#### Te Whatu Ora

**Health New Zealand** 

## Poipoia te Pā Hārakeke

A Community Enablement Model using a Locality Approach



# Poipoia te Pā Hārakeke

### **Vision**

Communities are enabled, engaged, empowered, and enhanced to remain well or to get well within their own home.



## **Aims**

To provide clinically and culturally safe care to Māori, in an environment where Māori feel valued, and where the team actively seek to eliminate inequities

To reduce barriers and improve access to community allied health Services

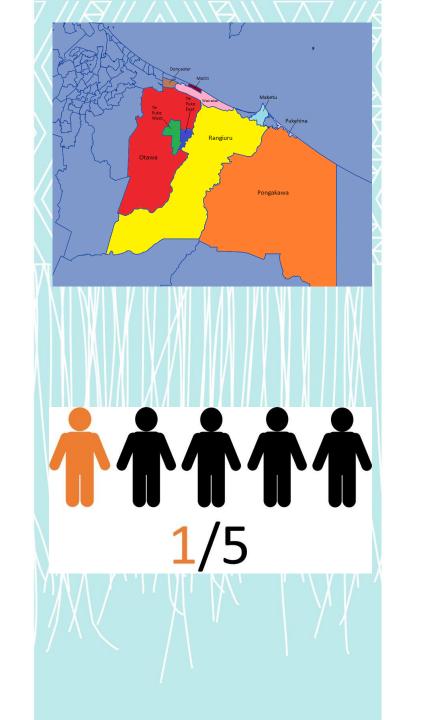
To test how best to support health professionals to deliver a Person-Directed approach, change in-grained health structures and practices, and advance health equity.



# Local Context







# A Community Enablement Model using a locality approach

- Adopts a strength-based approach which values the capacity, skills, knowledge, connections and potential in people and communities.
- Promotes wellbeing by utilising strengths that lie within individuals and communities.
- Services must be transformed to focus on how best to manage wellness, rather than waiting for a crisis to occur.
- A wellbeing approach realises the benefits of an emphasis on wellbeing and wellness, in addition to the effective treatment of ill health.
- An inclusive and culturally anchored approach that promotes improvement in an individual's wellbeing can be brought about by focusing on the family collective and vice versa.
- Care should contribute to the transfer of knowledge and skills to enable people to improve and self-manage.



### What we did?

- Selected a community within our region with high deprivation, high proportion of Māori, known health inequities
- Placed a group of community DHB allied health staff within a kaupapa Māori NGO community health care service linked to General Practice.
- Took away as many service boundaries, criteria and restrictions as possible and asked the staff to design a new approach with the NGO community health team and the community.
- Significant cultural supervision and training provided to learn a new way of engaging, practicing with Māori.
- Community care coordination, Māori health navigator roles used as enablers to bridge the trust gap with the community.
- A top down and bottom up approach used to support integration.

Integrated team: Allied health therapy working as one team with primary community health team and GPs

Equity focus: Staff working alongside a kaupapa Māori organisation, using Kai arahi (health navigator) and hui process, building trust with the community. Priority is to work with Māori who have not been able to access wider health services.

### Poipoia te Pā Hārakeke Te Puke Locality



Home based and Person directed: wellbeing focussed intervention with flexibility to work on what matters to the client, in their context.

Responsive: Over 90% of client requests resolved on the day or next day.
Community care coordination centre action as key enabler reducing system duplication and providing a single access point for health service requests. Releasing capacity.

Well being focussed: Moving away from traditional a medical model of delivery, providing alternative pathways such as restorative allied health intervention in a community setting with a wellbeing focus (anxiety management, health literacy, diet/exercise).

**Enabling:** strengths based enablement plans designed around a person's context, focussed on recovery and self management.



## The Impacts

- Trust has been established with this community and the allied health staff.
- New access points were created which has acheived over on 72% caseload of Māori, some of which have not previously accessed community health services.
- People are seen earlier in the healthcare journey and are in control of when, where and how.
- Less duplication in the system
- New ways of working have naturally emerged amongst allied health and other community staff – interprofessional practice, cultural and community intelligence, person/whānau directed care.

## Questions?

