



Locality Networks The Federation of Primary Health's Perspective NZ Doctor 22 February 2022

“Prioritisation and investment in primary health ensuring consumer centric-thinking and supporting an interprofessional approach will have the biggest impact on improving health and well-being outcomes.”

Steve Chadwick, Chair, Federation of Primary Health.

Thank you for the opportunity to elicit the Federation's views on the emergent locality networks.

A general view from our members is that despite being involved in sessions from the Transition Unit, there remains a lack of detail and therefore confusion as to how localities will take shape. Indeed, other than information sharing and open discussion to consider what commissioning, models of care, IT system development or workforce development emphasis could or should be, there has been little in the way of any other approach.

Whilst in principle the Federation supports the ideal of the locality model, we are also mindful of previous health reforms and the risks of what usually happens in health reforms. These concerns are depicted below.

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.

The Federation views localities as a mix of local primary and community care providers, Iwi and consumers working together, with organising support input from a suitable regional support organisation, and further supported by nationwide system enablers (refer attached model). Local governance and engagement arrangements between local providers, Iwi and consumers need to be agreed, noting that they will then need to work in partnership with HNZ/MHA for commissioning of local service contracts that best meet local health and wellbeing needs of the communities they serve.

Overall we anticipate a variety of models based on demographic, geographical and service requirements. Maintaining a whole of system approach with existing DHB teams over the coming months will also be important to avoid undoing the integration work that has been hard fought for.

The information about localities remains uncertain. As with previous changes in primary and community care, there is a risk that those who do well out of structural changes and arrangement, will do well in the new locality environment.

For example, it doesn't appear that the discussion about the shape and form of localities (within the areas that have been identified as the first tranche) has permeated widely beyond the existing structures and entities that are considered mainstream primary care. Although the stated intentions of what localities will achieve will be of benefit, there appears to be a lack of clarity about how these aims will be operationalised, and a lack of specificity and direction as to how existing structures will be required to change or adapt to achieve stated aims.

For example, there is lack of clarity about the arrangements that will be between the organisation and the providers. Will these be contractual, or alliance based or informal relationships? For if the healthcare of a community is to be coordinated/organised, that organisation will need to be able to have some influence on the delivery of care.

This lack of clarity and detailed information is of concern to our members.

2. How has your understanding of what localities will be changed since the health reforms were announced last April.

The health reform structures has been clear that service commissioning responsibilities exist across Health New Zealand and Māori Health Authority, at national and local levels. The role of local Iwi-Māori Partnership Boards has also been established with the draft Bill.

However, there is a dearth of information as to how the community will drive what the locality looks like, and how their voice will be captured. It appears to be more provider-centric will little discussion about what comprehensive and affordable community care looks like.

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.

There remains the risk that localities could fail to deliver hoped for gains if there continues to be under-investment in workforce creation and primary and community care delivery. To increase the level of care to those who need it most, the Federation believes that we must either redirect existing resources, increase efficiency, **or increase the amount of resource going in to primary and community healthcare.**

The Federation agrees that Localities should be responsible for developing the locality plans that align with the NZ Health Plan, and within that the health and national health strategies. We envisage that the primary and community sector will ultimately provide an expanded and better integrated range of primary and community health and wellbeing services, including increased self-management services, prevention, and wellbeing initiatives, as well as embracing current inequitable health and wellbeing outcomes for Māori, Pacific, and other disadvantaged population groups.

It is our view that PHOs that have established primary and community care networks and partnerships, will be well placed to fully participate in the locality networks and in the development of provider consortiums to respond to the broader, integrated population health model proposed.

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.

It is unlikely that Localities will have effect on workforce and funding issues. Changing arrangements between various parties in the community cannot address these issues. What is needed is a **realistic prioritization of resources and investment in primary and community care.**

For example, multiple discussions with combined nursing leadership groups make it clear that the current fragmentation of nursing through employment and contractual constraints is counterproductive. They remain unconvinced the Government have heard this voice.

The Federation considers that the workforce and funding challenges exist at a nationwide level as part of the nationwide system enablers, and expect that these issues are best addressed on a nationwide basis as they represent systemic challenges

5. To what extent do you think the establishment of localities will help to achieve equity in health.

It is unlikely that the localities will play a role in achieving equity in health, as the legislation which underpins the current reforms, are largely silent on social determinants of health and how the interaction between the major social and economic agencies will change the social context in which people live. Health can address the inequity of access to health care but to make significant change to health disparities “one needs to stop groups falling off the cliff”.

There is also concern that once again the health system appears to be tinkering with structures without any real evaluation as to why previous configurations and structures have failed to address issues of equity, nor provide equivalent care regardless of where a person lives.

However, having well-formed and resourced locality plans that focus on addressing local inequities, backed by robust nationwide system enablers, could and should enable a material difference in addressing health and wellbeing inequities in practice at a local level.

Furthermore, PHOs with strong Iwi / Provider partnerships will be well positioned to embed and enact Te Tiriti o Waitangi and ensure the viability and sustainability of Kaupapa Māori options and approaches.

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.

Establishment activities and initial planning should commence **now**. It will take time to effectively pull together cohesive and fully costed plans that deliver on the government's bold policy intentions and the desired policy shifts around: equity, access, wellbeing, workforce, and digital resource.