

Localities update for the health sector

April 2022

The development of localities across New Zealand is a fundamental part of the reform of the country's health system.

This place-based approach to planning and delivering health and wellbeing services is an exciting opportunity to embed a stronger population health focus across the health system.

It will support joined-up care, services that meet the needs of communities, locally driven decisions, and a greater focus on prevention and health promotion.

The roll-out of localities will happen over the next two years. New localities are expected to be stood up each quarter so that every area in New Zealand has its own locality by July 2024. But first, we are focusing on testing initial thinking and ironing out details around how service providers and health and wellbeing agencies work together and deliver improved health outcomes.

This is a collaborative process, and we're pleased to be launching a national platform where we can share our learning about this new way of ensuring New Zealanders can access health and wellbeing services, where and when they need it, and in the way that works best for them.

Localities explained

Localities are geographic areas that make sense to the people that live there. The exact geographic size, or population it serves, will change across the country, and will be determined through engagement with the community. The boundary lines may follow existing boundaries defined by local government or mana whenua; it will simply depend on what works best for each area.

Once the boundary is determined, people and organisations with influence over community health and wellbeing will collaborate on what outcomes they want to see for their community. This will include Iwi-Māori Partnership Boards, and ideally will include health and social care agencies and community organisations.

A three-year locality plan will be developed in collaboration with the locality partnership, Iwi-Māori Partnership Boards, Health New Zealand, and the Māori Health Authority. These locality plans will detail how the goals set for a locality will be achieved.

The plans will drive procurement of services by Health New Zealand and the Māori Health Authority and be the basis for monitoring progress. Communities and consumers of health services in the locality will be actively involved in identifying priorities and aspirations for services and outcomes.

Provider networks

Well resourced, coordinated and integrated networks of providers will support the delivery of locality plans.

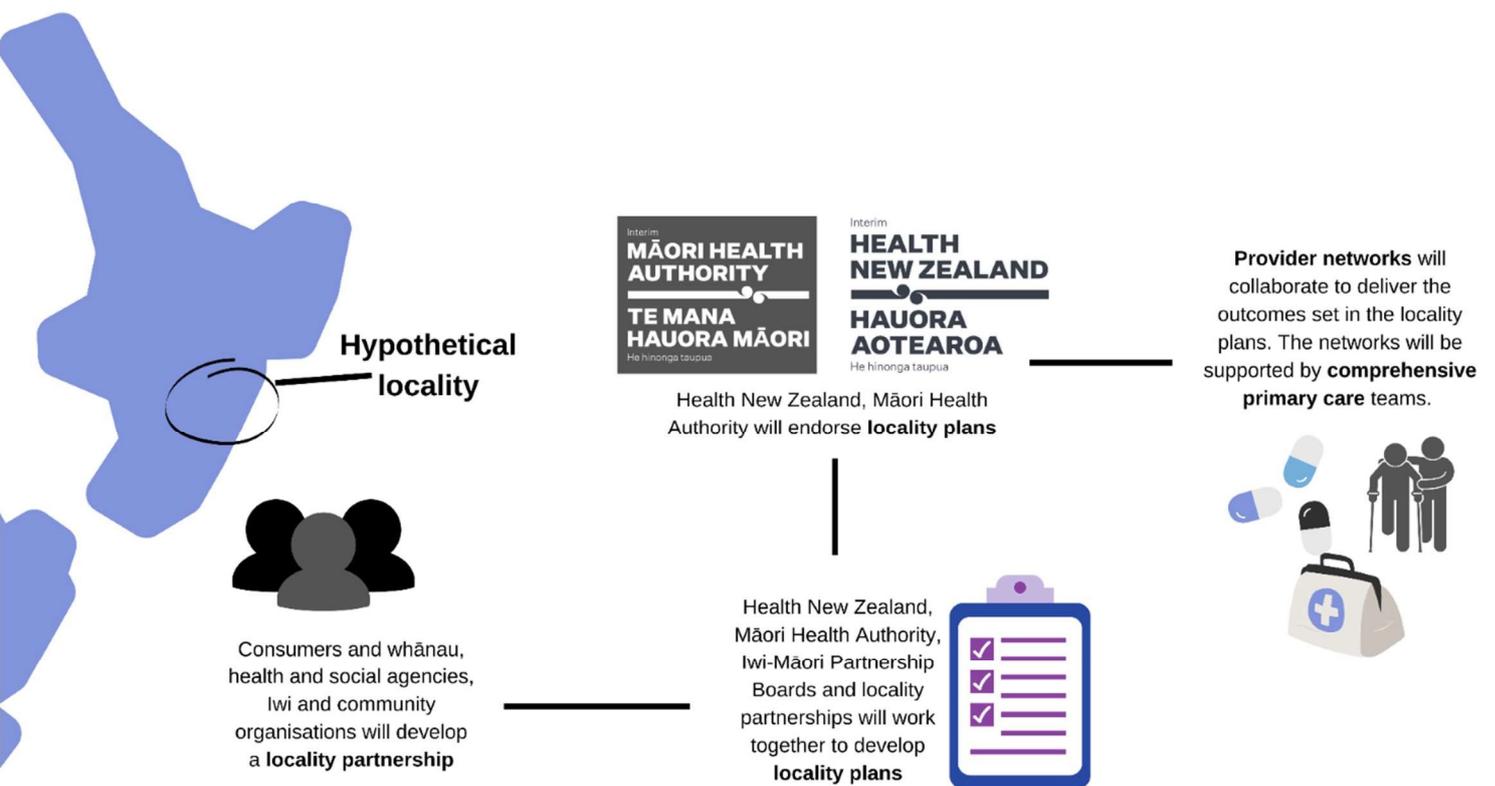
The shape of these networks will be designed through a process led by Health New Zealand and the Māori Health Authority in collaboration with locality stakeholders, with a focus on integration across services so that people with more complex care needs have a better experience when accessing different parts of the health system.

Provider networks will involve individual providers working together and must include Kaupapa Māori providers and Pacific providers where available, to ensure a focus on equity. There will be different mechanisms for encouraging providers to work together – this may include data-sharing arrangements, shared financial incentives and contracts.

Provider networks will be resourced through organised provider network support services – the agencies best placed to provide the support will be enabled to do so. They will be contracted by the locality commissioning team in consultation with locality partnerships. In some cases, Health New Zealand may choose to provide this support function directly.

It is likely that provider networks will span across more than one locality.

Provider networks will also work to establish and support community-based providers including Māori and Pacific providers, GPs and other community care providers, to work together in comprehensive primary and community care teams – making more services available locally.



Learning from the first localities

The first areas to roll out the locality approach are the nine areas highlighted on the map on page 4. As previously communicated, these areas have been identified based on agreed parameters and criteria. These first areas to roll out the locality approach will be focused on helping to refine the locality approach, especially the mechanisms used to join-up care through provider networks. A national collaborative is being established so the nine areas can share insights. Health New Zealand and the Māori Health Authority will help to hone the locality model for when it is rolled out in future areas.

Over the next two years the locality approach will gradually roll out across the country, with every area in New Zealand covered by a locality by July 2024. The first priority will be given to areas where there are high Māori and Pacific populations and rural communities, and then to areas that have progressed locality design. Other areas that are underway with developing the locality approach will be supported through the locality learning collaborative and teams within Health New Zealand and the Māori Health Authority.

Locality learning collaborative

A national learning space (the locality learning collaborative) will be created to support shared learning about this new way of working across the sector.

The intention of the locality learning collaborative is to support the first localities to be successful and to refine the locality approach for future roll-out. Activities will include informal and formal networking opportunities, sharing understanding and experiences of collective impact, and agile learning to amplify the benefits achieved through innovation.

Future areas that roll out the locality approach will also be able to join the collaborative.

Elevating consumer and whānau voice

The locality approach is focused on planning care and services for community health and wellbeing at a local level. This gives consumers and whānau an opportunity to have a strong voice in the services that they think are important for their communities. This consumer voice will be channeled through existing community organisations that become part of locality partnerships, Iwi-Māori Partnership Boards and a new consumer voice framework being established, which prioritises community engagement throughout the health system.

Planning at a local level will also enable service providers to share their local insights and expertise about what can be improved or developed to improve health outcomes and the whānau experience.

Embedding a population health approach

Locality planning will be the platform for embedding a population health approach to what services are commissioned for a locality and how they are best delivered. This will be supported through shared data intelligence from multiple sources, including health care providers, to inform effective decision-making and monitoring of outcomes.

The localities approach appreciates that communities have a big influence on the lifestyle choices people make. If we can create better connections across health and social care agencies, we can better promote health and wellbeing and lift the health outcomes of entire communities. The population health approach will focus on wai ora (healthy settings, environments), mauri ora (healthy lifestyles) and whānau ora (collaborating to impact on social determinants of health).

High-level implementation roadmap



PROGRESSIVE NATIONAL ROLLOUT

Enabling framework developed:

- Criteria for qualifying as locality
- Maturity framework for readiness
- Operational guidance on locality development, including tools and templates
- Locality plan framework

Support locality determination process

- National oversight over locality determination
- National guidance based on learnings from first nine localities
- Ensure alignment with broader reform and commissioning



FIRST NINE LOCALITIES

- Onboarding
- Establish locality partnership agreements
- Scope services development opportunities
- Agree funding arrangements
- Implement service development and enabler changes
- Capture learnings and insight through locality collaborative
- Learning and insights programme established, with quarterly insights updates

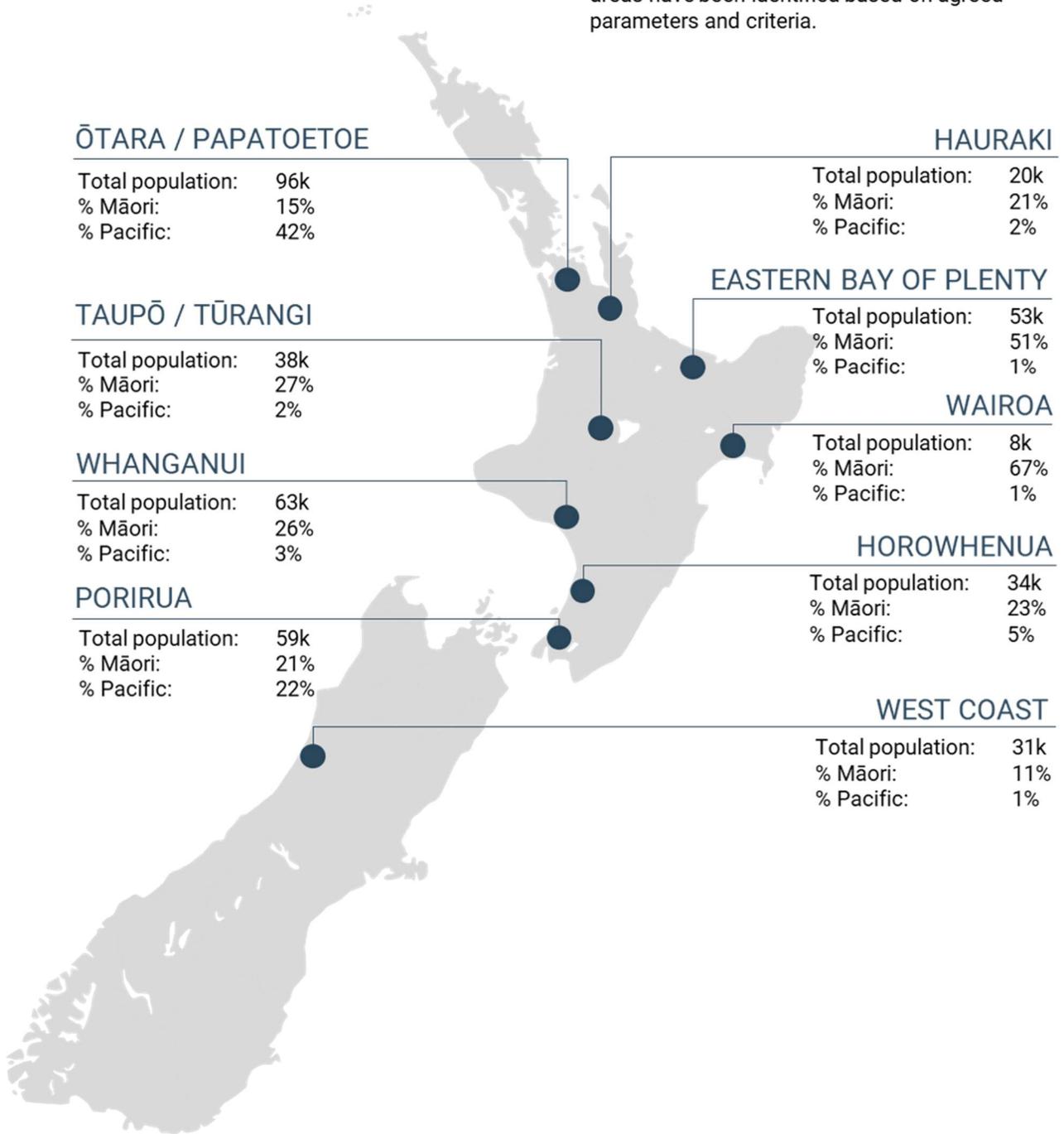
Next steps

The first localities – see the map over the page – will be stood up over April and May 2022. This will provide a platform for working through the detail of how the locality approach will operate in practice.

We will see a change in traditional provider roles and service models over time, and the commissioning and development of new roles and services to meet community need. The insights gained from the first localities will also help determine the support arrangements for provider networks.

First localities

The first areas to roll out the locality approach are the nine areas highlighted below. These areas have been identified based on agreed parameters and criteria.



FAQs

What is a locality?

A locality is a place, and people, based approach to improving the health of populations, as well as a mechanism for organising health and social services to meet the needs identified by whānau, community and Iwi-Māori Partnership Boards.

There are three characteristics to a locality. First, it is a partnership with mana whenua, recognising their tino rangatiratanga. Second, the approach supports locally led solutions that take a holistic approach to wellbeing, acknowledging the range of other factors that impact on a person's health. Third, the locality approach will join up care across communities and improve integration with different layers of the health and social system.

There are formal working arrangements within the locality approach that underpin this new way of working:

- Locality partnerships will be formed across iwi, health and social care and community organisations.
- Locality partnerships will work with Iwi-Māori Partnership Boards, Health New Zealand and the Māori Health Authority to develop locality plans – these will set out how the agreed objectives will be achieved.
- Provider networks will work together to deliver on the locality plan. The mechanisms bringing together providers across health and social care will include contractual arrangements, shared financial incentives and data sharing arrangements.
- Provider networks will work with a wider group of community organisations to support comprehensive primary care teams – making more care available closer to home.

Will localities commission services?

Localities are not intended to commission services directly. However, the partners within a locality will work with Health New Zealand and the Māori Health Authority to provide local insights about the needs of communities.

Iwi-Māori Partnership Boards are strategic commissioning partners with Health New Zealand and the Māori Health Authority and will help determine Māori needs, aspirations and priorities and monitoring of locality plans.

Health New Zealand and the Māori Health Authority will carry out the formal procurement and contracting role.

What is a Locality Plan?

Each locality will have a three-year locality plan, co-developed with the locality partnership group by Health New Zealand, the Māori Health Authority, Iwi-Māori Partnership Boards and communities, including service providers. The plan will bring together national expectations and the priorities, needs and contexts of mana whenua and local communities.

Once signed off, locality plans will drive procurement by Health New Zealand and the Māori Health Authority and be the basis for progress monitoring.

When will localities be rolled out across the country?

The Pae Ora legislation provides for Health New Zealand and the Māori Health Authority to determine localities across all of New Zealand by 2024. From 2022 to July 2024, Health New Zealand and the Māori Health Authority will establish localities on an ongoing basis by working with Iwi-Māori Partnership Boards and community stakeholders.

How will the rollout of localities be determined?

Health New Zealand and the Māori Health Authority will progress locality establishment based on a set of key requirements that are under development. These requirements will be applied across the country to identify areas where there is a higher level of maturity and that serve priority populations. The first priority will be given to areas where there are high Māori and Pacific populations and rural communities, and then to areas that have progressed locality design.

How will health services that have been identified as priorities by communities within localities be funded?

A national plan being developed for the delivery of health services across New Zealand will set out the detail of how localities will work, especially when it comes to ensuring all communities have access to the core health services that they need and how they will be funded.

This plan, called the interim New Zealand Health Plan, is expected to be confirmed by September 2022.

Health New Zealand and the Māori Health Authority will be accountable for ensuring localities have a consistent range of core services, and that communities are engaged in shaping how these services are delivered based on the needs and priorities of local communities.

Locality plans will set out priority outcomes and services for the localities. These plans will be used to drive procurement of services by Health New Zealand's locality commissioning teams, in partnership with the Māori Health Authority.

When will the next set of localities be announced? How can we apply?

It is anticipated that localities will be established each quarter through to July 2024. This will be based on an assessment of readiness with Health New Zealand and the Māori Health Authority.

Who will ensure that the services delivered in localities achieve the desired outcomes?

Locality plans will set out what is to be achieved within each locality. Health New Zealand, in partnership with the Māori Health Authority, Iwi-Māori Partnership Boards and locality partnerships will be responsible for developing locality plans. This will include monitoring and reporting on progress.

What is the role of Iwi-Māori Partnership boards in localities?

Iwi Māori Partnership Boards will play an important part in making sure the needs of whānau Māori are realised. They will also play a key role in gathering priorities for localities and endorsing plans that outline how services will be delivered. They will also have a key role of gathering whānau voice within the communities and bringing that voice into the locality planning process.

Iwi Māori Partnership Boards will also develop Hauora Wellness plans to articulate their priorities for contribution to locality plans, which will include whānau engagement findings as well as their own analysis of data, priorities and mana whenua strategies. These priorities will be reflected in locality plans and Iwi Māori Partnership Boards will be actively involved in monitoring progress against these plans.

How will the voice of the community be strengthened through localities?

Communities and consumers of health services in the locality will be actively involved in identifying priorities and aspirations for services and outcomes. The Pae Ora legislation requires consultation with various stakeholders in the community, including (but not limited to) consumers or communities within the locality; social sector agencies and other entities; the Māori Health Authority; and iwi-Māori partnership boards for the area covered by the plan. Locality plans will be a key accountability mechanism for ensuring outcomes for communities are at the forefront and are achieved.