Community voice and leadership

CONTEXT

In 2013 concerns about the sustainability of rural health services prompted the creation of the Rural Sustainability Project, which aimed to engage communities in a conversation about challenges and opportunities to improve access to sustainable health services.

The project took a community approach, creating service development groups involving local health leaders alongside planners and funders and PHO leads, community leaders / consumers, and mana whenua, to focus on a defined geographical area. This brought the unique differences and needs of the communities into focus, in order to improve access to sustainable health services.

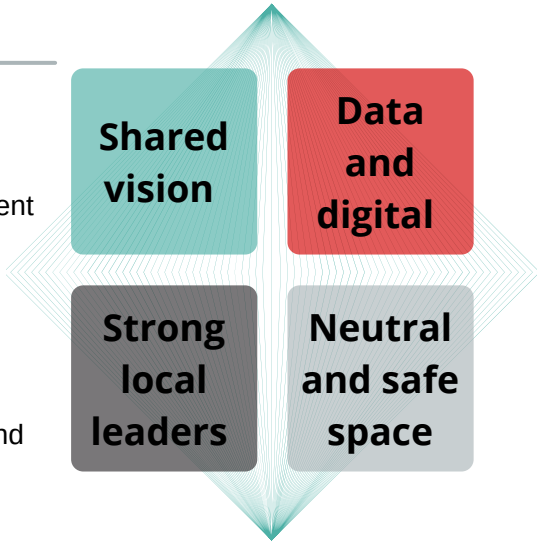
The models varied within this framework, with some focused on supporting newly built integrated facilities (Kaikōura and Akaroa) and others focused on enhancing and redesigning services regardless of facilities (Hurunui and Oxford).

The Hurunui Health Services Development Group (HHSDG) was established in 2015 to develop a new Model of Care which would, in particular, consider the community's geographical reach (8,660 km_2) and population spread, and the impact of this on access to sustainable health and social services.

PRINCIPLES

The guiding principles which supported the Hurunui Health Services Development Group to successfully implement a new Model of Care were:

- A **clear, common purpose.**
- **Locally-led** design and decision making.
- **Using data to inform decisions and recommendations.**
- Using a **neutral mechanism** to facilitate the Model of Care development.
- **Authentic community engagement** which recognised that people living and working in rural communities know what their communities need.



ACHIEVEMENTS AND OUTCOMES

Enhanced maternity services provided locally

After-hours services by local general practices working closely with St John and Fire and Emergency New Zealand

Outpatient appointment times between 10am and 2pm

APPLYING THE PRINCIPLES

A clear, common purpose

- Providers and the community came together with the shared aim of improving the Hurunui community's access to sustainable health services and identify priority areas for improvement. A Terms of Reference captured the group's objectives and expected outcomes, and detailed the roles/ perspectives.
- Funders provided clear direction about what was and wasn't in scope from the outset (for example, future plan for the Waikari Hospital facility).

Locally-led design and decision making

- A well-respected community leader - now the Mayor of the Hurunui District Council - chaired the group, maintaining momentum by holding at the forefront what changes meant for the community, keeping members on task, and being the champion and face of the work within the community.
- Local group members led the implementation of specific recommendations bringing in other people with the relevant expertise, e.g. the restorative rehabilitation work involved district nurse and home care providers, practice staff and Older Persons Health planners and funders. This encouraged solutions that were workable in the Hurunui and local ownership of the recommendations and resultant changes.

Data and digital tools

- The group conducted a full assessment of health services in the Hurunui area, informed by current demographics and population trends. They used in-depth evidence and data from primary, secondary, emergency and community health and social services as well as an OPUS Report that was conducted by the Hurunui District Council around Population Trends and Projections in 2014. This information, alongside the voices of the community and providers, informed the Model of Care recommendations.

Neutral mechanism for coordination and facilitating progress

- A neutral facilitator guided the service development group in progressing the work, supporting the delivery on actions between meetings, connecting in with the wider health system and invited people with additional expertise to meetings to progress key pieces of work. An example is the maternity recommendation which saw local mothers and midwives, alongside Canterbury DHB's Director of Midwifery, design a response together.
- Regular meetings located within the community, organised to work around local members' availability.

Authentic community engagement

- Consideration was given to the community's context going into the model of care process (coming off the back of three years of drought and an earthquake) and when planning the engagement process (e.g., lambing, calving and cropping considerations for the rural farming community).
- Model of Care engagement sessions spearheaded group members who were well-known and respected locally, and provided an opportunity to ask questions openly.
- Actively listening to feedback and adapting processes along the way. For example, redesigning the engagement document with more concise, plain language so it was simpler and providing additional time and methods for the community to give feedback and suggestions.

LESSONS

- Listen and respond - during the early engagement around the Hurunui Model of Care the community told us the information provided was too long and complex, and the timing for initial engagement (sessions and feedback) didn't work in the context of the community (it encompassed lambing season, Christmas and New Year). The group listened and adapted its approach by providing clearer information and more opportunities to find out more and receive feedback. This garnered trust for continued engagement.

  These learnings were applied at the wrap up of the Model of Care work where the group elected to run five community conversations. This generated excellent engagement, with 17 people expressing interest in being part of a long term leadership group for improving hauora of the community.

- Consider context and history - bringing people together to progress work collaboratively and build relationships takes time and is influenced by previous events and past experiences. Trusted relationships are needed for people to consider any benefits of doing things in a different way.