

Collaborative Aotearoa – Notes relating to Localities (February 2021)

<p>1. What do you think localities will be. Who will their members be. Who will "own" them (a government agency, providers, provider co-ops, iwi, community trusts, PHOs/former PHOs, all of these?). How will they be governed.</p>	<p>Localities will provide a way of delivering health and social services for whānau and community in a specific rohe or takiwā. Communities will determine “what matters to whānau” capturing their specific aspirations. By reframing primary and community care into localities, we can improve local health outcomes by giving communities more say in the delivery locally and tailored to meet local needs and priorities. Drawing on a Collective Impact approach to support intersectorial relationships, which are critical in meeting specific community needs – it’s a tailored approach using structured collaboration and community centred tools.</p> <p>Accountability will be to Iwi/ Māori Partnership Board in partnership with Local Shared Governance comprising of funders (govt), providers (community, trust, iwi, hapu, PHO etc) and those with lived experience (whānau).</p> <p>Honouring Te Tiriti o Waitangi ensures equity front and centre. Collaborative governance with strong trusting relationships is essential – we strongly believe that collaboration moves at the speed of trust.</p> <p>Backbone support that considers independent facilitation from outside of the rohe and becomes the glue that keeps things together but also keeps things moving through sound systems and processes. To this end, movement building will drive reforming and transforming systems. With a greater focus on innovation and policy changes, challenging all partners to be the pioneers of transformational change.</p>
<p>2. How has your understanding of what localities will be changed since the health reforms were announced last April.</p>	<p>Our understanding hasn’t really changed, ultimately the vision remains the same – improving health and wellbeing for our whānau, through enabling people to have a say on the priorities for their communities and how services are delivered through locality planning.</p> <p>In most cases, people will have the same relationship with their health providers in the community, the main difference is that those providers will be better supported to</p>

	<p>provide care across a connected network, centred on health and addressing social determinants.</p> <p>Recognising that Covid remains a nationwide challenge, the current direction does pave the way for localities – creating the burning platform for change in terms of intersectorial relationships – delivering care for those who need it most.</p> <p>Iwi/ Māori having been working in this way for decades and the vast wisdom and experience are now coming to the forefront. For some Iwi/Māori Partnership Boards and tauwi organisations the next step may be greater involvement in development of co-commissioning whānau centred models for their rohe, leveraging strong relationships and demonstrated performance with key agencies.</p>
<p>3. How do you see the establishment of localities contributing to what has been described in the health reforms as the foundational role of primary and community care in the health sector.</p>	<p>Working with communities is one of the key areas of Astana. I’m sure this will have informed the health reforms including the foundational role of primary and community care. Although every locality will have a consistent range of core services, how these services are delivered will be informed by the needs and priorities of local communities. Alongside iwi/Māori Partnership Boards, it will be important that communities are involved in locality plans that set priorities for local health services. These plans will need to take account of broader determinants such as social, economic, environmental factors that drive health needs.</p> <p>For localities or networks to succeed, care in the community will need to be part of a cross sector approach, which will form part of a locality network with shared goals. This approach will support multi-disciplinary teams, providing more joined up service provision across a continuum of care and wellbeing.</p> <p>A networked model, with care better coordinated and integrated, information following patients as they move between providers will collectively support improved care and more equitable outcomes. Technology to support a wider range of digital care options will be critical.</p>

	<p>Delivering effective care that meets the needs of community will supported by a locality framework. In the early documentation released it stated that “Primary and community care in the future system will be reorganised to serve the communities through ‘localities’ with a focus on population health. People will be empowered to engage in planning and commissioning of community-based care to ensure that services in each locality reflect the particular needs of their community and allows <i>them to support themselves.</i>”</p> <p>All of this requires primary and community services to partner effectively.</p>
<p>4. To what extent do you think the establishment of localities will help to address the workforce and funding problems of primary and community care.</p>	<p>Localities provide an opportunity to address workforce challenges through different roles and scopes of practices, sharing resources, commissioning, and devolving funding directly to organisations that haven’t been given the resources to deliver clinical and non-clinical roles, addressing both health issues and social determinants of health.</p> <p>Focusing on community aspirations. Drawing on strengths of all players to support those aspirations sitting at the table holding equal power and shared decision making. Enabling providers to operate from their strengths. Collectively taking shared learnings and monitoring progress over time and impact on a broader set of outcomes like Whānau Ora. This is not just about Health it’s also about impacting Wellbeing (housing, income, natural environment, education).</p>
<p>5. To what extent do you think the establishment of localities will help to achieve equity in health.</p>	<p>A Locality approach will include gathering community aspirations “what matters to whanua” through authentic engagement along with understanding the equity gaps. This will be evidenced by data to inform the extent of services needed and which population groups should be prioritised. Resources can be targeted to those who require most support which can be included in the locality plan.</p> <p>Leadership though the Iwi/ Māori Partnership Board will hold equity front and centre, explicitly honouring Te Tiriti o Waitangi.</p> <p>Collective impact enables scaled up initiatives that produce the greatest impact on outcomes. Addressing social determinants through increased provider collaboration and targeted resources will improve health and wellbeing outcomes and whānau community experiences.</p>

<p>6. The establishment of locality prototypes is under way in the work of the Transition Unit. However, the section of the reform legislation requiring locality boundaries to be determined doesn't come into effect until July 2024, with locality plans a year after that. Is that an acceptable amount of time to wait, or not.</p>	<p>Collective Impact highlights that community change initiatives, relationships and key enabling tools such as interoperability across a range of health, social and NGO organisations takes time.</p> <p>Phasing localities in the way proposed by the TU ensures the foundational elements of change are in place, and supports are on offer to ensure this program is a success. 2024 is not a long way off given the decades and funding that we have put into inequities, with little impact on outcomes!</p> <p>Many tangible and intangible benefits of such a change will happen immediately through stronger trust and connectedness that is created through intersectoral partnerships. Whānau and communities in many rohe are already seeing the benefits of a localities approach supported by a collective impact approach. Some of these shining examples have been sharing their learnings for some time.</p>
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