

# How Population Health Needs should drive Workforce demand

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## The Challenge

| <b>WORKFORCE DEMAND DRIVERS</b>                  | <b>WORKFORCE SUPPLY DRIVERS</b>                           |
|--------------------------------------------------|-----------------------------------------------------------|
| Population Health Needs                          | Tertiary institutions                                     |
| Services Utilisation and Entitlement/eligibility | Industry regulation                                       |
| Models of Care                                   | Community/Society expectations – labour market conditions |
| Technology and/or Innovation Change              | Career choices and support (information, public profile)  |
| Wages/Pay (Industrial Relations)                 | Wages/Pay (Industrial Relations)                          |

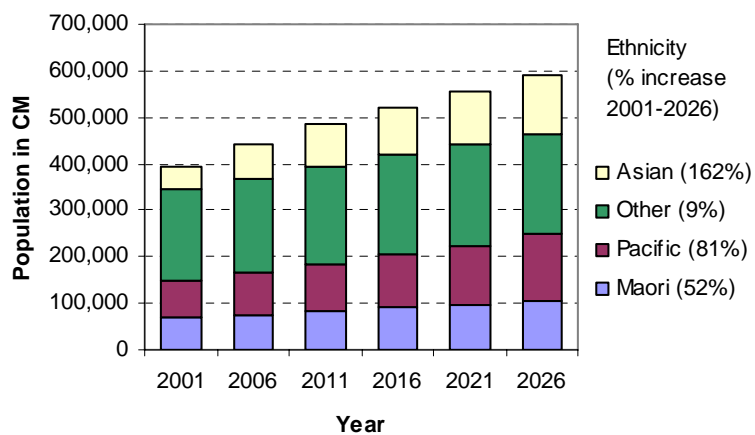
**MISMATCH  
DISEQUILIBRIUM**

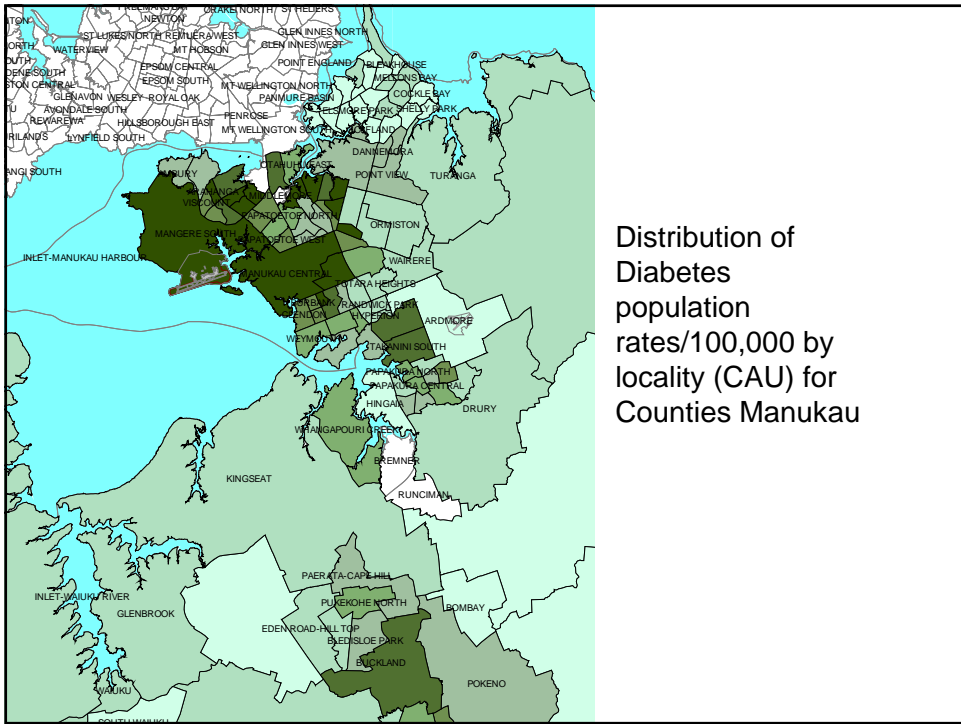
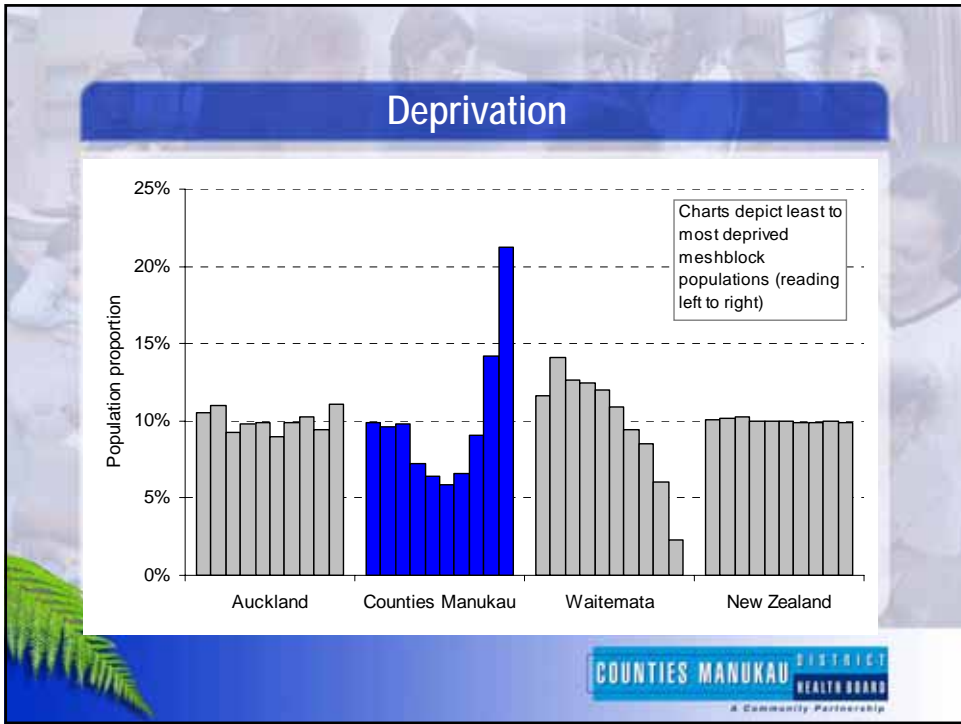
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## Drivers effecting future health need ...

- Cultural factors
- Deprivation
- Aging population
- Increasing Disease Burden
  - Obesity
  - Chronic Disease (CVD/Diabetes)
- Behaviour change, lifestyle (& consumer expectations)

## CM Population Ethnicity Trends 2026





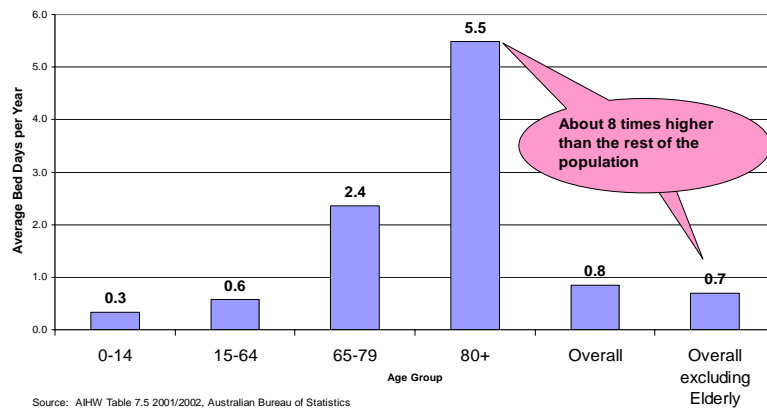
## Population & Demographic Trends

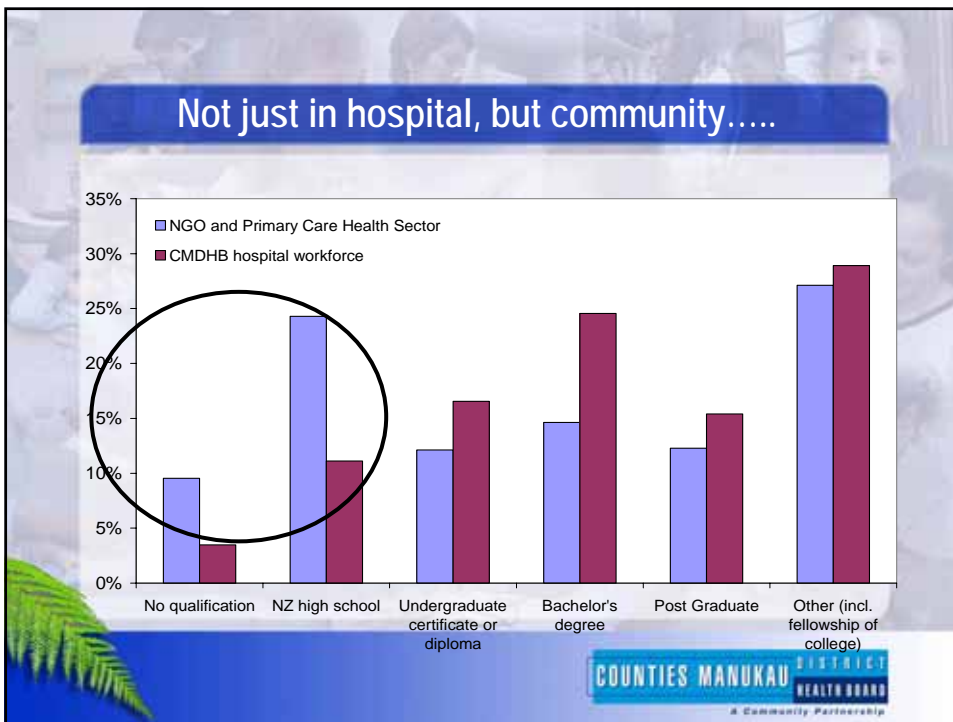
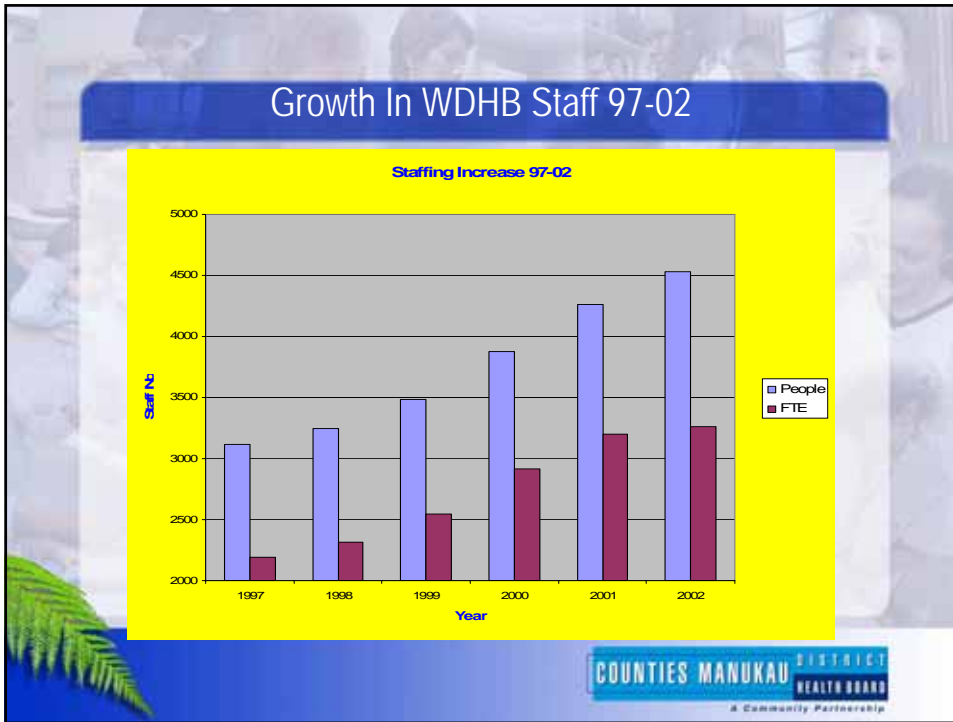
- Significant population growth
- Changing demographics
- Changing health needs

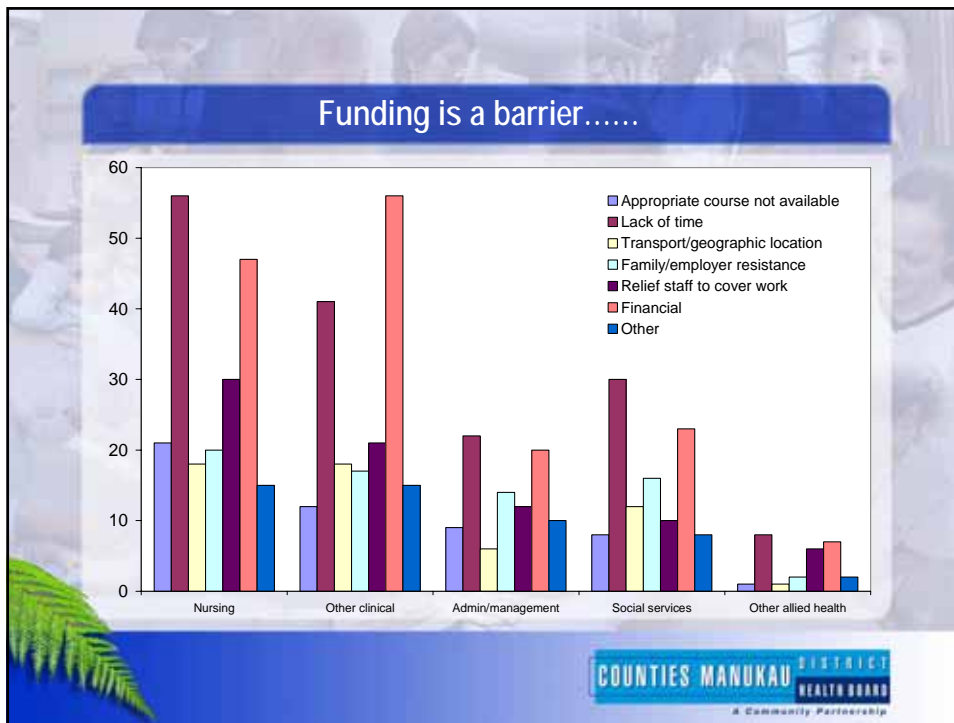
|              | 2001           | 2006           | 2011           | 2016           | 2021           | 2026           | % increase 2001-2026 |
|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------------|
| 0-14         | 104,490        | 113,300        | 117,160        | 119,720        | 122,390        | 127,710        | 22%                  |
| 15-44        | 174,400        | 191,750        | 203,590        | 211,150        | 222,030        | 232,040        | 33%                  |
| 45-64        | 81,040         | 96,980         | 112,940        | 124,660        | 132,950        | 137,230        | 69%                  |
| 65+          | 33,790         | 41,140         | 50,390         | 63,170         | 76,410         | 92,020         | 172%                 |
| <b>Total</b> | <b>393,710</b> | <b>443,170</b> | <b>484,080</b> | <b>518,700</b> | <b>553,780</b> | <b>589,000</b> | <b>50%</b>           |

## Elderly use 8 times as many bed days as younger people

Hospital Bed Days per year per Head of Population - 2001



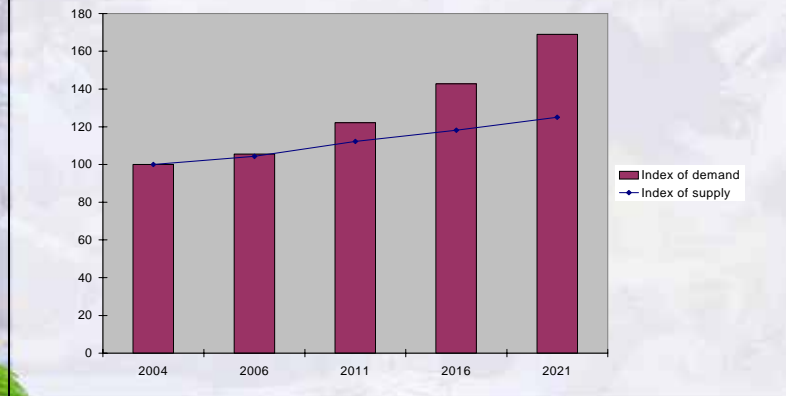




- ### How big is our problem (CMDHB)?
- Increase of 62% by 2021 hospital workforce (2004 indexed baseline)
    - 80% increase in medical services
    - 105% increase in intermediary care and rehabilitation
    - 27% increase in children's hospital services
    - 47% increase in mental health [to be tested]
    - 63% increase in surgical services
    - 39% increase in women's health
    - 64% increase in supporting services (eg corporate, hotel)
  - Funded FTE vs actual number of employees
  - Current models of care – ie no change to current practices
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## Big problem in workforce numbers.....

Middle ground scenario

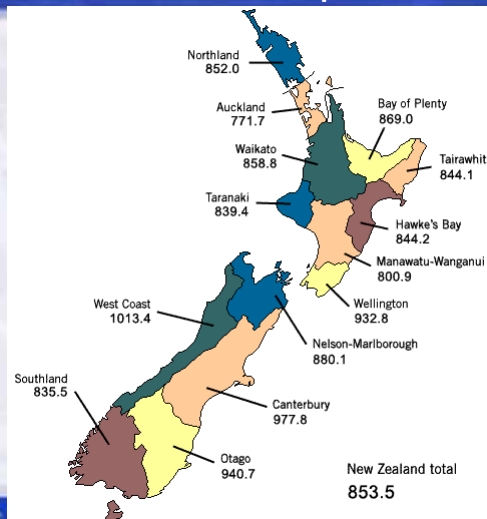


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**NOT  
SUSTAINABLE**



## Active Nurse/MWs per 100,000 pop'n (2004)



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## Conclusion

- We need a radical shift if we are to match workforce demand and supply to population need
- It is not just about workforce numbers but “how we work”
- The current model is not sustainable and we need to design better models of care
- Population based approaches and scalability of care are going to be crucial
- Greater role of self management and workforce competencies to support this
- Systems approach – market dynamics are important

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