



4th May 2023

Tena koutou,

Re: National Public Health Service (NPHS) Consultation Document

This submission is from the Public Health Association of New Zealand (PHANZ), Kāhui Hauora Tūmatanui.

We have read and endorsed the submission of ASMS on the NPHS consultation document and further wish to emphasise the following points of concern in our submission below.

PHANZ can be contacted by email at admin@pha.org.nz, and our website is www.pha.org.nz.

Signed,

Dr Alana McCambridge, PhD

Submission on the National Public Health Service (NPHS) Consultation Document

1. Concerns that clinical leadership in screening and immunisation will be weakened by the proposed changes and this will consequently reduce the effectiveness of both services and harm the community.
 - The combination of central accountability, complex clinical pathways, and complex screening and immunisation infrastructures mean that intensive clinical leadership is required day-to-day.
 - Professional and contextual knowledge enables clinicians to deliver highly credible, equity-focused advice and leadership whilst remaining connected to the providers.
2. The existing structure of clinical leadership screening and immunisation has evolved deliberately based on need and lessons learnt over time therefore changes should have a strong rationale.
 - Screening and immunisation-specific clinical leadership at the highest level are necessary to reduce clinical and organisational risk.
 - The changes being proposed are substantial and pose high-risk to the community if not carefully considered.
3. The proposed structural changes are a shift away from clinical leadership towards merely providing clinical input and advice, which goes against recommendations made about clinical leadership after previous national inquiries and incident reviews.
 - The proposed structures position clinical roles too far down in the hierarchy to drive clinical safety, and there would be no direct representation of operational safety concerns at the decision-making table. This element of the proposed structure poses a risk to clinical safety and quality.
4. We support the alternative clinical leadership structure detailed in the ASMS submission.
5. Lastly, we wish to emphasise the significant importance of the Crown's obligation to Te Tiriti o Waitangi and the role that public health services have in Māori health and addressing inequities between Māori and non-Māori.
 - We are concerned that a centrally-led process risks not capturing the insights of local iwi and hapū.

- We also recommend that explicit commitment be made in the documentation to protect already established relationships and collaborative work programs with hapū or iwi.
- We recommend that the responsibility for upholding the Crown's Tiriti relationship be in every directorate at all levels and not limited to Māori and Pacific directorates.
- We support the stated intent to rapidly grow and advance Māori leadership and the Māori workforce, and caution against losing Māori staff through the restructuring process.
- Health equity is a Tiriti responsibility (ōritetanga) that requires systemic change to rebalance an unjust system and therefore the NPHS must commit to equity by centring Māori health needs.