

# Tautetia te hāpori whānui

## Community Engagement

Northland Health Strategy – Leadership Hui – July 2020



**Rautaki**  
TE TAI TOKERAU HAUORA

### REFLECTIONS IN BRIEF – WHAT SHIFTS OCCURRED LOCALLY FROM A GLOBAL HEALTH RESPONSE THAT WE WANT TO CONTINUE?

- Strong community and whānau at the centre
- Connection of communities
- A collective approach – breaking down the barriers between service providers
- Reignited core values and cultural practise which helped mobilise a united response
- Honest communication
- High trust environment, freeing people up to make decisions
- The pandemic forced action freeing people up to make decisions and quickly built a high trust environment
- Flexibility and agility
- Acceptance of diversity
- People are ready for change; there is a global movement for change
- Rural communities reclaiming sovereignty
- Caring for each other. Kindness.
- Time efficient ways of doing things
- Evolving community leadership
- Leadership were more accessible and available
- Fed the hungry and homed the homeless. Recognised the vulnerable
- Highlighted the empathy, skills and knowledge of young people. More talking and involvement from them
- Changing our kōrero to “and” not “but”
- Keeping it simple when listening to people’s needs
- Community led solutions
- 90 percent was good enough. Plan by doing
- It was more important to do the right thing even if not supported by rules or policies
- Flexible ways of working
- Possibilities expanded
- Utilisation of technology to access/deliver health services
- More localised decision making
- Food sovereignty and security
- People in rural areas reclaiming sovereignty
- Awareness that we need to work outside our space – talking together – bring strength to how we do things
- Non mainstream and traditional ways of improving and maintaining health.

### THESE ARE THE THINGS YOU SAID WERE IMPORTANT TO GAIN TRACTION AND DEMONSTRATE POSITIVE CHANGE

- Eliminate institutional racism across Northland DHB delivered and funded services
- Northlander’s health is supported through a ‘well-being’ approach
- Northland response to the Health and Disability Review. Front foot the impactful recommendations from the review
- Northlands Healthy Public Policy
- Entrench a Te Tiriti focus into our decision-making and our environment (equity, resource, rangatiritanga), as we are the region who are the kaitiaki of Te Tiriti o Waitangi
- Develop a clear, rational decision-making framework that all the decision-makers agree with
- Primary Healthcare. Actively shift resources, people, focus and funding upstream
- Apply Whānau Ora approach and principles across the health system – develop capacity and capability of whānau
- Apply the outcomes of Wai 2575
- Increase Telehealth use alongside the use of mobile nurse practitioners in the community.

### IDENTIFYING AND REMOVING THE BARRIERS TO CHANGE

- Lack of flexibility
- Lack of information sharing/overemphasis on privacy
- Institutional racism
- Reactive and not responsive
- Lack of patient/whānau consumer focus, their needs wants and aspirations
- A workforce not trained to deal with social determinants
- Distribution of resources are inequitable at a variety of levels within the health system (hospital/community/between various Māori providers)
- Inflexible contract requirements
- Patch protection, competition for resources – need to look at the bigger picture
- Suspicion of the system
- Workforce composition doesn’t reflect our population
- Hierarchical structures based on vertical accountability
- Power imbalance
- Ableism - discrimination in favour of able-bodied people.
- Personalised racism
- Systemic abuse.

### KEY MESSAGES TO ACHIEVING CHANGE

- Innovation
- Make days like this leadership hui business as usual
- Use a social and economic lens for improving health to address determinants
- Flexibility, agility, pivoting
- Build on the shifts the COVID-19 has created
- Focus on shifting, redistributing the power structures
- Prioritisation tool: redirect investment, map for change
- Engage community expertise
- Responsive models – need vs convenience
- All investment to go through Te Tiriti/equity lens
- Pay parity
- Partner with business sector – many willing sponsors and enablers
- Ensure equity of outcome not just equity of access
- Implement the Health and Disability Review locality model
- Build upon Māori health/NGO Models of Care rather than import – learning from the outside and inside ideas all the time
- Inclusive and enabling in our approach.

