COLLABORATIVE AOTEAROA

Te Ara Ako o Collaborative Aotearoa

INTERNATIONAL STUDY TOUR REPORT

15 AUGUST 2023
DRAFT V1.0

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COLLABORATIVE AOTEAROA

We believe that changing relationships changes wellbeing

We are connective catalysts.

Bringing people and ideas together to explore new ways of being.

Building new relationships to see a bigger picture.

To inspire and guide real, meaningful, change.

We are audacious pragmatists.

Empowering whanau / family, organisations and communities to think in leaps, not baby steps.

A "can do" provider of the best tools and practices available to keep them on the path to the change they seek for themselves.

We are courageous allies.

Tuned in to the people and their needs.

Committed to walking alongside them to help overcome the barriers on their journey to creating solutions with the people, by the people.

ACKNOWLEDGEMENTS

Collaborative Aotearoa would like to extend its thanks to the Te Ara Ako delegates who participated in the international study tour and the compilation of this report sharing the key learnings, reflections and insights on how these can be applied in a local context.

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OUR LEARNING PATHWAY

Hapaitia te ara tika pumau ai te rangatiratanga mo ngā uri whakatipu

Foster the pathway of knowledge to strength, independence and growth for future

Te Ara Ako – Learning Pathway was a name agreed upon by our Māori delegates as this set the platform for our leadership journey.

TE ARA AKO

Learning Pathway

STANDING ON THE SHOULDERS OF GIANTS...

DREAM LIKE TAWHIAO

LEAD LIKE WHINA

FIGHT LIKE EVA

THINK LIKE MOANA J

WRITE LIKE RANGINUI

BUILD LIKE KAWITI

SPEAK LIKE APIRANA

EDUCATE LIKE KATARINA

BELIEVE LIKE TE WHITI

CHALLENGE LIKE TE PUEA

Credit: Mihingarangi Forbes

TE ARA AKO O COLLABORATIVE AOTEAROA

Collaborative Aotearoa as a national learning organisation hosted an international Study Tour to gather insights from primary and community care sites across Canada and England. Aotearoa New Zealand is well recognised on the world stage for its leadership and through the Study Tour the knowledge and wisdom of our delegates was shared as a core part of our journey.

LEARNING OBJECTIVES

The key objectives for the study tour included learning about our hosts and teaching them about our own work. In this way we were able to embody the full meaning of ako, which in te reo Māori means both to teach, and to learn. Our focus was on:

01 Strategies and activities around indigenous leadership and improving equity of outcomes for priority populations

02 Using innovative workforce models and comprehensive primary and community-based care models to support transformational change

03 How to leverage community assets and community voice to plan and extend the reach of services

04 How to use population health data to effectively understand the needs of our priority population

05 How primary and community services integrate to provide holistic care (including primary mental health care)

06 Using extended care teams to the top of their scope to address the wider social determinants of health

EXECUTIVE SUMMARY

Part 1 Canada

11-16 May 2023

The tour included visits to Alberta to learn more about their primary and community integration; as well as visiting The Tamarack Institute, Greater Hamilton Health Team, North York Health Team and the Ontario Indigenous Primary Health Care Council. In Ontario we also took a deep dive into the Ontario Health Networks, their use of Collective Impact and Field Catalyst approaches and their use of Indigenous Primary / Community Health Models of Care. We were privileged to be hosted by the indigenous healthcare leaders across Canada.

Part 2 England

17-19 May 2023

The tour then flew into London to visit a number of Integrated Care Systems, which are similar to our planned Aotearoa New Zealand model of Localities. The London models are much further down the track in terms of maturity so there were great opportunities to explore the concept of localities and how they may be structured in Aotearoa New Zealand.

Part 3 Belgium

22-24 May 2023

The tour finished with the opportunity to attend the 23rd International Conference on Integrated Care (ICIC23) in partnership with the Flanders Agency for Health and Care - ICIC23 – 23rd International Conference on Integrated Care (integratedcarefoundation.org). Here, we co-presented the Collective Action with Communities kaupapa alongside the Aotearoa New Zealand based Hutt Valley Healthy Families team. This was an amazing experience for us and great exposure on an international stage.

KEY CONSIDERATIONS AND OPPORTUNITIES FOR AOTEAROA

Strengthen Collaboration

Promote ongoing collaboration between indigenous leaders, healthcare providers, policymakers, and researchers from Canada and Aotearoa to continue knowledge exchange, share best practices, and collectively address common health and social challenges. This collaboration should be aimed at catalysing change to deliver equity for whānau and indigenous communities. Indigenous health in indigenous hands.

Policy Advocacy

Advocate for policies that prioritise indigenous self-determination in healthcare, cultural safety training for healthcare providers, and increased funding for community-led initiatives that integrate traditional healing practices. These policies should be designed to address systemic inequities and facilitate equitable healthcare access and outcomes for whānau.

Cultural Competence Training

Encourage healthcare organisations to provide comprehensive cultural competence training to all staff members, fostering understanding, respect, and improved communication with indigenous patients. This training should encompass not only cultural awareness but also the development of skills and strategies for providing culturally safe care.

Research and Data Collection

Support indigenous-led research initiatives, encourage the collection of disaggregated health data, and promote the inclusion of indigenous health indicators in national health databases. This research and data collection should focus on understanding and addressing health disparities faced by whānau and indigenous communities, providing evidence for targeted interventions and policy changes. “Data with soul”.

KEY CONSIDERATIONS AND OPPORTUNITIES FOR AOTEAROA

Empowerment and Leadership Development

Invest in programs that empower indigenous youth to pursue careers in healthcare and leadership roles, ensuring the representation of indigenous voices in shaping future healthcare policies and practices. By nurturing indigenous leadership and facilitating opportunities for meaningful participation, we can drive sustainable change towards equity for whānau and indigenous populations. With considerations of:

- Who outside of health should be strategically targeted to begin to build stronger relationships?
- How can we utilise capacity within the volunteer sector?
- How can we include more narrative reporting alongside our data reporting?
- How can we incorporate lived experience into the local adaptation of national programmes?
- How can we incorporate some of the learnings from the introduction of social prescribers, and community connectors into our existing roles or the development of new roles?
- Our learnings from delivering events under the COVID19 response could be developed to consider pop up health days specifically targeted at a community or group to address their health needs.
- Developing field catalyst intermediary organisations, linking different innovations to a wider network of allies to grow the innovation which in turn supports and accelerates the impact.
- What engagement strategies are being used to bring providers together?

COLLABORATIVE AOTEAROA

Part 1

CANADA

CANADA VISIT CONTEXT

Te Ara Ako brought together tangata whenua and First Nations leaders from Aotearoa New Zealand and Canada to exchange knowledge and experiences in delivering healthcare services to their respective communities.

This section highlights the key learnings and insights gained during the tour, focusing on innovative approaches and successful practices observed in both countries. It explores equitable and holistic approaches, community engagement, culturally safe spaces, integration of traditional and western medicine, data collection and research, integrated care, and community as key pillars of indigenous healthcare with equity front and centre. It also emphasises the importance of catalysing change to deliver equity for whānau and indigenous communities.

Canada and Aotearoa face common challenges in providing equitable and culturally safe healthcare to their indigenous communities. The study tour provided an opportunity for indigenous leaders to explore strategies, models, and initiatives that have proven effective in addressing these challenges. The participants engaged in site visits, discussions, and knowledge sharing sessions across various primary and community care settings.

CANADA SITE VISITS

- Alberta Health Service
- Community Health Hub North
- SAGE Seniors Alberta
- Radius Community Health & Healing
- Indigenous Wellness Clinic at Royal Alexandra Hospital
- Anishnawbe Health Toronto (2 sites)
- Edmonton Southside Primary Care Network
- Greater Hamilton Health Network
- Indigenous Primary Health Care Council
- Hamilton Family Health Team
- Compass Community Health
- Aboriginal Health Centre
- North York Toronto Health partners
- Bernard Betel Centre
- Re-activation Care Centre, North York General Hospital

CANADA KEY LEARNINGS

Holistic Approaches

Both Canada and Aotearoa emphasise holistic approaches to indigenous healthcare. Indigenous healing practices, cultural traditions, and spirituality play an integral role in the delivery of care. The importance of integrating these practices into mainstream healthcare systems to improve patient outcomes and foster cultural safety was reinforced.

Community Engagement

A common theme observed was the emphasis on community engagement and participation in decision-making processes. Successful healthcare initiatives in both countries involved close collaboration with tangata whenua and first nation communities, recognising their unique needs and tailoring services accordingly. Participants learned about the importance of community-led programs, cultural competence training for healthcare providers, and the inclusion of traditional healers in care teams.

Culturally Safe Spaces

Creating culturally safe healthcare spaces emerged as a critical factor in improving indigenous health outcomes. Participants explored initiatives that incorporated indigenous wellbeing and health design principles, artwork, and cultural symbols to enhance the sense of belonging and cultural identity within healthcare facilities. This approach fostered trust, respect, and better communication between healthcare providers and indigenous patients.

Integration of Traditional and Western Medicine

The study tour highlighted the benefits of integrating traditional indigenous healing practices with western medicine. Participants learned about successful programs that combined the use of traditional remedies, such as medicinal plants and ceremony, with modern medical treatments. This integration not only improved health outcomes but also helped preserve First Nations cultural heritage and knowledge.

CANADA KEY LEARNINGS

Data Collection and Research

Participants discussed the significance of data collection and research to inform healthcare policies and interventions. They explored initiatives that focused on collecting disaggregated data, incorporating indigenous health indicators, and utilising community-based research methodologies. The importance of knowing the stories behind the data was reinforced: "data with soul". These approaches aimed to address health disparities and develop evidence-based strategies tailored to First Nation populations.

Integrated Care

Integrated care models were identified as essential for providing comprehensive and coordinated healthcare to First Nations communities. Participants learned about successful models that emphasised care coordination across different healthcare providers and services. They observed improved continuity of care and better health outcomes when interdisciplinary collaboration and care planning were prioritised.

Equity

Advancing health equity for First Nation populations was a key area of focus during the study tour. Participants explored strategies employed in both countries, including targeted funding allocations, policy frameworks, and the establishment of indigenous health authorities. Cultural responsiveness, such as providing language interpretation services and culturally appropriate health education materials, was recognised as a critical component of achieving health equity.

Community

The power of community-led initiatives in improving First Nations health outcomes was emphasised. Participants learned about successful examples of First Nations communities taking charge of their own healthcare by establishing community health centres, healing lodges, and traditional wellness programs. Involving First Nations knowledge keepers and integrating traditional knowledge into healthcare decision-making processes were highlighted as crucial for a culturally appropriate service.

CANADA USER CASE STUDY

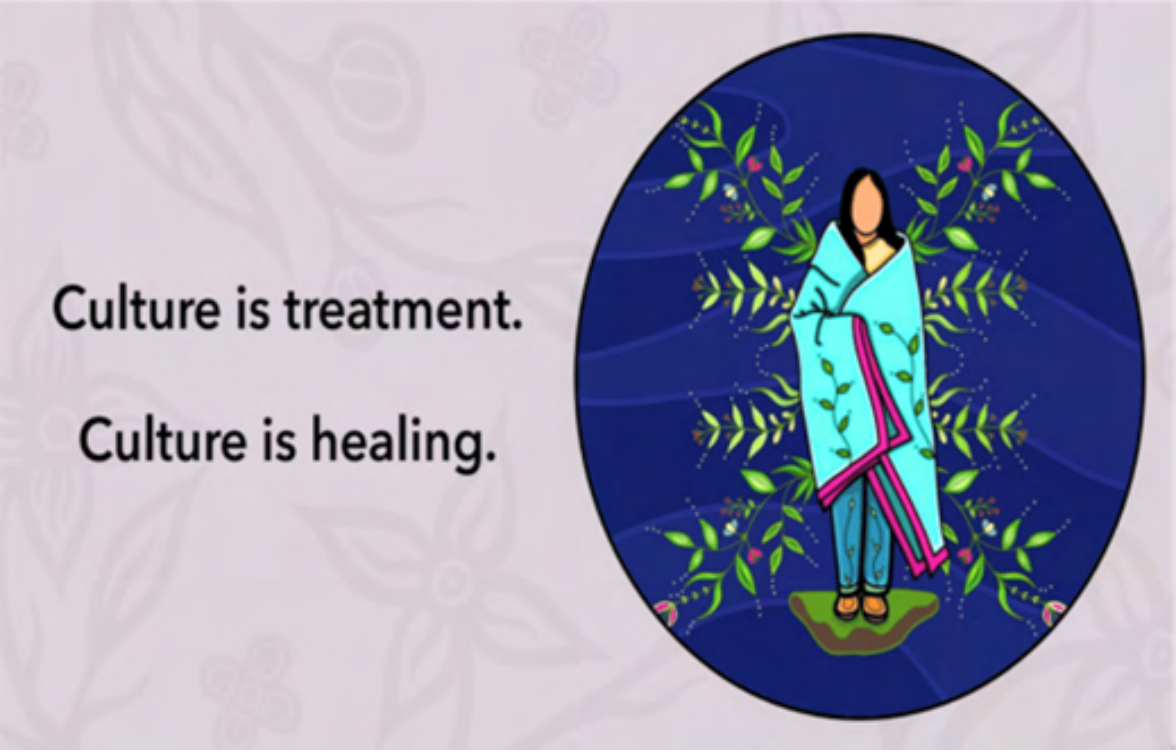
Anishawbe Health Toronto and Indigenous HealthCare Council

The basis for many of the teaching of the first national communities are based on the four directions. All aspects of being and wellbeing connects to these four aspects. They are all inter-connected. There is a strong connection between this understanding of knowledge and the same whakapapa of knowledge in Aotearoa.

Four Directions Learning

There is a collective of First Nations leaders who are leading the way for their communities as advocates for the way in which the health system responds to the needs of their people. They provide education and support, grow First Nation workforce in health care, offer appropriate First Nation healthcare in a supported and integrated way, as well as support the creation of health resources.

The Wisdom Weavers: Storytelling & Traditional Teachings web series created by Anishnawbe Health is one example of this. This collection of videos offer the opportunities for First Nation people to come together and share their own narratives of enduring troubling times, keeping families strong, and emerging stronger for it all.

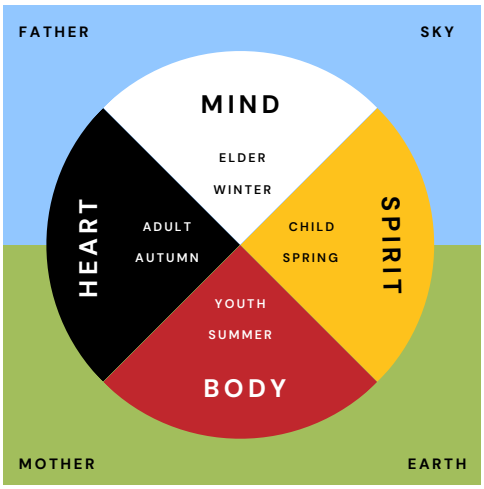


CANADA USER CASE STUDY

Anishawbe Health Toronto and Indigenous HealthCare Council

Key Learnings

- Challenges faced by First Nations people of Canada share similarities with those faced by tangata whenua in Aotearoa.
- We are all part of addressing the negative impact of colonisation.
- While we share similar experiences of intergenerational trauma and together we honour these experiences as indigenous peoples, and recognise that not one story is ever the same.



- We need to bring a groundswell of indigenous leadership together to be able to realise the progress in partnership envision around the world.

Reflection Quotes

> *Know the people you are serving. True community engagement and genuine co-design of services is vital to addressing and reducing inequities in the healthcare system.*

> *Poverty Simulation Tool - consider how can this be progressed with our relevant services and to be used by General Practice.*

> *The tour has made me realise we should be proud of what we have achieved so far but also that this is not easy to do and takes an open mind-set to truly want to work together and respect each other.*

> *Acknowledge our people before us who have put us in this position to continually improve and do better.*

CANADA USER CASE STUDY

Anishawbe Health Toronto and Indigenous HealthCare Council

How do we do this?

Empowering the voices of Indigenous peoples and communities to effect change.

Partnering with Indigenous communities, mainstream health organizations and government agencies.

Gathering and sharing data about the health status of Indigenous peoples in Ontario and inequitable service gaps.

Equipping Council members with the tools, training and networks to provide quality health care.

Reflection Quotes

> *The Let's Go Home Programme (LEGHO) was another amazing example of utilising connector roles as the one point of contact for patients for 6 weeks following discharge from hospital.*

> *Our visit with the Tamarack Institute was a wonderful opportunity to hear how their connected force for community change' is driving largescale change. They talked about community innovation being central to achieve system change as no two communities are the same.*

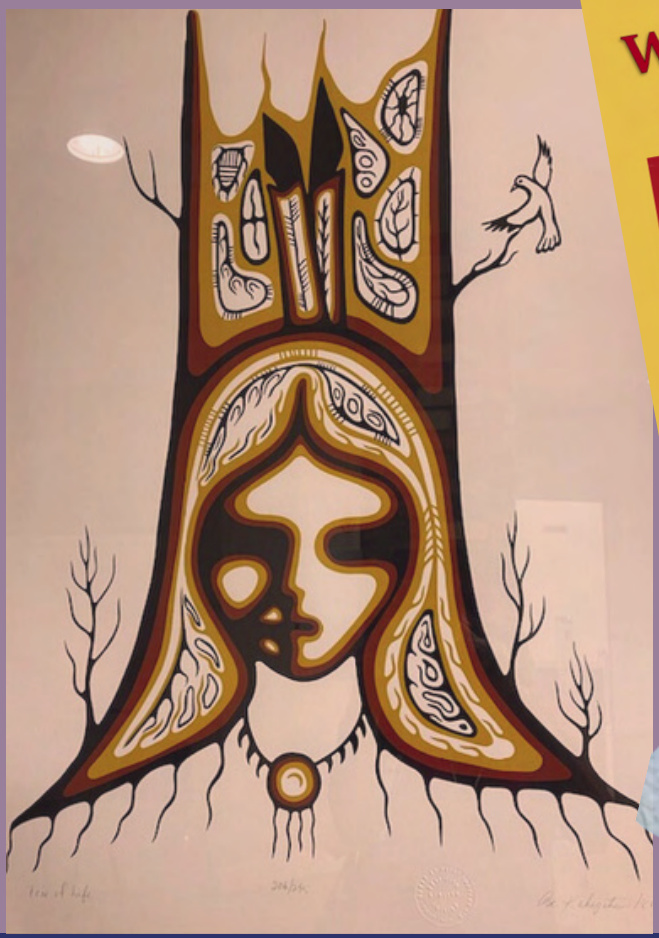
> *We learnt that there are three types of innovators: the Disrupter (the one that tells a new story), the Bridger (the one that gives credibility to the Disrupter) and the Closet Rebel (the one that quietly gets change happening through boards).*

> *Social prescribing is alive and well in Canadian Integrated Care Networks. I'd like to consider how we can invest more in SP initiatives as part of our locality development.*

CANADA USER CASE STUDY

Anishawbe Health Toronto and Indigenous HealthCare Council

Examples of how Anishnawbe Health Toronto interweave storytelling & traditional culture and teachings into their healthcare approach



CANADA VISIT CONCLUSION

The primary and community care study tour involving indigenous leadership from Canada and Aotearoa provided valuable insights into delivering culturally safe and equitable healthcare for indigenous populations.

The learnings highlighted the importance of holistic approaches, community engagement, culturally safe spaces, integration of traditional and western medicine, data collection and research, integrated care, equity, and community.

By implementing the recommendations to strengthen collaboration, advocate for policy changes, provide cultural safety training, promote research and data collection, and empower indigenous leaders, we can catalyse change and work towards delivering equity for whānau and indigenous communities.

Through these efforts, we can foster a healthcare system that respects and values indigenous culture, enables health equity, and ensures that indigenous populations receive the care they need and deserve. By embracing the lessons learned during this study tour, we can move closer to a future where indigenous peoples are empowered to thrive in all aspects of their health and well-being.

The illustration below was created from the collaboration session at the Greater Hamilton Health Team

COLLABORATIVE AOTEAROA

Part 2

ENGLAND

ENGLAND VISIT CONTEXT

The focus in this part of the tour was on the concept of localities and integrated care between health care and social care. A key part of this was delivering care to diverse populations.

The group visited a range of services including groups of Primary Care Networks, partnership organisations between primary, secondary, volunteer sector and social care, Integrated Neighbourhood teams, Health Innovation Network, and general practices. These visits provided an opportunity to see different perspectives of the same health system. It also showed how within the same overarching structure, the provision of care had been adapted to meet the needs of the community that it served by utilising the resources available within that community.

Work in London has been focused on building relationships with social care providers, agreeing key areas of focus, developing neighbourhood plans informed by neighbourhood needs assessment, and aligning and developing pathways between primary and secondary care.

Primary Care Networks were established in 2019. More recently Integrated Care Systems (ICS) were formalised in 2022 following the Health and Care Act (2022) where 42 ICSs were established across England. Place-based partnerships sit within ICSs to support specific localities and are often termed Locality Partnerships.

One major barrier has been that when each overarching Integrated Care System were formed, they started from different financial positions depending on the financial position of the outgoing structure. They also started at different maturity levels depending on the previous Primary Care Network. This has led to differing levels of progress and success.

Within London this structure also had the benefit of a Health Innovation Network. This is an academic health science network which can take local evidence-based innovation and spread this wider. This was a partnership between industry and healthcare.

ENGLAND SITE VISITS

- North East London – City & Hackney Place Based Partnership
- Integrated Care Board Chairs meeting
- Primary Care Network in South East London – Waterloo Health Centre
- Secondary Care Services in NHS Trust
- London's Health and Care Partnership - Health Innovation Network
- NHS Think Tank – NHS Confederation, Kings Fund, Nuffield Trust,
- South Bristol Locality - Woodspring Locality Partnership
- Integrated Urgent Emergency Care Centre
- South Bristol Community Innovation Centre

ENGLAND KEY LEARNINGS

Partnership

All Localities in London had a strong partnership with local council right from the governance level through to implementation. The localities worked hard to consider innovative approaches that required resources and connections outside of health in order to make them work.

Resources and Investment

There are additional resources that are provided which provide additional roles into family practices (general practices). These roles are wellbeing based and provide the opportunity for clinicians to collaborate so that they can address and support the holistic needs of the communities they serve.

Service Delivery

Resonating with "what matters to whānau" - There were some interesting examples of services that were thinking of specific ways of working for particular communities. One example of this was an innovative approach to mental health care service. This service operated in a very real and responsive way to their clients needs including a flexible 'personal health budget' funding model that allowed small patient directed investment opportunities This approach was a true and authentic response to "what matters to whānau" through its ability to put patients in the centre. There was a significant focus on 'social prescribing' and several Social Prescriber roles have been created. These allied health teams support health care by recognising the impact of social issues on health care.

Community Connectors

This program built on the need for support shared by a growing number of individuals who have become increasingly invisible during the Covid-19 pandemic. There have been real issues with social loneliness and isolation in certain groups. Community connectors provide a dedicated person for individuals to connect with in their community who can help them access local resources to improve wellbeing. This approach has prevented peoples health deteriorating to the point of needing health and social care agencies.

ENGLAND KEY LEARNINGS

Research and Data Collection

Having a research and evaluation expert, adequate data collection and analysis resource, and a framework to manage these processes built into localities from the beginning allows on-going evaluation and a population health approach embedded throughout the journey.

Health Innovation Shared and Advocated

Utilising a Health Innovation Network as an academic network of health science organisations that can take local evidence-based innovation and spread this wider was shown to be effective. These networks demonstrated some of the positive effects of partnerships between industry and healthcare.

The NHS Think Tank is led by Kings Fund, Nuffield Trust and NHS Confederation – The Think Tank's are politically independent organisations that seek to support and challenge the government of the day in their health and social care decisions and keep health politics accountable to public interest. Policy-focused research institutes that seek to inform and influence health policy via politicians, policymakers and public engagement. Each is unique, but, broadly, they use data, insights, and analysis to evaluate decisions around health care, propose government policy, and share information with healthcare providers and the public.

Hybrid models of care

Telehealth and in-person models of care working hand in hand. Co-located 'clinical team of teams' in a hub with integration between health and social care providers. Virtual front door with shared decision-making alongside in-person co-ordination amongst the hub team to provide alternatives to admission to hospital. This model has created a 40% reduction in ED admissions for mental health through implementing a specialist mental health consultants within the hub team working virtually alongside the paramedics on scene. This model is built on a foundation of robust integrated governance, operational leadership and support, with high quality flow management and patient safety and experience at the forefront of delivery.

ENGLAND KEY LEARNINGS

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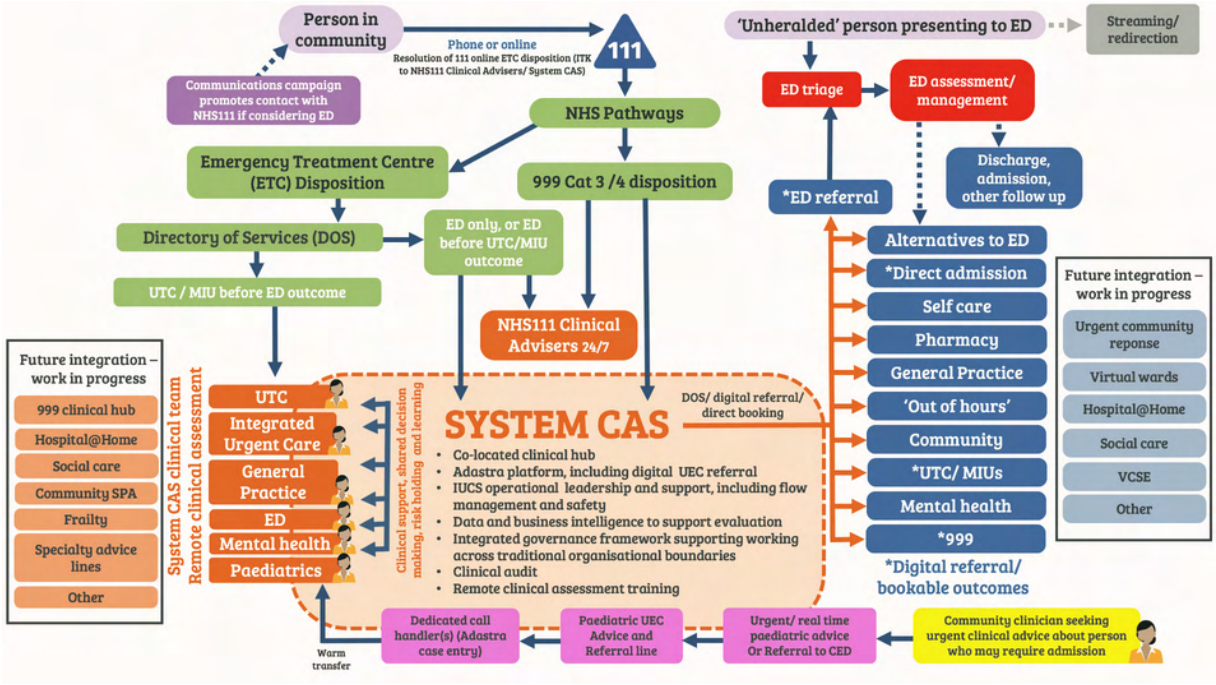

ENGLAND KEY LEARNINGS

Reflection Quotes

> *Marginalised and vulnerable communities need a sense of purpose and connection, allocating a personal health budget for what is important to them at that specific point in time, will help long term.*

> *Social prescribing- with significant investment this could work really well in Aotearoa - we have Health Coaches and Health Improvement Practitioners – how can we integrate the two models.*

> *Social prescribing and community link workers are about connecting health with social care.*

> *I found the overt drive to aligning local authorities, NGOs with health services compelling. This has been legislated in the Health and Social Care Act. They have an embedded equity approach and have an overt anti-racist principle based approach.*

ENGLAND USER CASE STUDY

South Bristol Locality

Background

The Locality has six locality partnerships which range in size depending on the geography of the area, from 8 GP practices covering a population of 95,364, to 22 GP practices covering a population of 278,758

The opportunity to visit Bristol was a bright light in the tour. It allowed us to observe how they had developed their Integrated Care System (ICS) and the role of place-based partnership working in this.

The system has been very clear and deliberate about bringing together different providers into one structure but not in a way where one organisation has a single mandate to drive change in the population.

Rather, the group of providers are responsible to drive change in the whole health system. Key learnings from their experience are to start with the willing, focus on the bottom up, and worry about the funding catching up later. They also encouraged us to be open to looking at things from different angles including our use of data, and considering what is in it for all parties (the provider and the population).

ENGLAND USER CASE STUDY

South Bristol Locality

Key Reflections

- The size of Locality Partnerships is key to maximising leverage from existing resources within the geographical area and to ensure that the voice and flavour of the community is visible.
- Funding supports the expansion of the primary care team.
- Who holds the funding envelope for localities is critical for maturity.
- Key relationships are between social care, community services, primary care, and secondary care.
- National support, and a mandate for change support success
- The burden of historical barriers such as finance, contracts, and lack of infrastructure will hamper success.
- Evidence based interventions that can be adapted to suit the needs of specific minority groups and communities are most beneficial.
- Aim to drive change at a population level rather than trying to drive the system.
- Review and measure performance in terms of both data and narrative to get a fuller picture of impact.
- Locality maturity matrix – the number one supporting tool identified was a locally designed maturity matrix tool to identify a baseline and where they needed to focus their attention as a starting point. This has been adapted and finessed as the locality journey proceeded.

Resources: Terms of Reference Woodspring Integrated Care Partnership Board 2022/23
Locality Partnerships Design Stage Conclusion Report
ICP Discovery Programme End Stage Report

ENGLAND KEY LEARNINGS

Reflection Quotes

> *Providers are brought together into one structure not one organisation, they still maintain their own autonomy, drive change in a population not to drive the health system. Using data to show the issues, needs to be the right data to the right people otherwise an issue can be easily lost.*

> *Begin with the willing, what is the benefit to the partner and what is the benefit to the population?*

> *To get localities working in NZ we are going to need a community connector role. This is an enabling role to power up our kaiawhina and health coach so that the organisations we have in the community are better able to work together and share care and wellbeing services.*

> *Success factors for development of Localities – remains with whanaungatanga-strong partnerships and shifting of power is needed.*

> *The UK have legislated that social service and health must work together. We are all in the same space with equity and the need for person centre and community co-designed.*

ENGLAND KEY LEARNINGS

Reflection Quotes

> *Hard conversations are needed to be had about what impediments are in the way of systems change and what needs to happen to make the necessary changes.*

> *Switch language to wellbeing and health rather than the other way around.*

> *Data and stories are just as powerful. Capture more whanau stories.*

> *Anti-racist and anti-discriminatory policies - Inclusiveness is not enough.*

> *Need to continue to challenge the medical model- invest in more upstream activity, and appreciate the significant challenge with diverse ethnic groups and complexities within a region.*

ENGLAND VISIT CONCLUSION

Long standing localities with learnings that were able to be shared with us are critical as we enter into our journey of locality, placed based design.

These included the need to resource localities appropriately, the structural and systemic design of localities, and the importance of leadership and guidance from other sectors such as local government and the social sector.

The focus on a health issue is responded to, not only by the health system, but in collaboration with other sectors such as social services.

COLLABORATIVE AOTEAROA

Part 3

BELGIUM

BELGIUM VISIT CONTEXT

The study tour finished in Belgium at the International Conference on Integrated Care from 22nd to 24th May 2023.

The conference had a strong research focus and provided insight into different innovations and developments across Europe and the World.

BELGIUM CONFERENCE SESSIONS ATTENDED

- Person centred care: focus on integration of goals and needs
- The many roles of people with lived experience
- Innovations in primary care
- Engagement: caring neighbourhoods and compassionate communities
- Population health approach: leverage for integrated care

Many of these sessions supported the emerging theme of the study tour, relationship building, and the need to think of this in a very broad context as well as to move outside of the traditional focus of building health care relationships within health care.

The conference presented strong evidence to support the need to go wider, outside of health, to not only social care, but the academic world and local government to begin to address wider population health.

Many of the countries presenting at the conference are more densely populated, have larger health care budgets and have very different health care systems than New Zealand but there were still learnings than can be transferred to New Zealand and considered for our population.

Collaborative Aotearoa showcased Collective Action with Communities and this resonated with this international audience.

BELGIUM CONFERENCE

International Conference on Integrated Care

from 22nd to 24th May

Collaborative Aotearoa presenting at the International Conference of Integrated Care

BELGIUM KEY REFLECTIONS

Key Reflections

- The importance of the natural environment and using this as a wellbeing tool, we are very fortunate to live in such a green country with ready access to the outdoors, many European cities are looking at how they can increase the green in urban areas and implement 'slow roads'
- Strong focus on social prescribing and the connection between social care and health care to get better outcomes.
- Build connection with academic institutions to support projects and evidence-based services.
- The importance of lived experience and gathering authentic voice in the co-designing of models of care as well as the need to consider that the design of models of care should come from a systemic collaborative approach. As an example, there are over 104 different cultures in Antwerp, so how do they ensure that everyone gets a voice.
- Co-designing of Mental Health models of care. An opportunity to explore the models of care which are people-focused.
- There is a strong need to always explore and consider from a wider viewpoint, how communities can be grown to support themselves.
- Consumer input into service design and the view that "I am an expert in being someone who lives with my condition". When we understand what it feels like to be a consumer it makes us better clinicians
- We must work with partners and create networks, and have clear aims and ensure there are lots of different ways to engage.

BELGIUM KEY REFLECTIONS

Reflection Quotes

> *Leadership is a chance to change - Many concepts related to systems thinking, human systems thinking language and alignment.*

> *The idea of co-created innovation spaces bringing questions rather than what often is used is focus groups which start with a solution.*

> *True transformation requires multiple layers not one person, different layers join together to get overall change.*

> *Deepen my understanding and opportunity for collective impact and explore ways to purposefully integrate and connect community, indigenous, and primary care partners together.*

> *Our drivers and visions for wellbeing and health are aligned in Aotearoa, albeit we are using slightly different paradigms with the trick being how we weave together what we're doing and try and influence others to collaborate. I hope that if Collaborative Aotearoa get a chance to help a locality bring together the local community and their providers in a Collective Impact approach we might create a blue print for locality development in a similar way we did with Health Care Homes Model of Care.*

BELGIUM VISIT CONCLUSION

Collaborative Aotearoa presented at the International Conference on Integrated Care about the kaupapa of Collective Action and Healthy Families Hutt Valley. The presentation highlighted that Collective Action with communities creates an opportunity to foster integration or connected models of care and services to ensure people have greater choice over the services they access. It also provides a platform for health and wellbeing networks to be in the driving seat of design and implementation of localised initiatives.

It is vital that those with lived experiences within a community are part of the network, and are provided with a platform to be heard. Networks or localities are supported by a Collective Impact approach that creates opportunities to understand what matters to whānau.

Using Collective Action alongside Healthy Families was a demonstration of a large-scale prevention initiative that brings community leadership together in a united effort for better health in the places we live, learn, work and play. Their goal is for all Aotearoa New Zealanders to enjoy health, promoting social and physical environments that enable healthy food and physical activity choices, being smokefree, drinking alcohol only in moderation, and increasing mental health, resilience and wellbeing.

Health Families seek to uncover the journeys that lead to chronic disease, and understand the lived experience of whānau and communities so that we can determine together how best to address the conditions that lead to experiencing preventable chronic disease.

Click here to view the presentation

COLLABORATIVE AOTEAROA

Study Tour Representatives

HOSTS AND DELEGATES PROFILES

STUDY TOUR HOSTS

IRIHĀPETI MAHUIKA

Co-Chair Collaborative Aotearoa Director of Hauora Māori and Equity - Pegasus Health

Irihāpeti is of Kāi Tahu, Kāti Māhaki ki Te Tai Poutini descent. She is responsible for supporting Pegasus Health's commitment to reduce inequities, increase access to services and improve hauora outcomes for Māori in Canterbury. She leads the national Māori Health Leaders group, Ngā Matapihi o te Wairua. She has a great passion for Kaupapa Māori and believes that strong, mana-enhancing relationships and communities centred around whānau are key to empowering Māori people to take charge of their lives and health. Irihāpeti has a very strong background in the education sector, and she brings this extensive knowledge and experience with her into the work she does.

AMARJIT MAXWELL

Chief Executive Collaborative Aotearoa

Amarjit has a passion for Primary and Community Care. She has been involved in the transformation of primary health care in Aotearoa, New Zealand, including the business case and implementation planning for the 'Better, sooner, more convenient' mahi. She has worked at the Ministry of Health supporting the PHO Services Agreement and was also part of the inaugural team that began the roll out of the Health Care Home Model of Care across the Capital and Coast DHB region. Amarjit has also worked in local government, both in the UK and Aotearoa, New Zealand where she managed a number of teams, including Community Development, Finance, and Planning, Performance and Research. She is accredited in project management (PRINCE2) as well as a member of the Chartered Institute of Management Accountants and holds an Honours degree in Business and Finance. She has completed the Institute of Directors Governance course as well as other post graduate qualifications including, Economic and Community Development.

DELEGATE PROFILES

JESS WHITE

General Manager Practice Plus Collaborative Aotearoa - Study Tour Logistics

My passion is primary care and general practice transformation, having worked for Tū Ora Compass Health for several years as their Practice Liaison Team Leader, and then moving into a General Practice Development and Strategy role. Following this I worked as a Business Manager for a number of Wellington General Practices. After having my beautiful family I have undertaken several other contract and project management roles in health and for the New Zealand Fire Service, but more recently as the Collaborative Aotearoa Programme Director and as the Practice Plus General Manager, which is a national primary care telehealth service.

DR DOUG HILL

Chairman and GP WellSouth

Dr Douglas Hill is a General Practitioner and a Director of Broadway Medical Centre, Dunedin. He has a special interest in GPSI medicine in dual roles of Orthopaedics and skin cancer surgery. Doug's roles outside of General Practice include Deputy Chair of Medical Assurance Society, Chair of Columba College Board of Governors and Chair of WellSouth Primary Health Network. He is a member of the NZ Advisory Board of the Skin Cancer College of Australasia. He is also a Chartered Fellow of the NZ Institute of Directors.

JUDITH MACDONALD

CEO Whanganui Regional Health Network Collaborative Aotearoa Board-Connecting Hapori for Hauora

I am Chief Executive Whanganui Regional Health Network, which is a primary health organisation established in 2003. As a member of Te Hononga, the Whanganui Localities Steering Group, I have had the privilege to work alongside Iwi leaders and providers in establishing our Localities prototype across our rohe and working together to develop priorities that will have meaningful impact on inequities that exist for Māori in particular.

DELEGATE PROFILES

ANDREW SWANSON-DOBBS

CEO WellSouth Collaborative Aotearoa Board-Data and Story Telling Lead

Andrew Swanson-Dobbs joined WellSouth as the CEO early 2019. Beginning his career in child and adolescent mental health services before moving into primary care where he has worked as Clinical Services Manager at Rotorua General Practice Group, CEO at Nelson Bays Primary Health and most recently as a General Manager at Pinnacle Midlands Health Network. His passion is ensuring all people get access to the care they deserve and require.

KIRI PEITA

Western Bay of Plenty Primary Health Organisation Director, Māori Health and Well-being

Building an organisational culture of equity is my driver and passion, taking people with me on the journey (through manaakitanga and whanaungatanga) and aiming to ignite the fire in our teams' bellies to do the mahi. Poipoia te kakano, he puawai-cultivate those things that are important whatever or whoever we give our attention will grow, success starts with a plan, a dream or a vision.

DR JAKE AITKEN

General Practitioner Registrar Te Rūnanganui o Te Āti Awa

Il am a General Practitioner Registrar in an iwi (tribal group) run practice within the community I was raised. I am also a medical educator helping to ensure all medical students coming through the University of Otago, Wellington are learning in ways that will ensure they deliver culturally safe, and equitable healthcare to whānau Māori (Māori families). I'm interested in the intersection of matauranga Māori (Māori knowledge) with clinical practice, and how we can indigenise General Practice to better suit our whānau Māori.

DELEGATE PROFILES

EDDIE EDMONDS

Manager Healthy Families Hutt Valley

Leading the Healthy Families Hutt Valley kaupapa, which is part of a dedicated prevention workforce who are embedded in our local community, driving and supporting systems change locally, regionally and nationally. Healthy Families NZ is a large-scale prevention initiative that brings community leadership together in a united effort to improve the health and wellbeing of our communities. Our goal is for all New Zealanders to enjoy health, promoting social and physical environments where they live, learn, work and play. Hutt City Council is the lead provider for Healthy Families Hutt Valley.

DINAH REA

Director of Health Te Rūnanganui o Te Āti Awa

Working for my own iwi (tribal group) means that everything I do is for the betterment of my whānau. I am very whanau and community orientated and ensure that everything we do promotes good health for those in our community. I currently manage and direct our four health orientated services including a medical centre, health promotion team, child health and development team, and community support service.

LINDSEY WEBBER

Chief Executive Western Bay of Plenty PHO

I have a special interest in primary health care initiatives that focus on reducing inequities and ultimately empower people to improve their health and well-being. I also support the advancement of people centred organisational philosophies that authentically seek to meet the needs of the people they serve. My personal values of integrity, compassion and kindness have served me well in my mahi to date.

DELEGATE PROFILES

DR ANDREW MILLER

Te Whatu Ora - Clinical Director of Primary Care & Integration Collaborative Aotearoa Board-Kaiārahi Rongoā: Clinical Lead

I've been a GP for the last 28 years, in a practice which has always been interested in taking up innovations and improvements. In the last decade I've had two cancers which have sharpened my resolve to make sure people are empowered to have what matters to them addressed. I'd like to see a shift in the paradigm of care from providing services to providing well-being focused care. My clinical leadership role for Collaborative Aotearoa has given me the opportunity to get my GP colleagues enthusiastic and change ready as we try and establish localities around NZ. As an ex-chairperson of a large Primary Health Organisation which helped sent up a prototype locality in my district, I've first-hand experience in the complexities of trying to get a collective action and focus on what matters to our communities rather than what matters to providers. I'm always up for a challenge and remain an eternal optimist.

JOSAINE NGATAI

Business Manager Ngāti Toa Iwi

In the workplace I enjoy collaborative approaches to mahi to achieve common goals and aspirations, I like to be in a learning and teaching environment. In my current role, my focus in on promoting growth and innovation to deliver high quality, accessible health services to our community. My goal is to contribute to improving the provision of healthcare services in our community and make a positive difference.

PIKI TE ORA HIROA

Pou Whakahaere - General Manager Ngā Iwi o MOKAI PATEA Services Trust

My key role is to lead the organisation and team, implement the Mokai Patea Services Strategic Plan, grow the business and ultimately work within the Strategic Plan for the betterment of our people of this rohe. I represent our Board and organisation at relevant and appropriate forums and provide general oversight of all Mokai Patea service functions and activities, while ensuring systems are in place to manage the day-to-day operations and strive to assure an effective and efficient organisation.

DELEGATE PROFILES

NICOLA RUSSELL

General Manager Clinical Quality THINK Hauora

I love change management and challenging the status quo. I value honesty and fairness (hierarchy is of no interest to me - we are all trying to do the best for the same population, there is no competition!!!). I really want to see how other health systems (nationally and regionally) make integrated teams happen whilst managing to mesh together a variety of government and privately funded entities. I get energised by the roles that allied health can take on - disrupting the traditional focus on medical and nursing. So much untapped talent there!!

CARRIE HENDERSON

General Manager Services Te Awakairangi Health Network

I have a strong interest in strategic leadership and enjoy working towards big picture goals. I have a passion for community integration and a belief in delivering support and services in meaningful ways. I enjoy innovative thinking and developing ideas through to delivery which are a bit different to what has always been. Throughout my career I have been driven by a strong sense of social justice, embracing the vastly different knowledge that many bring and weaving this together to create sustainable outcomes.

JOANNE REIDY

Kaiwhakahaere Matua Māori General Manager Māori Te Tāpui Atawhai – Auckland City Mission

I proudly represent my people of Ngāti Tamaterā, Ngāti Hako, Ngāti Raukawa ki Te Tonga and am the first General Manager Māori at Te Tāpui Atawhai – Auckland City Mission (Mission). At the Mission, we respond to poverty and great need in our city of Auckland. People come to us when they need access to permanent and sustained housing, enough nutritious food to eat, and when their physical and mental health is compromised. Our services have evolved as the city's social needs have done. We respond to these needs with care and compassion while advocating for a reality where there are enough suitable homes, enough money for nutritious food and easily accessible healthcare for all. Since our doors opened more than 100 years ago, this has been our 'why'.

COLLABORATIVE AOTEAROA

Reference Materials

STUDY TOUR DOCUMENTS, PRESENTATIONS AND SLIDES

REFERENCE MATERIAL LINKS

11th-12th May	Edmonton	System integration - Lewanczuk and Henderson Primary care - Rob Skrypnek Indigenous Health - Roadmap to Wellness RIFS - Shawna McGhan NZ Presentation - Andrew Miller ESPCN Programs presentation Working Together to Address Factors Impacting Health - Alberta Poverty Simulation – United Way Alberta Capital Region Fast Facts: Preventing Adverse Childhood Experiences |Violence Prevention|Injury Center|CDC Alberta Family Wellness Initiative – Building Better Brains
14th May	IPHCC-North York	IPHCC Presentation 14th May
15th May	Hamilton Family Health Network & Tamarack Institute	Hamilton presentation - Collaborative Aotearoa NZ GHHN Itinerary GHHN Visit photos GHHN Banner picture Indigenous Health in Indigenous Hands - GHHN
16th May	North York Toronto Health Partners	Culturally appropriate context BBC Compassionate North York – Strat Plan IPHCC Nz Delegate Agenda – Toronto
17th-18th May	London	Neighbourhoods Programme presentation – London Using PHB's and PKB to get well and stay well – London Population Health Hub – London Springfield Park Primary Care Network – London
19th May	Bristol, North Somerset and South Gloucestershire	Morning session Bristol - 19th May BNSSG Mental Health Integrated Access Partnership 19th May BNSSG System Clinical Assessment Service 19th May CIL Hari Ramakrishnan presentation- South Bristol
22-24th May	Antwerp ICIC23 Conference	ICIC24 Session Recordings
10th-26th May	NZ Delegates slides	Piki Te Ora & Jude Slides - Collaborative Aotearoa Lindsey & Kiri Slides - Collaborative Aotearoa Josaine Ngatai slides - Collaborative Aotearoa Irihāpeti Mahuika slides - Collaborative Aotearoa Dinah & Jake slides - Collaborative Aotearoa Carrie Henderson slides - Collaborative Aotearoa Collaborative Aotearoa Opening slides 15th May
	Video presentations	Amarjit Maxwell Presentation Irihāpeti Mahuika and Jake Aitken Presentation Jennifer Raynor and Sarah Hobbs Presentation Melissa McCallum Presentation Caroline Lidstone-Jones Presentation Sylvia Cheuy Presentation Te Ara Ako video from Greater Hamilton Health network