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#### Dear Jo

# RE: Nurse Practitioner (NP) & Enrolled Nurse (EN) Workforce Programme for Primary Mental Health and Addiction

We are writing to give you a brief update on our Programme, the progress made, the enormous opportunities this Programme is offering, and a request to roll-over or extend the contract, largely due to COVID-19.

To begin with, we are absolutely delighted to be the contract holders for this Programme and are beginning to see some of the enormous benefits in promoting the NP and EN workforce to improve equity and access to mental health and addiction care within primary health care (PHC) and community settings.

We have very deliberately taken an approach which intends to reach providers delivering healthcare within priority communities. As a result, we are working with often very small community providers, including Māori health providers, where we believe the greatest improvements in health outcomes can be achieved. However, these providers have been hit hard through the pandemic with their extraordinary efforts to protect and care for their communities.

## **Progress to Date**

The Service Establishment Positions, for both NPs and ENs, require a model of care which improves access to MH&A, is outside the business-as-usual model, and improves integration of health service provision. Our guiding principles are:

- Te Tiriti o Waitangi ensuring focus remains on equity of health outcomes
- Priority populations
  - Māori
  - Pacific
  - Rural
  - Other priority populations, including older adult health / youth / homeless / refugees / justice & corrections....
- Priority workforce: Māori & Pacific
- Strategic positioning of NP/EN roles to meet population health needs

## 1. NP Service Establishment Positions

There are currently 10 NPs engaged with the Programme across NZ (see Appendix)

#### 2. EN Service Establishment Positions

Given the very few ENs working in PHC and the lack of knowledge across the sector of the EN role, it has taken longer to establish these positions. As a result, various approaches are now being undertaken to increase the numbers of ENs entering work in PHC. (Further details in the Appendix.)

## i. Apprenticeship Model for Māori (and Pacific) kaimahi

Kaimahi already working with a community health provider supported to complete the EN diploma. Of the EN students (5 to date) are 4 are Māori and 1 is Māori/Pacific; and all are working in rural areas with Māori populations and will return to those providers as ENs to deliver MH&A services.

We are currently in negotiation to support a Pacific kaimahi into this Programme.

## ii. Student placements into practice

This programme is a collaboration with our team and the local ITPs who deliver the EN diploma. This started with NorthTec in Te Tai Tokerau and has led to two EN positions so far and another two near to completion

We are working with MIT, Wintec, and Whitireia to develop similar models and with specific providers to develop hubs for EN student placements.

## iii. ENs in positions

Six ENs are currently being supported through the Programme. Three Māori, one Fijian, and two Pākehā. 2 ENs (1 Māori, 1 Pākehā) are employed with a provider in Kaikohe, Tai Tokerau

## 3. Development of MH&A short course for registered NPs

The course is being developed by a NP in MH&A who has worked in PHC and supported by an advisory group. We aim to have the course up and running by mid-year.

## 4. Kete of knowledge for MH&A for ENs

The kete will use existing courses from well respected organistions, such as from Te Rau Ora, Te Pou, and Te Ao Māramatanga.

## 5. Support of Māori RNs in PHC/community settings on pathway to become NPs

While the support work prior to the NPTP (NP Training Programme) year is funded by the Māori Directorate, it aligns well with the Service Establishment Positions (SEPs).

The pathway is shown below:

NP Options	Support through PG studies	Preparation Year	NPTP	SEP Year 1	SEP Year 2
NPTP					
Registered NP SEP: PHC- Community			Can be from any NP training provider		
Māori					
Pacific	Limited funding	Limited funding			

Currently 10 Māori RNs are being actively supported with a further 30 who have expressed interest and we are in the process of being contacted. These Māori RNs will be undertaking the NPTP year 2023, 2024 or 2025. Ideally, we need to support all these NPs as they transition into practice following their NPTP – and this is beyond the end date of the contract.

There is considerable opportunity to also support Pacific nurses in this way.

## **Outcomes of the Programme**

We believe this Programme will provide important knowledge for the MoH for nursing workforce development in Aotearoa New Zealand, and particularly for the Māori nursing workforce (and will have international relevance).

To ensure we are capturing our learnings we have two research projects underway:

- 1. Longitudinal mixed methods study on the transition of NP trainees into practice as NPs. This study will particularly evaluate the NP pathway, NPTP, and then the transition into practice up to 18 months post registration.
- 2. Case study research to describe, showcase, and evaluate the SEPs for both NPs and ENs.

## Some expected outcomes

Tino rangatiratanga Providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services.	<ul> <li>Description of models of care delivered by ENs and NPs showing transferability to other communities.</li> <li>Framework for the support and development of Māori RNs to become NPs (and we would expect to have traction for supporting Pacific RNs)</li> <li>Evaluation of SEPs which are co-designed with the ENs, NPs, and providers, using a Kaupapa Māori approach as appropriate</li> </ul>
<b>Equity</b> Being committed to achieving equitable health outcomes for Māori.	<ul> <li>Showcase the role of ENs and NPs in PHC and community settings where they improve access to MH&amp;A services and improve equitable health outcomes</li> <li>Recommendations for the EN new graduate programme to include PHC (ENSIPP)</li> </ul>
Active protection  Acting to the fullest extent practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Treaty partner under Te Tiriti are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.	<ul> <li>Knowledge to inform revision of EN scope of practice and NP competencies (both due for review by NCNZ)</li> <li>Models of care that are evidence-based and prioritise whānau needs to optimise hauora</li> <li>Exemplars showing the integration of generalist health services with MH&amp;A</li> </ul>
Options Providing for and properly resourcing kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.	<ul> <li>Recommendations for the support required in the first year of practice as a NP to enable the NP to work within a model of care that meets the needs of local populations</li> <li>Evaluation of the apprenticeship model for kaimahi through to EN</li> <li>Recommendations for the educational pathway and clinical preparation of RNs prior to commencing the NPTP and in readiness for their role as NPs</li> <li>Education packages for ENs and NPs to support their knowledge of MH&amp;A to improve access</li> </ul>

## Partnership

The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori  Evaluation of Te Tiriti model of governance over the Programme in partnership with key stakeholders and named Programme partners

## **COVID-19 delays**

You will all be only too aware of the delays in the delivery of programmes as a result of the pandemic. For our contract, the particular and significant delays have been in working with Māori, Pacific, and other small community health providers (as well as ITPs), to establish relationships and a a nursing workforce plan. Where we have achieved this, there have been great gains. A number of providers are very keen, but just do not have the space in the current climate to develop a plan for their nursing workforce.

As you can see, we have had to evolve the Programme to overcome significant access, funding and preparation/readiness barriers identified by both aspiring nursing students, nurses, NPs, and providers. We have been intentional about building a local sustainable workforce for areas that are inequitably served and have difficulties recruiting a health workforce.

## **Proposed way forward**

We request that the funding for the SEPs continues and be rolled over beyond the contract end date of 31 December 2024. This will support those on the pathway to successfully complete their qualifications and ensure the momentum remains to establish their NP or EN models of care in practice.

Furthermore, we would like to strongly advocate for this Programme to continue and be reflected in the health reforms. The Programme has the capability and capacity to really inform Health Workforce planning and promote the role of the nursing workforce in PHC to improve health outcomes for priority, rural, and underserved communities. Indeed, additional funding to support Māori and Pacific, for both EN and NP pathways, is tangible actioning of Te Tiriti o Waitangi principles and supports improving the current workforce disparities and health inequities.

We welcome further discussion with you and your teams.

Julia Slark

Head of School of Nursing

Sue Adams & Josephine Davis

Co-Leaders NP-EN Workforce Programme

cc. Lorraine Hetaraka, Ramai Lord, Anne Brebner, Karen Koopu, Sue Dashfield, Clair Bosworth

#### **APPENDIX**

## 1. NP Service Establishment Positions

- 2 NPs: Family Health Matters NP-led and owned small family practice in urban area with high Pacific community supporting newly registered Pacific NP (Auckland)
- 1 NP (+1 awaited) Kingdom Clinic NP-led and owned practice (Christchurch) offering specialist MH&A services as well as usual primary care, includes work with patients discharged from corrections facililities.
- 1 NP Vibe Youth Health service (Lower Hutt) supporting Māori NP to extend NP services through clinics, outreach, and residential youth justice facility (predominantly Māori rangatahi)
- 1 NP Ki A Ora Ngati Wai (Māori Health Provider) Newly registered NP in area of high deprivation (Whangārei) delivering clinic and outreach MH&A services, particularly to Māori whānau
- 2 NPs Southern DHB (and growing team) Support for older adult NP-led community team to develop MH&A services across the Southern region
- 2 NPs (+1 newly appointed) Te Aro, Wellington NP-led primary care focus MH&A for priority population, including homeless
- 1 NP He Waka Tapu Christchurch MH&A NP trainee resitting NP panel in April Māori Health provider. Integration with MH&A secondary services; youth MH&A services

## 2. EN Service Establishment Positions

## i. Apprenticeship Model

- 4 Māori kaimahi started EN semester 1 2022 at NorthTec
- 1 Māori EN student Te Ha, Dargaville final semester, NorthTec

## ii. Student placements into practice

This programme is a collaboration with our team and the local ITP provider who delivers the EN diploma. This started with NorthTec in Te Tai Tokerau

- 1 EN student (Māori) final placement Ki A Ora Ngati Wai leading to a position where the EN will provide an outreach cervical screening service to Māori wāhine taking a focus on MH&A
- 1 EN student (Māori) final placement with Te Hiku (far north Māori health provider)

## iii. ENs in positions

The following ENs are now in position and supported through our programme:

- 2 ENs (1 Māori, 1 Pākehā) at Kaikohe, Tai Tokerau
- 1 EN (Māori) Kensington, Whangarei working with whānau outreach
- 1 EN (Fijian-Indian) Bush Rd, Whangarei working with youth
- 1 EN (Māori) Nga Kete Matauranga Pounamu, Invercargill Māori
- 1 EN (Pākehā) 4 Peak Health, Geraldine, South Canterbury