



POUTOKO HAUORA

A NETWORK OF MĀORI KAIMAHI HAUORA

Poutoko Hauora Hui

Wednesday 16th March, 4.30pm to 5.30pm

Facilitated by Ainsleigh Cribb-Su'a

In this hui, we invited Mara Andrews to speak about the developments in the locality planning space. Mara put out a tono for a range of areas currently in need of Māori kaimahi hauora. Pātai, posed by Mara, aptly summarises the theme of this hui: "If you had the opportunity how would you transform things? What will you do differently?"

Action Register:

If you or anyone you know would be interested in the following areas, feel free to connect in with Mara directly or via Poutoko Hauora:

- National ambulance
- Well Child
- Workforce planning
- Hospital specialist staff, there are significant parts of that system that we want to shift into the locality space however, we need people in there to find what those pieces are. We did some work with the treasury to set up an appropriation model, which means that we can move resources between MHA and HNZ without having to go back to the treasury, we need to use that lever to our advantage.

Next Poutoko Hauora Meeting: Monday 29th November 4.30pm - 5.30pm

Takawaenga Update:

- **Role of the Māori Health Authority:** Looking into their priorities and how we align ourselves, we're interested in aligning with the iwi partnership boards.
- **Workforce:** There are major issues, there are also serious opportunities to build the capacity of the māori workforce as well as the capability of the whole workforce to work effectively for māori health.
- **Tiriti Based Reform:** Midwifery have illustrated what Tiriti based reform looks like.
- As a rōpū we want to collectivise our responses for structural and systems change.

Mental Health and Addictions Hui:

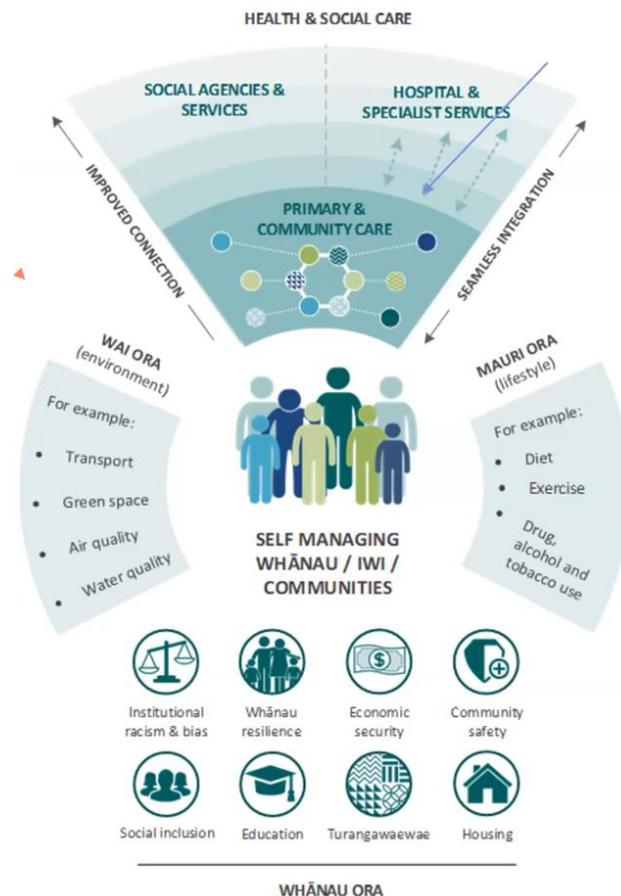
- We position that the Māori health authority hold the Mental health and addictions portfolio. A submission was created by Ainsleigh with contributions from the rōpū to the following pātai: What do you see as the key determining factors for hauora whānau with regards to te hauora hinengaro o te

whānau? What do you see as priority areas for the new entities as they consider re-design, planning, implementation, funding and setting KPIs for the mental health, addictions, and wellbeing sectors?

Mark Lawrence: Changes in Mental Health Funding

- Despite extra money going into primary care, it is the worried well that have gotten more access to psychological therapy, as a result the equity gap between māori and non-māori has widened. Looking at the international literature, across OECD countries we’re doing poorly.
- We need more beds, more trained māori psychiatrists and nurses and to advocate at the medical school level to grow our own.

Mara Andrews: Localities: Primary and Community Care and Public Health Centred around Local Communities



- **What are Localities?** Localities are locally defined areas, described by Mara as a drop-down from districts, to include primary and community care, public health, and, where relevant rural hospitals. Localities allow iwi partnership boards to get involved locally, allowing voices to be heard more easily.
- **What is included in a locality model?** The diagram below reflects what would be in a locality model. Based on population and geographic characteristics, these will look different for every area.
- **What does the service mix look like within localities?** 1. Community and primary care services (community and whānau centred services). 2. Population health services, programmes, and initiatives: Wai ora (environmental determinants) + mauri ora (lifestyle determinants) + whānau ora (social determinants/whānau potential) – focusing on the “upstream”/Prevention. 3. Life-course – Priority cohorts: māmā and pēpi, rangatahi through to adult priority groups (mental health, chronic

conditions) and kaumatua care (with services and models for different cohorts). 4. Investments by the Māori Health Authority: Mātauranga and rongoā māori kaupapa māori services.

- **How do Iwi Māori Partnership Boards come into play?** Iwi māori partnership boards will voice the needs and aspirations of whānau, hapū and iwi into the locality and investment plans.
- **What does funding look like?** Most of HNZ funding will be allocated in the top sections, primary and community care etc.; the MHA will also be doing a lot of co-commissioning in this space. The wai ora, mauri ora and whānau ora are areas that the MHA will be doing a lot of direct commissioning. There is also a third layer of commissioning, partnership commissioning, which will occur with other agencies and commissioners, looking into how to spend their respective dollars into communities in a way that makes sense.

Localities Update

- All of NZ must be organised into locality-based health planning and delivery areas by 2024
- Funds set aside for locality prototypes in 2021/22: analysis was done to target areas (high dep, high Maori population, high pacific population, rurality etc.). This is the first tranche of localities (12 sites).
- More to be established in 2022/23 and 2023/23 until ALL of NZ coverage achieved
- Must include local “governance” inclusive of mana whenua, primary care, DHB communities services at a minimum. DHBs that have already organised themselves into localities without mana whenua have been asked to revisit these locality mappings with mana whenua to ensure that it works for Māori and makes sense to those areas.

High Readiness Locality Features

- The right people are at the table: Mana whenua (one or more/ mandatory) for the locality + DHB (HNZ community services + primary care services (PHO) + ideally includes others including whanau/ consumer reps + council NGO reps + other agencies.
- There is a clear community governance model where shared voice occurs – may be multiple levels/ layers.
- There is a clear backbone entity(s) that coordinates the locality stakeholders, communications, local data oversight and analysis, providing networking.
- The group has clear priorities for the key areas they want to address, e.g. mental health redesign.
- There is some evidence of the group's existing work in the locality (many cite COVID) that has resulted in benefits.
- MHA will be investing in the ao māori solutions across NZ based on priorities from IMPBs. Going where the agreed locality plans say the investment should go, we should see some disinvestment, shifting around, and new investments if we listen to the people on the ground.
- HNZ plans to invest in expanding primary and community services, and MHA partners

Question and Answers with Mara Andrews

A locality is a 'feels right' process. Is it fair to say we are likely to see some 'strange' borders? (Peter Jansen)

Yes, the locality needs to make sense locally, and these borders might look strange. When you drill down to smaller population units, it might be more complex because you will invest in 'part' services because there is not enough volume (Mara Andrews).

In terms of sense-making, is there an opportunity to revisit localities? (Peter Jansen) Yes, we are giving it a go; we need to be open to shifting and changing because everything is new (Mara Andrews).

How can we help you more? (Taima Campbell) Whilst the HNZ are in the midst of rearranging themselves, we are in the process of building an organisation from scratch. We are keen to transform all services in this space, and it is a big system. We will take all the capacity that we can, throw your name in the hat, and we will connect you into the right spaces (Mara Andrews).

We have a workforce crisis; where do you think the responsibility to develop and increase the Māori workforce space lies? (Steve York) We need a sector workforce approach that includes all the health systems players. We (the MHA) have inherited responsibilities, dollars and staff with more to transfer over. In our design thinking for the MHA, we will have a stream for Māori workforce development. Riana is keen on tapping into the workforce that emerged from the COVID space and supporting them to keep working in our communities. Clinical and all other professions have stagnated in the last 20 years, and it is definitely on the radar. Put your name forward if you want to be in this workforce planning space (Mara Andrews).

The NZH charta is being created, we will be consulted and advised, but there ought to be more māori experts developing the charta (Rawiri)

When will the 12 sites know what is going to happen? (Taima Campbell) There all going through; some are more ready than others (Mara Andrews).

I think there is some anxiety from parts of the sector, for example, GPs, in terms of understanding iwi partnership boards and what it means in terms of having a statutory responsibility (Taima Campbell) This has shown through the locality prototype process and the phone calls that I have been receiving from GPs about engaging with mana whenua (Mara Andrews).

We know how things work in our areas, we know the problems, and we need solutions that lead to outcome change. We have to be part of the system; we are an essential part (Mark Lawrence). Mara: It is a case of "We don't know what we don't know" front-liners will see opportunities that we don't see. We have a bold board looking to transform things. If you had the opportunity, how would you reconfigure or transform things? What will you do differently? This kind of advice that we want to put into many of the national frameworks that have come out (Mara Andrews).

Te Rōpū Whakakaupapa Urutā has specialist services that could offer potential models of care to mitigate the inequity gaps we see (Myra Ruka).

He rau ringa e oti ai

Kia maiea tō rā