

COVID-19

From Response and Recovery to the 'Next Normal'

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How have we united

On the 16th of March 2020, Russell Simpson (Chief Executive WDHB) opened the Emergency Operations Centre in response to the COVID-19 pandemic. Initially this was 'health led' and based at the DHB. However, quickly, it was identified that "together is better" in terms of how we respond to the crisis and work with our community. On the 29th of March, the EOC moved to the Whanganui Civil Defence office and worked in the Integrated Recovery Team. This team comprised of WDHB, WDC, Police, Iwi, FENZ and links through to Rangitikei and Ruapehu District Councils.

From response to recovery

Taking the learnings from the response phase, we continued in an integrated manner into the transition to recovery. Through this, we formed the Integrated Recovery Team. This team was focused on the community through three elements of recovery - economic, social and health.



UNITED IN RECOVERY He waka eke noa

Community Engagement

It was identified early on that the best way to ascertain the communities aspirations and goals for recovery was to engage with them. To date, the Integrated Recovery Team (IRT) have:

- Received 87 organisational survey responses
- Received 372 individual survey responses
- Undertaken 24 response strategic leader interviews
- Undertaken 6 strategic leader interviews
- Undertaken 16 Health Service provider interviews
- Day of engagement at the Whanganui River Market
- Conducted 50 focus groups which represent over 70+ NGOs, groups or organisations.

This engagement has been throughout the rohe and included members of the IRT, including council members at each hui. These engagements are continuing and will act as a critical evaluation of plans in the future.





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Think piece: Social Governance

For the past 12 months, as a new chief executive in the health sector, the notion of developing social governance across our icommunity has been at the forefront of my thinking. I see social governance as an intex that brings multiple agencies together to create and sustain meaningful change. Change that improves the lives of people in sec community, health in isolation cannot make an impact an its own. All agencies need to work on systems suber than in these, and this requires a situred vision.

We remain constrained by an environment where funding is often devolved to agencies with varying levels of accumatiality for our lead commany. And that funding is subary derived by a formula that depends on what has or has not filled in their census forms. The reality for district health boards is that the impact on a person's health usually results form many social factors such as deprivation, poor housing, low literary and educational achievement, litely for factors, wet, if if Alactors such as deprivations, poor housing, low literary and educational achievement, litely for factors, etc. If Population black d'unding (PP) does not increase to match the needs of our commanity, will we effect the change required? The answer is single in that we wall fail further behind. We cannot simply replicate the catura-go our but many of us will achieved be is not serving our communities well.

What we need in a mechanism to disruppt current thinking, and ensure a commitment from all government agencies to work on the idea of surial governance for our people. Why the Whanganui district? We cover a geographical area of nearly 10,000 square klometres, and have a mixture of runal and urban populations. The district has a high level of deprivation, and we have 55 percent of our total population living in deprivation Duclies 5-10. Our klasmic population is agrossimativity 27 percent, and approximativity 40 percent of our distlema are Maint. We have 65,000 beds in our community - the best bed for a person is their own one, not a hospital bed. We need to make levery bed matter:

To quote statistics is one thing, but the biggest game changer is that the discussion I have had with many agencies over the past 12 menths suggests there is a commitment from all to develop a social governance and innovation construct for our community. If we can get this to work for the Whangwork framewark and work anywhere.

Our mayors, local territorial authinities, board chain, regional commissioners, hei, Police, Ministry of Social Development, Dianga Tamarkia, consumers and community business partners see this as an opportunity that we should capitalise upon. The discussions will raise more questions than answers and require political support. The conversations are likely to be uncomfortable for many-particularly those who will ultimately be impacted, such as the government agencies ourselves. These who have tabiloosally held the decisions and insecures will be testadu. Leaders may feel uneasy and see this differently when we have to put money into such an idea as an investment, in our communities future, rather than our current funding mechanisms which focus on many areas of health and social circumstances in solution.

We need to work on the systems that matter for our people, and not in the systems designed to support them. The community needs to be a player in all of this. First, we need to ansure that our leaders are up for the challenge - policitians, thief executives, mayors, district commanders, etc.

The Next Normal

► In March 2019, Russell Simpson wrote a think piece on 'Social Governance'. In this think piece, it outlined the importance of crown agencies, local government and social agencies working together for positive collective impact for the communities we serve. Through this, we can reduce duplication of resources, and better consider the way that we address communities economic, health and social needs in an integrated manner.

Social Governance

[Social Governance] Verb

The method of governance focussed on supporting and putting into action 'thriving communities' to have healthy individuals and whanau, healthy economies, healthy environments and healthy neighbourhoods.

The Next Normal

The affects of COVID-19 are far reaching and the full affects have not been realised yet. It is therefore more important than ever to collectively work together in an integrated manner to support our communities.

• As a result of Russell's think piece, and the collective sense of responsibility to our communities which was enhanced through our experiences in COVID, an Integrated Social Governance Leadership Team was formed. Through this Leadership Team, a collective Thriving Communities team is in the process of being created to work with our communities and organisations to ensure that the voice of the community is fed into our future plans - this is about being community led and working with our communities, rather than 'doing it to them'.

Organisations currently represented:



















Regional Work Streams

The work of the Thriving Communities Team is going to ensure that it is connected into the regional work streams and enable a local focus in such work. The identified workstreams that we are currently supporting are:

- Regional Economic Recovery Taskforce (Horizons)
- Caring for the Communities (Ministry of Social Development)
- Ruapehu Whānau Transformation
- Accelerate 25
- Build Back Better

Next Steps

The Integrated Recovery Team are compiling reports about what learnings have come from the community engagements to date through a process of thematic analysis.

These learnings will feed into the work that the Thriving Communities Team will undertake into the future. This will result in a scoping report that will come back to the Integrated Social Governance Leadership Team. The scoping report will demonstrate the statistics and the stories of our communities and provide the opportunity to support our communities to determine the solutions to any issues identified throughout the process.

We will continue to work with the organisations within the social governance environment and report back regularly about progress along this journey towards Thriving Communities.