorly in terms of sexual health statistics. Equally, more and more young people are dealing with anxiety and depression at a younger age which is also linked with increases in drug and alcohol abuse. Many young people are affected by bullying in schools which is a leading cause of anxiety and depression.

Mental health provisions for young people are lacking, a point highlighted in Sir Peter Gluckman's recent report *Improving the Transition*. There is a sporadic approach to the provision of youth health services in New Zealand.

With Labour, this will change.

Labour will adopt a mixed model of supporting youth health centres and nurses in schools to accommodate for various population bases, ensuring nationwide coverage of youth health services with a focus also on boosting youth mental health services.

Labour will restore Mental Health as a Government health priority, with appropriate targets, to ensure DHBs prioritise funding for mental health services.

As resources become available, Labour will increase the availability of mental health services and broaden access criteria so that more young people are able to get help when they need it.

Labour will restore the anti-bullying initiatives it introduced in July 2008 including the requirement for Education Review Office monitoring that school policies for programmes to deal with bullying are in place.

Labour will review the *New Zealand Suicide Prevention Action Plan 2008-2012* and ensure the five year action plan is being implemented and achieved. We will build on this plan and work together with Ministries of Education, Health, Social Development and Youth Affairs to create a new action plan.

Women's Health

Labour's emphasis on health promotion and disease prevention is of critical importance for women. Most women in the course of their lives have significant contact with the health system, not only for

their own health needs and when they are sick but also when they are healthy and having children and caring for others. Labour will focus on the social determinants of health and access to healthcare services. (See also “Maternity Policy” above.)

Dental Policy for Women

International evidence, including the work of the Sir Peter Gluckman, has shown a direct linkage between the health and diet of expectant mothers and the health status of their children. This is particularly the case for oral health. A range of national and international studies have found a mother’s oral health was related to that of their children. This includes a 27-year-long study suggests that mothers with poor oral health are likely to have children who also have poor oral health when they are adults. (Journal of Dental Research Jan. 19, 2011).

Oral health is also a factor in overall health. A 2007 Californian study showed that among other things that:

- 18% of premature births are attributable to poor oral health in mothers.
- Pregnant women with poor oral health are seven times more likely to have a premature and/or low birth-weight delivery.
- Children of mothers with poor oral health are five times more likely to have oral health problems.

Labour will introduce, by the end of our first term in government, a package of free dental care for pregnant women.

Sexual and Reproductive Health

Labour will ensure that all women have access to an affordable and comprehensive range of sexual and reproductive health services.

Young Women and Migrant Women

Labour will ensure access to women friendly youth and migrant health services.

Labour will over time develop nationwide networks of services for women with eating and associated disorders and develop programmes to address binge drinking by young women.

Labour will review the effectiveness of the health and physical wellbeing curriculum strand in schools to assess the adequacy of resource and training needs to deliver the curriculum.

Men’s Health

Labour in government initiated a number of programmes to promote and assist men’s access to healthcare. The development of a colorectal cancer initiative has seen the training of technicians and the extension of targeted screening for men which will lead to earlier intervention and better outcomes.

OWN OUR FUTURE



Through the programmes run by PHOs and Public Health units in workplaces and social gatherings, growing numbers of men are now actively engaged in greater awareness of preventative health programmes and earlier intervention.

Labour investigated the best ways of diagnosing and treating prostate cancer and boosted resources to ensure the most effective procedures and knowledge are being used by DHBs and medical professionals to reduce mortality from this cancer. The long running select committee inquiry initiated by National is unlikely to identify major changes to prostate diagnosis or treatment that currently uses best international evidence and advice.

Labour will follow up on any recommendations from the prostate cancer report and continue to promote new initiatives and programmes in the area of men's health.