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# Hands up if you can explain localities - Michelle Te Kira gives it a go



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Provider networks grouped in localities are meant to be the organising principle for primary and community care in the Government's reformed health system. But the decision-makers have not clarified what localities will be. **Martin Johnston** went looking for answers. We are rolling out the answers to those questions, over the next few days

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## What we know about localities

Localities were pitched in the Government's health reform announcements last April as a central feature for the primary and community healthcare of the future.

Nearly \$46 million was granted in Budget 2021 for developing up to six prototype localities over four years.

The Health and Disability Review Transition Unit in December published a “long list” of 13 health districts where it was considering establishing prototype localities.

The first prototypes were to be established by 31 March, but the unit changed the deadline to March or April.

The draft reform legislation provides for locality boundaries to be determined from mid-2024, with the requirement for locality plans to be developed from mid-2025.

The Transition Unit’s co-director for localities, Helen Parker, published a brief note in January saying the prototypes will be phase one of the localities plan. Phase two would begin late this year.

It appeared what phase two would actually do hadn't been decided. Ms Parker wrote: "[We're] starting to look at areas that could be included..." She later declined to be interviewed.

Localities will be distinct from locality networks, although the two terms often merge in discussion of the topic.

A locality will be a geographical area – and an organising principle. It will come with a plan following consultation and probably a set of commissioning contracts.

The Pae Ora (Healthy Futures) Bill requires Health New Zealand to develop locality plans that set out priority outcomes and services. The agency must consult the Māori Health Authority, iwi Māori partnership boards, consumers or communities, and “social sector agencies and other entities that contribute to relevant population outcomes within the locality”.

Locality networks are groupings of primary and community healthcare providers and social service organisations.

Health NZ is taking over the development of localities from the Transition Unit. The work is headed temporarily by Martin Hefford, former chief executive of Tū Ora Compass Health PHO.

In the absence of definitive information from the Government, *New Zealand Doctor Rata Aotearoa* has sought the views of primary care leaders and health academics on this topic.

### **Practice Managers and Administrators Association of New Zealand chair Michelle Te Kira, by email**

Ms Te Kira describes localities as groups of community, health and social service providers in a geographical area that can collaborate to provide services for their communities.

She doesn't know who might "own" them and says it is unclear how they will be governed.

"We have worked in 'silos' for years and we have failed our most vulnerable communities and Māori," she says, adding that she welcomes anything that brings collaboration, provides needed services and improves equity.

Funding needs to be increased and made sustainable to address the primary care workforce crisis and the changing composition of general practice teams.

She says creating localities will allow providers that have established relationships with whānau, iwi, community and Māori to flourish. Those that haven't, may struggle more to reduce inequities.

“We need to work with whānau, iwi and leaders to ensure we meet our Te Tiriti obligations. And the funding must come directly to the providers.”

On the time frame, she says it “should have happened years ago”, noting that some have been working in this way for a long time. But she also recognises it is a “huge, transformative change and will take years to implement” and it is important to get it right.

On Monday, we hear from Robin Gauld, director of the Centre for Health Systems and Technology, University of Otago. **If you would like to read the complete feature, click here.**

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