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Locality voice at risk of being hushed: Central control rubs up against local self-determination

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Takiwā Poutini Partnership chair Kevin Hague says the health system needs to be about the voices of iwi and community [Image: Supplied]

The biggest risk to localities is “the centre” reasserting control and the localised influence of iwi and community becoming tokenised, says Takiwā Poutini Partnership chair Kevin Hague.

The partnership locality team has been telling people, “You really are in the driver’s seat here, you will control what the system looks like,” Mr Hague says.

“But if the centre asserts itself too much, not only will there be reputational loss, the iwi and community will walk away and then the whole [locality] thing falls over,” he says.

Mr Hague, who also chairs West Coast PHO, was responding to the release of a paper, *Cabinet material – Achieving pae ora through primary care*, outlining the future direction of primary care.

The right balance of power is important, he says, and the paper “does not set this out”.

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Sidenotes

Cabinet paper - Achieving Pae Ora Through Primary Care

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The limits on localities

The Cabinet paper defines localities as geographic areas, eventually covering the whole country, with no size requirement and populations ranging from 20,000 to 100,000.

Ōtara-Papatoetoe, the largest of the 12 prototype localities, has a population of about 94,000.

The paper says localities will not be legal entities, will have no commissioning function, and their ability to inform decisions made by health authorities will be limited to provision of agreed priority lists of desired “outcomes and services”.

The paper does not suggest any direct communication between locality and commissioning body.

The authorities, says the paper, must provide, and/or commission “a minimum and consistent range of core services” to meet local needs and aspirations.

Services over and above those core services may still be commissioned from “within available resources”, to meet the commitments agreed to in a locality plan, and to balance the resources and requirements across the region in which the locality sits.

This requirement for “minimum and consistent services” could translate into a high level of standardisation across the country, Mr Hague says, further diminishing the local voice.

An outline is also needed, he says, for how an all-ofgovernment approach to health, which includes social determinants, will work. “If I were in Kāinga Ora, I don’t know that if I read this paper, I would understand that my work could be controlled by this locality as well,” he says.

“Central control and intersectional collaboration lie at the heart of achieving wellbeing, because siloes persist, so this paper describes a lot of things, but it doesn’t address the risks in the detail needed.”

‘World-changers’ scale down

Taima Campbell, lead of Te Tara o Te Whai, the Hauraki prototype locality, says they have scaled down their initial collective ambition “to change the entire world” and now are identifying and promoting the wishes of the community.

This, given the scope of consultation being undertaken, isn’t an easy distillation, but the hope remains to have a final priority list ready in November.

“We want to be agents of change and transformation,” says Ms Campbell, with their best chance of success being the delivery of a list of priorities carrying “a clear whakapapa of community feedback”.

“We need to provide a plan that can be actioned,” she says, “that’s the easiest way to get something done. Be clear, not ambiguous, have a good strategy, with good interventions and actions, and be easy to be implemented.”

With the Cabinet paper preparing the ground for further feedback on how the health reforms will proceed, Ms Campbell expects more discussion on how the space between locality and authority will be navigated.

Tim Tenbensel, professor in health systems at the University of Auckland, says localities, as defined by the paper, won't have much room to move.

"I can understand why there was always a risk in giving them greater capacity, but if they don't have legal status and commissioning powers, it's difficult to understand how this will create a different way of doing things," Professor Tenbensel says.

The risk, he says, is of localities being sidelined: "There's this whole Pollyanna situation with the reforms, where everyone is expected to get along but, with reforms like this, there are fundamental tensions where if A wins, then B loses."

Localities discussions may not proceed, however, if the National Party gains control in the election next month.

At the General Practice NZ political panel on 23 August, National health spokesperson and specialist GP Shane Reti said: “It’s been two years establishing [localities], but what do they do? What is their purpose and function?

“I don’t see a basis for them, to be frank, I don’t see a place for them,” Dr Reti said. “I do see a place for the work PHOs have done, so I don’t want to replace PHOs with localities.”

But, says Mr Hague, too bad, it’s too late to change course now: “None of this changes anything we are doing or where we are at. We are now into the process of co-designing services because we need the whole system to reflect the voices that we have heard from iwi and community.

“That is still the fundamental thing that localities need to be about.”