

**Te Whatu Ora**  
Health New Zealand

# Localities Update

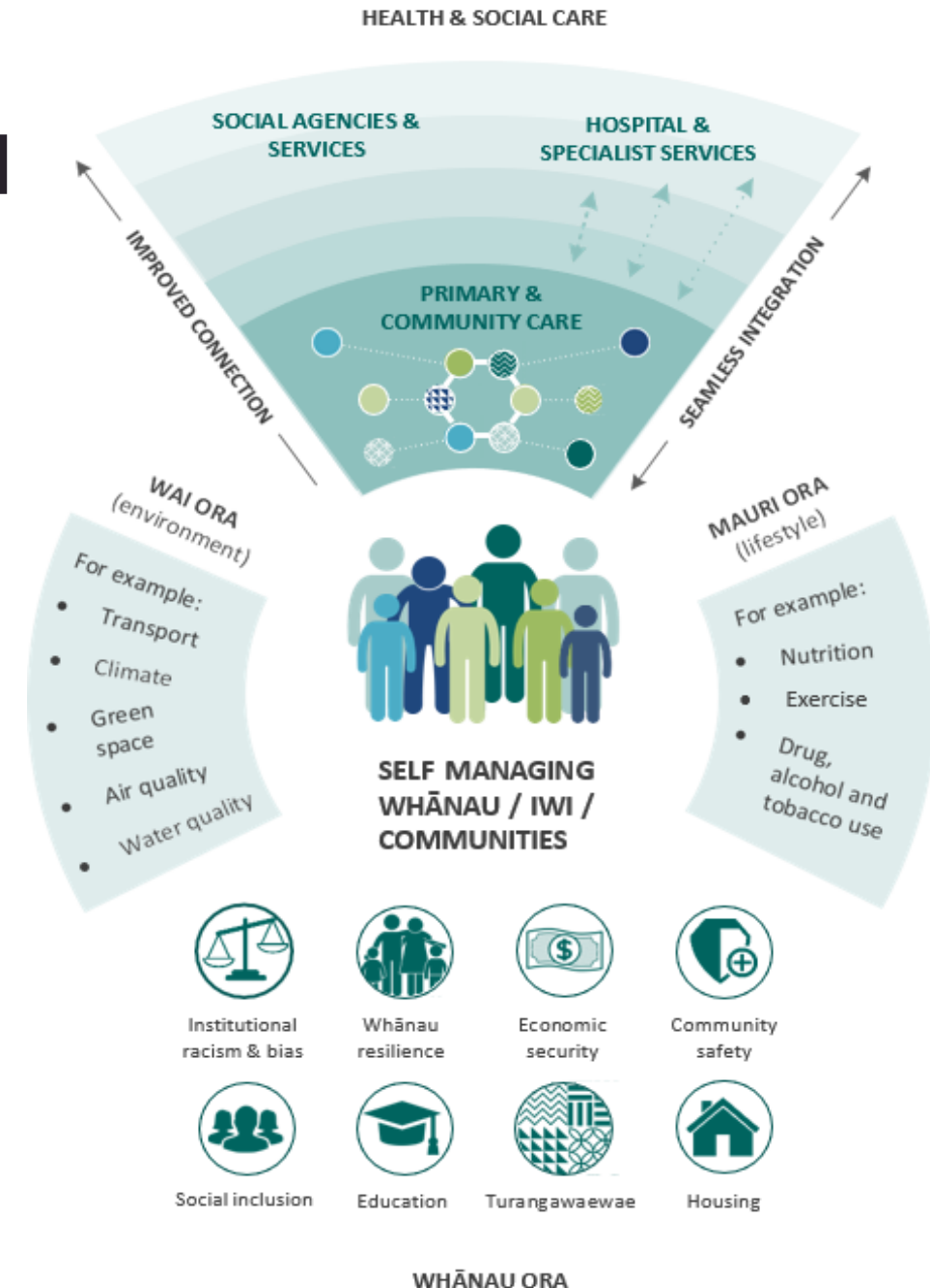
National Collab Symposium

31 August 2022

# Embedding population health through localities in New Zealand

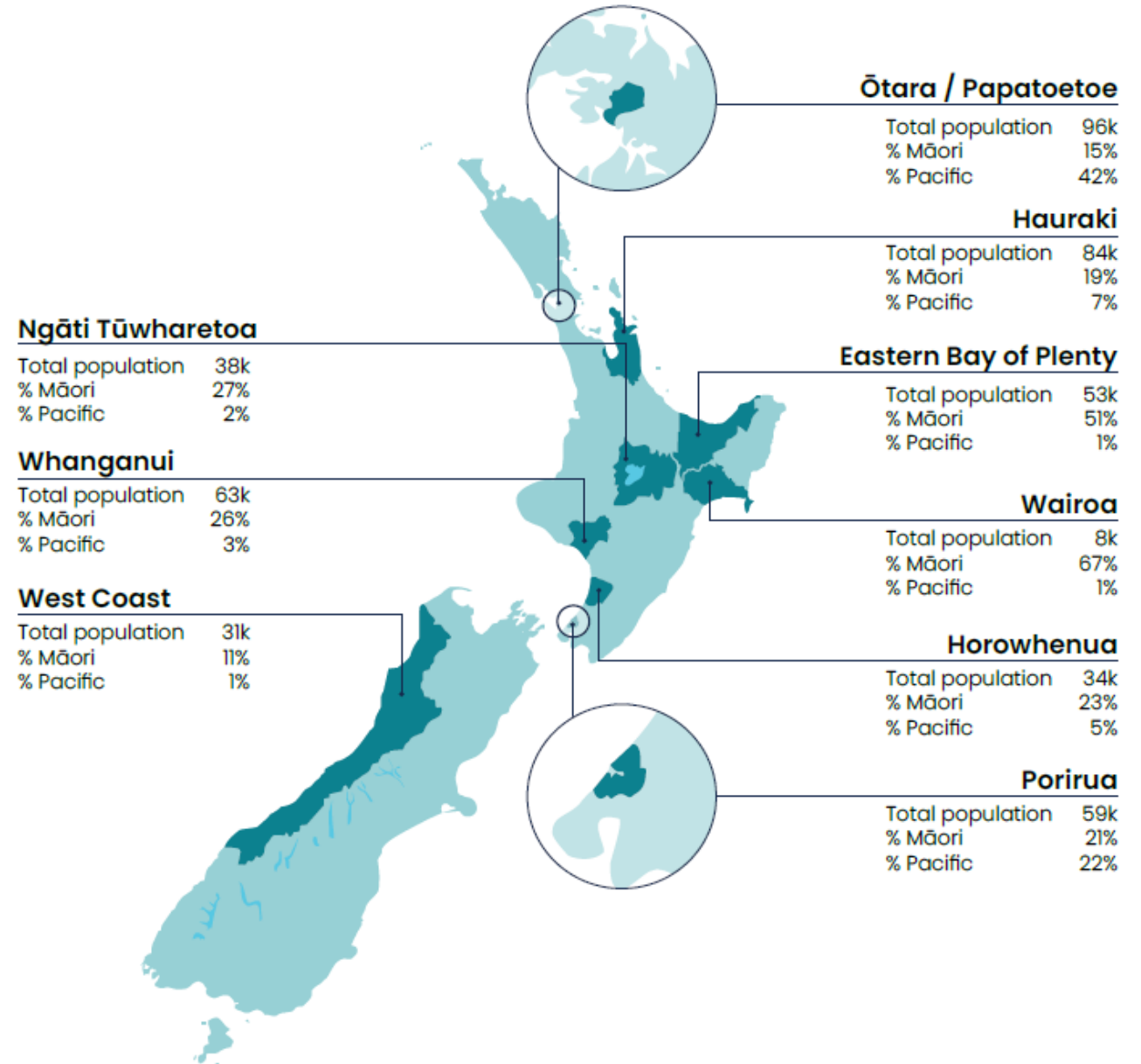
Four pillars:

1. WHĀNAU ORA: Action on the wider determinants of health (eg. housing, institutional racism, inequalities in wealth and power, a sense of purpose and belonging)
2. MAURI ORA – supporting communities and whānau to change behaviours and lifestyles (smoking, activity, nutrition, drinking, gambling)
3. WAI ORA – supporting communities and whānau to have sustainable places and communities to stand in (the built and natural environment), and
4. an integrated health and care delivery system.



# Locality Prototypes

- \$12M /year through budget 21
- Target 5-6 covering 5% of NZ population
- Actual 9-12 covering 9% of NZ population (14% of the Maori / Pacific Dep 5 population)
- Progressing slowly:
  - Health world 'on fire'
  - Forming, norming, storming
  - Running ahead of enablers:
    - Information systems
    - Funding agreement frameworks
    - Provider networks
    - IMPBs
    - Te Whatu Ora operating model
    - Policy framework
  - Mismatch in expectations
  - Spare time leadership
- Developing local charters
- Employing locality managers



\*Boundaries are subject to agreement with iwi and local stakeholders

# Locality Development process

## 1 Locality Determination

Engaging IMPBs, local government and communities to establish locality boundaries.  
Build local relationships

## 2 Locality Establishment

Support locality stakeholders to establish local partnership arrangements that support collective action.  
Document working arrangements in a Locality charter.

## 3 Locality Planning

Engage with whānau, hāpori and providers to identify health needs and priorities to develop Locality Plans.  
Partner with IMPBs, HNZ and MHA commissioners

## 4 Delivery

Align contract and funding arrangements to Locality Plan and start delivery.  
Implement new models of care and community wellbeing initiatives.  
Improve service integration through provider networks

# Commissioning team vs Locality Leadership Group functions

Function	HNZ/MHA commissioning team	Locality Leadership Group
<b>Assess needs</b>	Develop standard community health profiles, supply & demand information, and service use profiles	Contribute local knowledge of strengths and challenges. Develop local narrative
<b>Consumer / whanau voice</b>	Provide templates and guidance	Lead local engagement (linked to IMPBs)
<b>Decide Priorities</b>	Provide national guidance and input	Identify local priorities
<b>Develop Locality Plan</b>	Co-develop with local partners. Provide insights from current state analysis and capacity and demand forecasting. Provide guidance on national and regional priorities and requirements. Ensure consultation requirements met.  Sign off with IMPB and TAWO.	Co-develop with commissioning team. Provide insights on local opportunities and challenges. Engage with IMPB.
<b>(re)Design services</b>	Co-design	Co-design
<b>Managing budget</b>	Commissioning team core function	Informed
<b>Procuring Services</b>	Commissioning team core function	Informed
<b>Monitoring &amp; Review</b>	Monitor provider performance against contract. Monitor health outcomes and equity impacts.	Provide local insights, reporting on progress against the locality plan and locality goal

# Pae Ora Act s54 Locality Determination

1. The Pae Ora (Healthy Futures) Act requires Te Whatu Ora – Health New Zealand to determine, with the agreement of Te Aka Whai Ora – Māori Health Authority, geographically defined areas (localities) for the purpose of arranging services.
2. Before determining a locality, Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority must consult relevant local authorities and IMPBs.
3. Te Whatu Ora – Health New Zealand must ensure that:
  - a) all of New Zealand is covered by a locality
  - b) the boundary of a locality is consistent with any regional arrangement
  - c) a list of all localities (including their geographical areas) is made publicly available.
4. The Act states that Te Whatu Ora – Health New Zealand must ensure that all of New Zealand is covered by a locality ‘two years after commencement’ (1 July 2024) and that locality plans must be in place ‘three years after commencement’ (1 July 2025). Health NZ, with agreement from the Māori Health Authority, can amend locality boundaries at any time.



# Possible criteria for determining locality boundaries

1. regional HNZ / MHA boundaries
2. IMPB areas
3. local government boundaries
4. natural communities (including geography, local identity, transport links, service flows, & existing administrative boundaries)
5. Population – usually 20,000 – 100,000.

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# Locality Plans

- Each locality will have a three-year locality plan, co-developed with the locality partnership group by Health NZ, the MHA and communities.
- The plan will bring together national expectations with the priorities, needs and contexts of mana whenua and local communities.
- Locality plans will drive procurement by Health NZ and the MHA and be the basis for progress monitoring.
- Templates and base information for plans will be provided by TWO
- Plans will be signed off by IMPBs

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# Over arching Primary and Community Care Agreement

Vaccination Services

Screening Services

Whanau oranga  
Services

Primary Medical  
Services

Primary mental health

Practice based  
pharmacy

Primary Physiotherapy

Enhanced Clinical  
Services

Other modules eg: well  
child, PRIME,  
maternity, podiatry

# Provider Network Support Example: vaccination services

## Primary & Community Care

### Vaccination Services Module

GP provider

NGO provider

Midwife provider

Pharmacy provider

Iwi provider

Other provider

Individual Provider services

#### Vaccination specific provider support services:

Cold chain accreditation administration

Training, credentialling & support National Immunisation Register Link to outreach / NGO services

Provider Network support services

#### General Provider Network Support Services

Support information sharing & interoperability

Common Pathways across providers

Shared incentives and goals

Clinical governance

Clinical quality improvement

Link to locality leadership group providers

Supply & demand planning

Support MDT across

Manage POAC services & payments

Clinical leadership