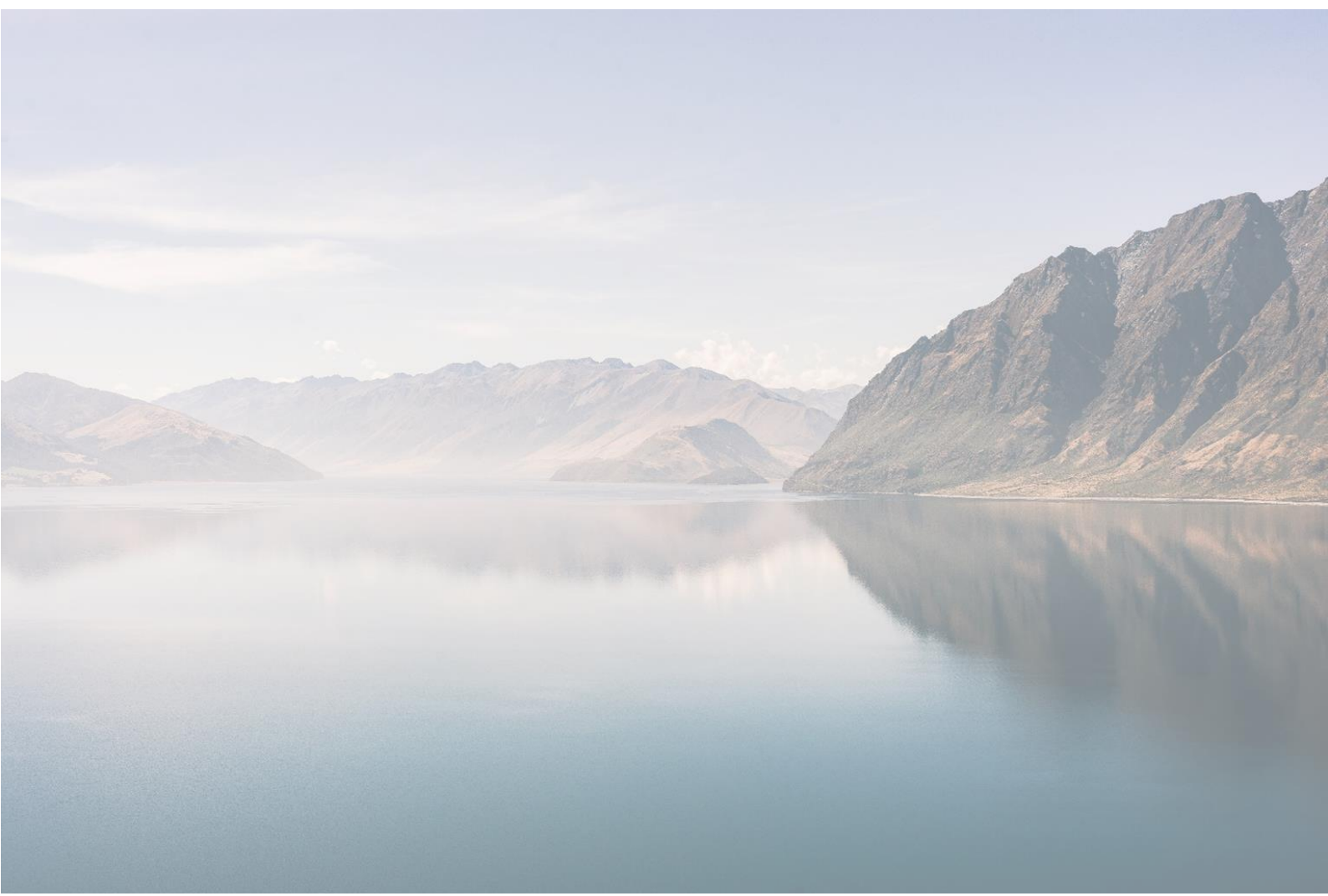


STRATEGIC BRIEFING FOR THE SOUTHERN HEALTH SYSTEM

Summary document



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About

The Strategic Briefing for the Southern Health System has been sponsored by the Southern DHB. Its aim is to help people across the southern system keep focused on positive action during the time of transition during the health reforms.

It also provides incoming leaders at Health New Zealand, the Māori Health Authority and the Iwi Māori Partnership Board with information and ideas to build from as they take over the role of guiding our health system into the future.

The briefing was developed through engagement across the southern health system via document reviews, surveys, data analysis, interviews, focus groups and subject specific workshops.

A working group and steering group held regular meetings to inform and guide the project.

The strategic briefing is presented in an online environment www.southerntransition.com

This is a summary document that presents the key themes and priority actions described in the strategic briefing.

Key messages to the Southern health system in this time of transition and change.

- **Re-orient to Māori leadership** – the health system is being redesigned so that Iwi Māori have a more central leadership role in designing, delivering, and monitoring services for Māori. The southern system should proactively reframe itself to support and enable Māori leadership across the system in this time of transition, and beyond.
- **Stay focused on health outcomes** – structural and leadership changes can be distracting. The Southern health system must maintain focus on its core business of providing healthcare. When the patient and their whānau is at the centre of all decisions we will be doing the right thing. Monitoring key health outcomes, especially by ethnicity, supports good decision making to ensure equity.
- **Be proactive about the future** – leaders at all levels and across the system should look at the signals from Health NZ and the Māori Health Authority and be proactive in their response. Don't hit the pause button. Take leadership, make decisions in line with the signals and keep our health system moving forward.
- **Focus on building connections**– times of transition can be periods when structural change leads to a loss of connections and networks across the system, leading to disjointed action. Strong connections and networks are vital to a high performing health system. Use this transition time to proactively build networks that align to the needs of our future system.
- **Extraordinary times** – acknowledge these are extraordinary times with the COVID-19 pandemic creating challenges for our health response and impacting on workforce stress and supply. We need to move forwards understanding the future is uncertain and our health system needs to remain flexible, responsive, compassionate and professional.

Better health, better lives, whānau ora

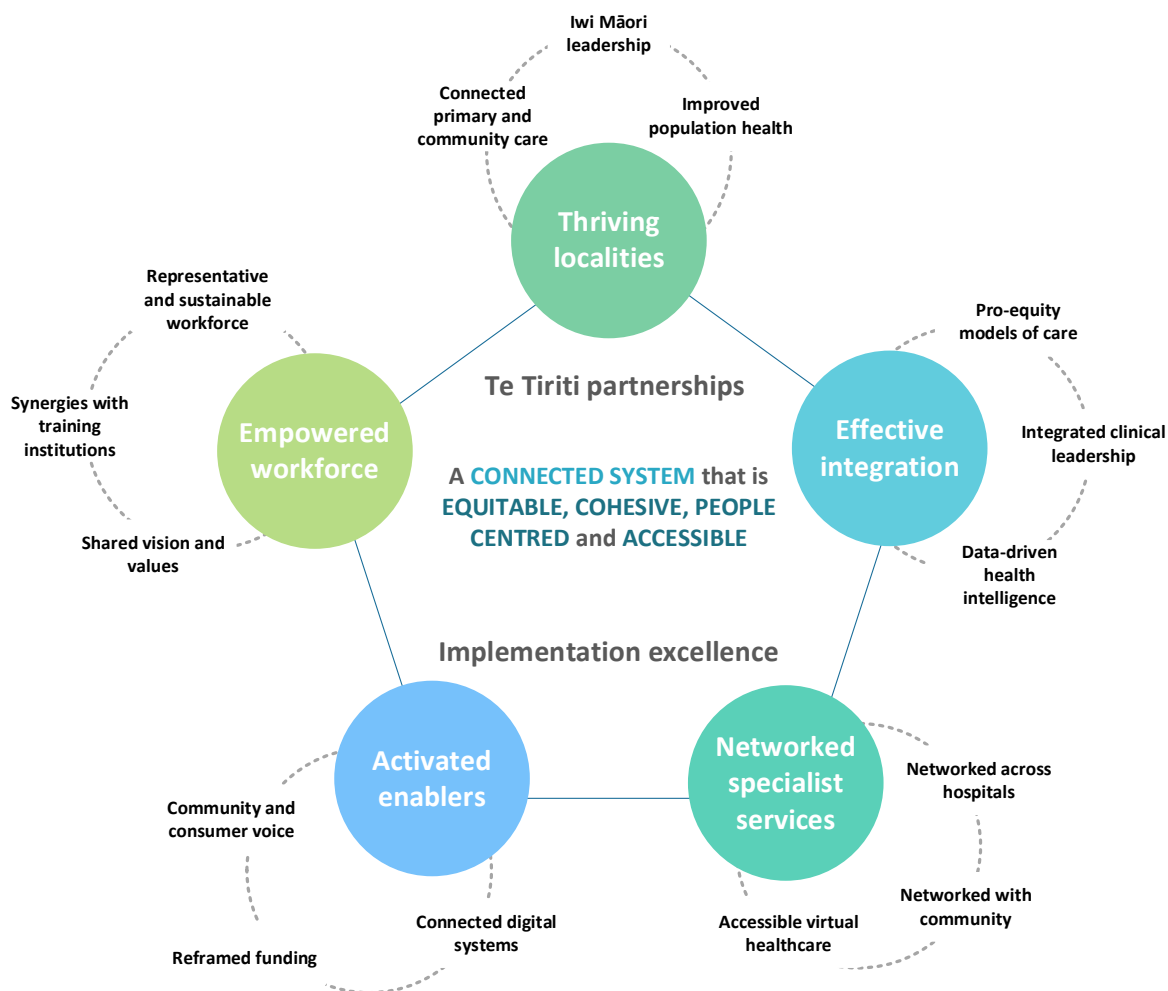


In this health system:

1. My whānau and I are at the heart of this picture, living in my community with the knowledge and means to support our own health and wellbeing.
2. Our health is supported by our community agencies and organisations that work together to actively support positive social and environmental determinants of health.
3. Around us is a locality of connected 'close to home' primary community services, with an enhanced general practice team at the core, with clear linkages and pathways to other community health and disability services, and social services.
4. In our community there are locality hubs, which bring together multiple services in one place to improve access, convenience, and service coordination.
5. If my whānau needs more regular or specialist care, this is informed by clear models of care and pathways that promote equity at each step of my journey and make sure my care is connected and coordinated between hospital and community-based teams.
6. Technology assists my care close to home, with information about me being available to professionals who need it and I have easy access to specialist advice through telehealth.
7. When I need to access specialist care, the internal hospital systems are well coordinated, with timely access to appropriate technology and clinical expertise. Health facilities are places where my whānau and I feel safe and supported.
8. Behind all these services are connected clinicians, managers and community leaders informed by a web of information to monitor and improve this system.
9. I am comforted by an available workforce that is well trained and supported, and some of them are from the same cultural background as me. The whole workforce has a shared purpose and values.
10. I can see how Te Tiriti relationships empower Māori leadership and partnerships across our system, leading to services that are equitable, accessible, and cohesive.

What we need to do

To achieve this vision, we have work to do in creating a connected system that is more equitable, provides care closer to home, is accessible and cohesive. The diagram below outlines areas we need to focus on – and actions that are catalysts for change.



There are five areas where we need to make progress in this transition period to move forward and prepare for health reforms.

- **Thriving localities** – establishing localities and the connected population health and community care systems within and between them
- **Effective service integration** – particularly around the leadership to establish pro-equity systems of care that apply across all parts of our community and specialist services
- **Networking specialist services** – which is about creating an environment where specialist services are better networked across the district and with the community.

- **Activated enablers** – which identifies the role of enablers in an integrated and connected health ecosystem
- **Empowered workforce** – which emphasises how a representative, capable and responsive workforce is at the core of the capacity and connectivity of our system.

How we need to act

There are two key themes that apply across all the elements in this strategic briefing. The first is enabling Māori leadership across the health system to improve Māori health outcomes. The second is the vital importance of change leadership, with a focus on implementation excellence.

MĀORI LEADERSHIP AND TE TIRITI PARTNERSHIPS

1. **Recognise Māori leadership in the design, delivery and monitoring of future health services.**
2. **Te Tiriti partnerships will be reflected through the role of the Iwi Māori Partnership Boards and through Māori leadership roles across the health system.**
3. **Relationships with Iwi Māori should reflect the principles outlined in the Waitangi Tribunal Health Services and Outcomes Kaupapa Inquiry (Wai 2575), which include Tino Rangatiratanga, Partnership, Equity, Active Protection and Options.**
4. **To achieve the increased scope of leadership envisaged for Iwi Māori, there will need to be a proactive approach to support the development and capability of the Māori workforce and health system leadership across the southern health system.**

IMPLEMENTATION EXCELLENCE

1. **Establish a dedicated change management team within the Southern DHB to implement actions in this strategic brief and to guide DHB implementation and change projects in general.**
2. **Encourage, empower and mobilise leaders across the southern system to connect with each other take up leadership in the action areas identified in this briefing.**

THE POWER OF CONNECTION

An underlying idea across this strategic briefing is connectivity.

Across the range of actions – Māori leadership, establishing localities, connected care, clinical leadership, systems of care, data infrastructure, specialist networks, telehealth, rural hospital networks, workforce strategies and links with training institutions – the common focus is building a system of connected organisations and professional groups with common goals, shared information and high levels of transparency.

We know that complex systems, like health care, work better and innovate faster with high levels of connectivity and strong feedback mechanisms. The health reforms may bring about structural and process changes, but if our system is not joined up, the reforms will fail to thrive.

Connectivity is an outcome of good leadership. It is up to leaders from all parts of our system to reach out to each other and take the opportunity that this transition time offers.

Times of change and transition can be stressful and challenging but they are also times of opportunity. They are times when new ideas can replace historic patterns. The health reforms offer a time to think without the constraints of the status quo and instead focus on the best ideas about how we can change to improve patient and whānau outcomes.

Health NZ and the Māori Health Authority will be providing shape and structure for our new system, but they will be looking for local ideas and solutions to inform new approaches to service commissioning.

This briefing provides some places to start. The following sections summarise the actions in this strategic briefing and proposes leadership for each element.

1. THRIVING LOCALITIES

1.1 IWI MĀORI LEADERSHIP AND PARTNERSHIP IN LOCALITIES

1. Iwi Māori should develop and agree on localities that are meaningful for Iwi Māori and reflect Iwi Māori perspectives and communities of interest. Localities based on Iwi Māori perspectives may differ from localities based on communities of interest for the general population.
2. A new approach may be required to enable Iwi Māori and general community perspectives on localities to respectfully exist alongside each other.
3. Strategies and resources within localities should be deployed to address Māori health improvement and equity, as a matter of priority

Leadership: *Iwi Māori, with support from the Southern DHB/MHA/Health NZ*

1.2 ESTABLISHING LOCALITIES TO DELIVER IMPROVED POPULATION HEALTH

4. Communities, health providers and agencies should be engaged into a proactive process to explore and propose the localities for the South. Build from successful examples, like Safer Waitaki.
5. Local health needs analysis should be completed to inform population health priorities and actions.
6. Public health expertise in the region should be engaged to support the establishment of effective population health structures and programmes in localities. There may need to be investment in public health resources – as these resources are currently stretched.

Leadership: *Iwi Māori, public health unit WellSouth, rural hospital trusts - supporting a co-design process that engages across the health/disability and community stakeholders. Enabled by Southern DHB/MHA/Health NZ.*

1.3 BUILDING CONNECTED PRIMARY AND COMMUNITY CARE

7. Mobilise a local co-design process to propose a solution for locality provider networks, and network support providers for localities in the south.
8. Continue to implement the Southern Community and Primary Care Action Plan with emphasis on improving connections to community providers and improved access to allied health. Build links to kaupapa Māori providers.
9. Explore a role for rural hospitals as locality hubs, which provide a physical home for a range of local health and social services and support service integration.
10. Continue to develop the scope of urban locality hubs, with the Te Kāika model in Dunedin and the proposed Invercargill centre as exemplars.
11. Improve the coordination of Pacific Health service planning and commissioning, and the use of data for planning purposes.
12. Increase after-hours primary care capacity in Invercargill to increase access to care, and ease pressure on Southland ED.

Leadership: *Iwi Māori, WellSouth, rural hospital trusts – supporting a co-design process that engages across health/disability and social service providers and consumers. Enabled by Southern DHB/MHA/Health NZ*

2.EFFECTIVE INTEGRATION

2.1 BUILD INTEGRATED CLINICAL LEADERSHIP

1. Create a clinical governance group that has a mandate for whole system connectivity and quality. The group would have representation from multiple professional groups and from across the system. It must be recognised and supported by key sector organisations.
2. Establish clinical governance groups for each locality, that also have a whole-system and quality improvement mandate – the locality groups would have representation on the wider clinical group.

Leadership: *Clinical Council and clinical leadership groups from across the system and across professional groups. Enabled by Southern DHB/MHA/Health NZ*

2.2 PRO-EQUITY AND SYSTEMIC MODELS OF CARE

1. Establish a repeatable and consistent process for developing and monitoring pro-equity systems of care, which will inform population health, patient pathways, clinical practice and resourcing across a system.
2. Develop an initial pro-equity system of care for cardiovascular disease and stroke with the aim of reducing the significant impact these conditions have to inequitable life outcomes for Māori.

Leadership: *Build out from existing working group that informed this strategic briefing. Stewardship via Iwi Māori and extended (whole system) Clinical Council. Enabled by Southern DHB/MHA/Health NZ.*

2.3 CREATE DATA-DRIVEN HEALTH INTELLIGENCE FUNCTION

1. Develop an integrated data system that extracts data from community and specialist service providers to develop a repository for a whole system view of NHI-linked person-event level data to inform planning, performance monitoring and system level quality improvement.
2. Finalise and activate the data sharing agreement between PHO and DHB.
3. Ensure Māori data sovereignty issues and perspectives are addressed.

Leadership: *Southern DHB, WellSouth PHO and Iwi Māori initially. Engage others as systems in place.*

3. SPECIALIST SERVICES

3.1 CONNECTED HOSPITAL NETWORKS

1. Move forward with planning for specialist services as an integrated network. Planning for the New Dunedin Hospital and Invercargill Hospital should aim to be building an integrated network. Areas where further clarity is required for network planning includes the roles of Christchurch and Dunedin hospitals in relation to tertiary services
2. In parallel with the new Dunedin Hospital planning, develop clarity about the future role/scope of the rural hospital services and the pathway forward for Central Lakes. This should include consideration of expanded services in the Cromwell area.

Leadership: *The Rural Hospital Trusts should collectively prepare a future vision for the role and scope of rural hospitals.*

The Southern DHB should set in motion analysis to inform the future pathway for Central Lakes. Health NZ and the MHA will provide guidance around tertiary services.

3.2 CONNECTED WITH COMMUNITY

1. Develop improved systems for connecting hospital and community-based services. As a first step, develop an explicit plan for how the whole system responds to the needs of older people.
2. The plan for older people should be incorporated with the care systems being developed for the new Dunedin Hospital. The plan should address healthy ageing and care closer to home – and should ensure that hospital-based specialist services are being appropriately and effectively used.
3. The process for this plan should form a template for how to improve the integration of hospital and community care systems.

Leadership: *The project team leading the new Dunedin Hospital future care systems should work with community partners to lead this work. Build up from the analysis included in this strategic briefing.*

3.3 ACCESSIBLE VIRTUAL HEALTHCARE

1. Agree protocols (supported by pathways and models of care) for when telehealth should be the default option for clinician-patient and teleworking for clinician-clinician consultations.
2. There should be further exploration of a more systematic approach to using teleworking to enable specialists to support generalist decisions and clinics, to enable rural generalists to work at a higher scope – across medical, nursing, and allied professions.

Leadership: *Telehealth uptake should be a work programme led by the Southern DHB/ Health NZ/ MHA and WellSouth that has oversight from an extended (whole system) Clinical Council.*

4.EFFECTIVE ENABLERS

4.1 COMMUNITY AND CONSUMER VOICE

1. Support the establishment and role of the Iwi Māori Partnership Board and its leadership role in ensuring Māori voice is heard as our new system is designed.
2. Support the Community Health Council to take a stronger role to ensure that the consumer and community voice is part of the process of designing how localities are established and function.

Leadership: *Iwi Māori and the Consumer Health Council*

4.2 REFRAME FUNDING

1. Ensure resourcing is available to facilitate the leadership role for Iwi Māori in the new system and for capability development for the wider Māori workforce.
2. Provide resources so that the transition support actions outlined in this briefing can begin promptly so the southern system is responding proactively to the change opportunities. (Note – most actions relate to connecting and empowering leadership and do not require significant resourcing)
3. As a priority, make resources available to develop and enact the pro-equity systems of care. The model of care should drive the funding model, with resourcing focused on systematically addressing points of inequity.

Leadership: *Southern DHB/ Health NZ/MHA with appropriate contributions from other major health providers.*

4.3 CONNECT DIGITAL AND SERVICE DESIGN

1. Ensure that digital expertise and technology providers are part of the co-design for coordinated care networks in localities, so that local digital solutions are developed with clarity about the functions they need to deliver.

Leadership: *Southern DHB/Health NZ/MHA, WellSouth, HealthOne, rural hospital trusts*

5. EMPOWERED WORKFORCE

5.1 EMBED SHARED VISION AND VALUES

1. Use the challenge of establishing localities as an opportunity work together to develop a locality vision and establishing common principles and ways of working.
2. Reframing collective values to explicitly reflect the leadership role of Iwi Māori in the design, priorities and performance of the southern health system and in the Wai 2575 principles.
3. Keep working with the Southern DHB values of: 'Kind/Manaakitanga, Open/Pono, Positive/Whaiwhakaaro, Community/Whanaungatanga' until Health NZ and the Māori Health Authority develop and communicate a new vision and values.

Leadership: Leaders across the health system

REPRESENTATIVE, SUSTAINABLE WORKFORCE

1. Promptly create and deliver a workforce action plan for the south that addresses the changed reality of COVID-19 driven workforce needs and shortages.
2. Create a southern region workforce plan that builds a health workforce that is more representative of the population. Focus on the skills needed for our future system, including population health skills, addressing rural shortages across professions, and building the Māori and Pacific service delivery workforces.
3. Work with Iwi Māori to develop a clear Māori workforce development plan, which includes developing the skills to support the Iwi Māori leadership roles in the future health system.

Leadership: Southern DHB/Health NZ/ MHA working with Iwi Māori and with stakeholders across the system

5.2 REALISE SYNERGIES WITH LOCAL TRAINING AND RESEARCH INSTITUTIONS

1. Develop a forum to align strategic interests and develop and agree collaborative actions across the training and research institutions and health system. Areas of exploration include:
 - Training placements
 - Supporting on-the-job upskilling across professions
 - Improving the capacity and capability of the Māori and Pacific health workforce.
 - Research, evaluation, quality improvement and change management

Leadership: Southern DHB/Health NZ/ MHA and the University and Polytechnics.

'Start here' list

The start here list is made of the recommendations that are catalysts for further actions and where good progress can be made in 12 months:

1. Enable and support shift from Iwi Māori 'engagement' to Iwi Māori 'leadership' across the system and support successful establishment of Iwi Māori Partnership Board
2. Get moving with advice on establishing localities - Consult and confirm preferred localities/ Set up population health leadership/ Establish locality networks / Ensure communities and consumers are engaged/ Link to digital solutions
3. Establish clinical governance forum for whole system
4. Act to develop on pro-equity systems of care
5. Start integrating DHB and PHO data
6. Develop future vision for role of rural hospitals in the south and start defining the future path for Central Lakes
7. Increase use of telehealth in outpatient care
8. Develop integrated hospital/community service plan for frail elderly
9. Develop workforce plans to take account of COVID-19 and health reforms
10. Ensure Māori leadership and consumer voice is part of future design process
11. Refocus workforce plans around building a representative workforce and addressing immediate challenges with responding to Covid-19
12. Establish implementation project office and fund recommendations in this strategic brief, support implementation of existing agreed plans