

People Pānui

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Health system reform news and updates for the health workforce.

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Health reform: How we'll get to the end destination

Update from Director of the Transition Unit,
Stephen McKernan

Transforming the health system of an entire country is a big job and achieving an ambitious vision doesn't happen by chance.

Keeping the goal in mind, but being clear on the plans and strategies to guide implementation, are all crucially important. The same principles are being applied to the health reform.

We have a bold ambition. People are at the very heart of the reforms, and we want a health system that is focused on the people it is there to support - the only way to achieve that is to ensure those very people have a say in how things are designed and delivered. All health consumers must get good outcomes and have a positive experience with the system.

We want a system founded on equity, which delivers equitable health outcomes no matter who you are or where you live. It means we will need to do some things differently for some groups in our community to achieve the same outcome, including how health works with other social care agencies and sectors.

We also want a health system that is accessible to everyone and that is cohesive – both across different services and different areas or locations.

To achieve this future health system, we're focused on five key areas – we call them "system shifts". Essentially, these are areas where, if we make significant change (or shift how things are done) it will have a big impact on the system.

These system shifts are future-focused and describe how things will be different (they're highlighted and set out in the below diagram).

Over the next few editions of our People Pānui we'll be taking a closer look into these five system shifts including what the Health and Disability System Review told us, a little bit more about how things will look in the future system and the steps being taken to get there.

1 The health system will reinforce Te Tiriti principles and obligations.

2 All people will be able to access a comprehensive range of support in their local communities to help them stay well.

3 Everyone will have equitable access to high quality emergency and specialist care when they need it, wherever they live.



4 Digital services will provide more people with the care they need in their homes and communities.

5 Health and care workers will be valued and well-trained for the future health system.

Localities – what are they?

A key feature of the new health system is a local approach to planning, commissioning and delivering health services – we call this the locality approach.

A locality is, essentially, a geographic area that might follow iwi or rohe lines, or it might follow a similar boundary to current regional or local councils. It will be up to Health New Zealand and the Māori Health Authority to decide on the locality boundaries. When a locality is confirmed, it needs to 'make sense' to the people that live there and not be so large that people that live in it don't feel that it's not their 'local' area.

Each locality will have its own plan for how it will deliver services – this will be developed in collaboration with Iwi Māori Partnership Boards and agreed by Health New Zealand and the Māori Health Authority, if it is directly commissioning kaupapa Māori services in that locality.

For people working in primary and community care, the new system will leverage your local knowledge, insights and relationships. Networks of providers will be set up to collaborate on the services that are needed, and how to tailor and deliver them to the community.

Developing the plan for New Zealand's health services

The Health Reform Transition Unit, on behalf of the interim agencies Health New Zealand and the Māori Health Authority, is engaging with the health sector to develop a foundational plan to underpin delivery of health services within our future, transformed, system.

The New Zealand Health Plan will outline how the system will realise our vision for health and wellbeing services and remove silos and inconsistencies across the planning and commissioning environment.

We've never had a national-level plan for delivery of health services before and, as such, this is a real opportunity to develop a single vision across the motu with alignment in every region.

We expect it will take about two years to develop a full plan, which is a collective deliverable for Health New Zealand and the Māori Health Authority. In the meantime, we're developing an interim plan which will set out:

- How the system will be supported to implement Te Tiriti o Waitangi principles and obligations
- The vision for the system including the strategic context, outcomes, reform objectives, key system shifts and measuring system-level success
- Early actions that will improve health outcomes for those that have traditionally been underserved by the system, including Māori, Pacific, disabled and rural populations

Some things will change, but it will be mostly around introducing innovation to the ways you already work. For example, there will be more health providers working together, to create a seamless experience for the users of health services. And the way that contracts are set up and managed will be different, allowing for more flexibility. We're also going to invest in the back-office systems that will support collaboration across the sector.

The Health Reform Transition Unit is working with the interim entities, Health New Zealand and the Māori Health Authority, to identify the first localities that will be established as prototypes that we can learn from as we phase the rollout of localities across the motu.

A range of factors are being considered when determining the locality prototypes – because we want to learn as much as possible from these first localities, we need variety. So, we're looking to have the first localities spread across different geographies and community profiles.

And we're also looking at things that will support the first locality prototypes to be successful, like the strength of relationships that already exist across the sector in that locality. These first localities are expected to be confirmed in the first quarter of 2022.

- What will be delivered through the system in different areas and key early actions
- How enabling functions such as the workforce, capital and data and digital will support delivery.

A plan like this can't be developed in isolation, because we know the workforce holds the insight needed to create a plan that is relevant and useful.

That's why we've set up working groups with people across the sector to provide feedback and expertise in key areas. We've got groups set up focused on integrating primary and community care, rural health, oranga kaumātua (healthy aging), mokopuna pae ora (early years), oranga hinegaro (mental health and addiction), national services and networks, planned care and digital and we are liaising with the Ministry of Health on their acute care work.

We will start drafting the interim plan in early 2022 and continue refining through to July 2022, when the interim plan will go to the Māori Health Authority and Health New Zealand boards for consideration. We hope to publish the interim plan in September 2022.

Over the next few months, we'll be engaging with the wider health sector to gather information that gives examples of evidence-based and developed practice that we could incorporate into the interim plan and our work programme – supporting the development of the full plan in 2024. Keep an eye on our website, www.futureofhealth.govt.nz for opportunities to be involved.

You've asked for more information: Key areas of interest from the roadshows

As we head around the motu talking to people within the health sector workforce as part of our [national roadshow](#), we are getting a good feel about key areas of interest regarding the reform. We've been asked a large number of questions during the roadshow sessions, and while we've addressed as many as we could on the spot, we have undertaken to provide some follow-up detail.

In this edition we share some information about what will happen to Primary Health Organisations within the reform and how the consumer voice will be represented.

Role of Primary Health Organisations (PHOs)

In the short-term, PHOs will continue to operate as they are. In the medium-term, with the introduction of localities and network support functions, some of the functions currently done by PHOs may be done elsewhere. Regional commissioners (Health New Zealand and the Māori Health Authority) will make these decisions once the operating model for primary and community care is developed and finalised. As outlined above, work is underway on the interim New Zealand Health Plan, which will signal the future direction for PHOs.

Consumer voice

Part of the vision for our future health system is to deliver a people and whānau-centred system. This will be based on the voices of Māori, Pacific, disabled and all other consumers, regardless of whether or not they are active users of health services today. To deliver on this vision, it's vital to embed consumer, community and whānau voices in the design, delivery, evaluation and governance of health services.

In our future system, it will be the responsibility of the health sector to engage with consumers and whānau at national, regional, and local levels. This means, for example, that it will be the job of the regional commissioner for Health New Zealand to make sure that their commissioning framework includes the diverse voices in their region.

There is no one way to engage consumers. Engagement needs to be designed to meet the needs of the specific consumer being approached. However, there is a need for the health sector to have more support to engage and embed consumer voices consistently, deliberately and meaningfully across the motu.

To do this, we are building a national consumer/whānau voice framework as part of a joint work programme with the Health Quality & Safety Commission. This framework includes a code of expectations for consumer engagement, a centre of excellence with resources, and training on best practice and a consumer health forum that will give more visibility of consumers and consumer groups to the health sector. If you want to know more or give feedback on any element, you can visit the [HQSC website](#)

Your thoughts – insight from roadshow attendees

We've been traveling around the motu on a national roadshow, sharing information about the health reform with the health workforce. We're now about halfway through our journey, with more than 2,000 people having joined us to get an update on the transformation.

Here's what attendees at the Tauranga and Hutt Valley roadshows had to say.

Adrienne: "The biggest insight I got from today was a better sense of the breadth and scale of the new system. Until now, my focus has been on the consumer voice, so it was useful to see the size of the change."

John: "It was a useful session. We have known for a while the current system does not deliver what is needed. I was encouraged by the comments about engaging more with consumers. I hope to participate more. We all have a stake in this."

Ron: "From data issues to localities to Iwi Māori Partnership Boards. It's a big job. The challenge is in the challenge to meet the challenge!"

Iride: "It was excellent. I love the focus on communities and localities and the shifts – but don't forget the importance of mental health."

Christine "I came along to see what you're doing to make a difference, a real difference, for Māori. We're not there yet, but it's on the right track."



Members of the Bay of Plenty DHB Health Consumer Council **Adrienne von Tunzelmann** (left) and **John Powell** (centre) with Bay of Plenty DHB Board member **Ron Scott** (right).



Iride McCloy (left, with Health Reform Transition Unit session facilitator Carl Billington)



Christine Pihema (right, with Bernard te Paa from the Health Reform Transition Unit's Hauora Māori team)