The Northern Region Service Plan

Annual Plan 2020/21

Regional collaboration actions to ensure the best health for the people living in our Northern Region.

Hon Chris Hipkins

MP for Remutaka

Minister of Education
Minister of Health
Minister of State Services

Leader of the House
Minister Responsible for Ministerial Services

16 October 2020

Ms Ailsa Claire
Lead Chief Executive for Northern Regional District Health Boards
Auckland District Health Board
ailsac@adhb.govt.nz

Dear Ailsa

Northern Regional Service Plan 2020/21

This letter is to advise you that I have agreed the Northern Region Service Plan (RSP).

This plan marks year three of the strategic implementation of your Long-Term Investment Plan (NRLTIP). Your region continues to progress its key priorities informed by the NRLTIP and subsequent findings from regional 'deep dive' work to align with the New Zealand Health and Disability review. The plan also advances the region's legislative obligations and commitment to achieving health equity for Māori, acknowledging that the COVID-19 pandemic presents an opportunity to reset the health system to enable a more pro-equity approach.

My approval of your RSP does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health (Ministry). Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

I would like to thank you and your staff for your valuable contribution and continued commitment to delivering quality health care to your population and wish you every success with the implementation of the 2020/21 RSP.

Please ensure that a copy of this letter is attached to the copy of your signed RSP held by each DHB Board and to all copies that are made available to the public.

Ngā mihi nui

Chris Hipkins
Minister of Health

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Foreword

This 'Northern Region Service Plan' sets out the actions that the Northern Region DHBs will progress through joint working during 2020/21. This plan responds to the MoH Regional Service Planning guidance.

As leaders we recognise the WAI2575 tribunal findings that our health system needs to fundamentally change to live up to Te Tiriti expectations. The COVID-19 pandemic health response presents an opportunity to reset the New Zealand health system to secure a better future for Māori and for all our communities as we work to recover waiting times standards. This includes addressing vulnerable clinical services in need of more resilient and regionally coherent models of care.

For parts of our Region the gap in life expectancy for Māori compared to non-Māori has reduced substantially, but areas of our Region remain with up to 9 years' difference. There are differences in eligibility for care that depend on where people in our Region live, not clinical need. Our intention is that wherever you receive healthcare across our Region you should expect consistently high quality care, fast access, comparable survival chances and good outcomes.

These intentions are shared by many of our clinical service leaders, across care settings, and by those who finance, fund and plan services. They resonate with our Iwi partners, and communities we serve. Yet they will not be fully realised through existing ways of DHB working. We are taking the opportunity to put in place a different approach so we can achieve our goals for the Region's patients and communities. This begins with a new model of regional leadership, which will change the way we go about tackling our biggest challenges. It will create the space our leaders need to act strategically, consider issues safely based on a principled approach, and to harness the talents and strengths in our organisations for the benefit of the whole Region.

Building on the shared experience of joint working in the Region, our intent is:

- To put into practice the principle of "One team" with a singular purpose in our regional leadership, committed to the primacy of equity across our entire geography
- To adapt our services to the needs and rights of the patients and whānau who use them, rather than expecting patients to adapt to the way our services work
- To set leadership expectations of our teams, such that our clinical and managerial leaders own, and demonstrate, new behaviours and values in line with our collective intent
- To embed collective working, by working through difficult conversations and issues in order to secure collective agreement to move together with an agreed common approach
- To determine our approach by what delivers best value for our patients, relative to the collective resources of the Region. We will ensure that in aggregate, none of our organisations will be worse off as a result of our collaborative strategy than they would be by pursuing an individual approach
- To move to create and recognise centres of excellence in our functions and our clinical services, allowing specialisation and focus, rather than seeking as DHBs to be 'all things to all people' whilst ensuring individual DHB governance needs are met.

Embracing new ways of working and leading change is part of an ongoing conversation. We will take this conversation forward together in the coming months as the government responds to the findings of the Health and Disability System Review. We recognise the rapid reforms and gains made in the response to COVID-19 across the Northern Region health sector, and the dedication of our health workforce to make a difference in the health and wellbeing of our communities. We commit our on-going support to help them deliver an equitable, effective, efficient and sustainable health service, and progress our LTIP strategy, as we implement our plans for 2020/21.

Harry Burkhardt

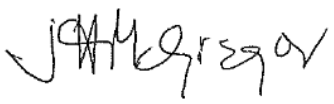
Chair

Northland District Health Board

Nick Chamberlain

Chief Executive

Northland District Health Board



Judy McGregor
Chair
Waitematā District Health Board

Andrew Brant
Acting Chief Executive
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Pat Snedden
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Ailsa Claire
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Vui Mark Gosche
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Counties Manukau District Health Board

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Introduction

A Northern Region 'Strategy' and 'Implementation' Plan.

This Regional Service Plan focuses on regional work for 2020/21, meeting our statutory, national and regional expectations to deliver an effective, safe, efficient, and sustainable healthcare system. This regional plan for 2020/21 complements the work being undertaken by our DHBs as set out in their Annual plans.

The New Zealand Public Health and Disability (Planning) Regulations 2011 require the Regional Service Plan to contain both a strategic and an implementation element. The implementation element must be reviewed annually and the Regional Plan updated annually for agreement with the Minister of Health[1].

To meet this requirement, we have structured this plan into two sections:

1. The **'Strategy'** section summaries the challenges facing the Northern Region health system together with our Region's key strategic responses. These build upon strategic themes and thinking:
   - Initially outlined in the Northern Region Long Term Investment Plan, Jan 2018
   - Detailed in the NZ Triple Aim, legislative obligations, national strategies and Government priorities
   - Highlighted by the NZ Public Health and Disability Review, 2020
   - Arising from the COVID-19 pandemic response.

   As well as summarising the Northern Region 'Direction of Travel' we highlight the relationships between our long term intent and our key priorities over the coming year. This strategic context frames our work-plans 'line of sight', and intervention logic, demonstrating that regional collaboration efforts are focussed upon solving the most significant challenges being faced by our health system.

2. The **'Implementation'** section details the regional work that will be progressed in 2020/21. This section provides an overview of:
   - The key objectives and deliverables, that have been identified and agreed as areas of regional work focus to address our regional priorities
   - Our regional governance and oversight structures.

   A collated view of the quarterly milestones for the Northern Region programme of work is provided in Appendix One. This programme view and milestone summary provides a measurable goal-based view of Region's work plan to allow oversight of the progress being made by the Northern Region.

COVID-19 Context and Impact on Planning

2020 has been an exceptional year. The COVID-19 pandemic dramatically affected DHB and regional planning and delivery processes. Regional resources have been deployed to support the COVID-19 response. DHB partners have also been diverted from participation in regional and strategic work to focus upon more immediate COVID-19 operational responses. The continuing pandemic recovery phase will require ongoing regional support and consume the focus of regional and stakeholder teams. We will need to continue to deploy our resources flexibly throughout 2020/21 to adapt to the developing situation.

As a result of the national emergency and the suspension of regional planning it has not been possible to follow the usual development pathway for the regional service plan. It has not been possible to obtain input and commitment from all the key stakeholders that would normally be engaged during a 'typical' regional planning process. This, together with unknown future demands on resources, results in increased uncertainty regarding the scope of work that can be progressed and achieved in the next 12 months.

Despite this, we are detailing, as far as possible, the regional work plan intent and expected deliverables. This plan enables regional alignment of effort and provides a focus for our work. Uncertainty may reduce as the year progresses and the environment, including clarification of any additional and new priorities as a result of COVID-19, stabilises. Nonetheless we anticipate a more iterative, adaptive work programme and will manage changes through the year by means of 'variation-control' communications through the regional quarterly reporting process between our Region and the MOH.

[1] MoH Annual Regional Service Planning Guidance for 2020/21

Northern Region Service Plan

Part One – Strategy

Te Tiriti o Waitangi - Progressing our Commitments Together

The Northern Region DHBs recognise and respect Te Tiriti o Waitangi as the founding document for Aotearoa New Zealand; encapsulating the relationship between the Crown and Iwi. Te Tiriti protects what whānau Māori, hapū and Iwi treasure, maintains Māori expressions of tino rangatiratanga and guides partnership with Māori to achieve Māori health equity.

This Regional Service Plan supports and advances our legislative obligations and commitment to achieving health equity for Māori. In response to the Waitangi Tribunal's WAI2575 Hauora report (2019), a principle based framework sets out our Tiriti based commitments. Our commitment to the four principles is summarised:

- **Partnership**

  Partnership with Māori to create a more responsive regional health system, designed to achieve intergenerational wellbeing for Māori. To date this has been supported through strengthened partnerships with Mana Whenua and Mataa Waka across the region. The Northern Iwi-DHB Partnership Board, Kōtui Hauora, has been formed as a partner to the three northernmost DHBs and in the south CMDHB has had a partnership relationship with Mana Whenua I Tāmaki Makaurau for many years.

  Māori representation at operational levels is also essential to this RSP; enabling Māori to lead important pieces of work and co-design solutions for services that are not achieving health equity.

- **Equity**

  Māori have a right to fairness and freedom from discrimination. Working to achieve Māori health equity; both rights and needs based, will continue across all work and organisations. Service Design Principles were created in 2019, to underpin development of new and redevelopment of existing health services. Health equity is woven throughout these Design Principles. A focus on Māori health gain ensures we identify and respond to system failures by co-designing equity focused solutions.

- **Options**

  Māori have a right to be able to access hauora services; services that align to Māori views of health and wellbeing. Where, how and by whom healthcare services are provided plays a major role on the quality and value of that service to Māori. A concentrated and deliberate effort is needed to establish, invest in, and support kaupapa Māori services and service providers.

- **Active Protection**

  As promised in Te Tiriti o Waitangi, protection of taonga; Māori culture, traditions and language. Throughout the health sector we all have a responsibility to protect, encourage and use Māori knowledge, Māori experts and tikanga Māori (Māori customs). This will enhance the care we provide and the services we fund.

  Māori leaders in the health the sector are our taonga and will be supported and developed. Non-Māori will be supported to strengthen the important role they play in active protection.

The Northern Region acknowledges the Te Rōpū Whakakaupapa Urutā[2] insight that the COVID-19 pandemic presents an opportunity to reset the Health system to achieve a better future for Māori through developing and implementing deliberate and determined pro-equity approaches:

"Inequity is part of our past and current health system. Māori have a right to, and need for a different future. Achieving a better future will require systemic transformation of the health system, grounded in different values, a different worldview, a different mix of people at the table, different power dynamics and different thinking. It will require a health system that it is held accountable for meeting its Treaty of Waitangi obligations."

We reaffirm our commitment to the goal of achieving full health equity for Māori, and pursuing this together through our strategy and our regional work programme in 2020-21.

[2] The national Māori Pandemic Group

The Long Term Strategic Planning Framework

Our strategic direction and long term intent remains as set out in the Northern Region Long Term Investment Plan (NRLTIP) as we move into year 3 of implementation. The key priorities for regional action are informed by the NRLTIP, together with:

- The findings of subsequent regional 'deep dive' work as tested for alignment with the NZ Health and Disability Review
- Recent learning from COVID-19 pandemic service reforms.

The Northern Region long term strategy, together with the Ministry of Health's priorities, continues to be the foundation for our Region's work plans framing the regional work 'line of sight', and intervention logic.

The Northern Region Long Term Strategic Planning Framework (as outlined in Figure 1, below) drives our intervention thinking.

Figure 1: The Northern Region Long Term Strategic Planning Framework

Our regional long term strategic planning framework considers national, regional and local context and environments. Our strategic direction aligns with regional and national strategic direction statements; these include:

- The New Zealand healthcare triple aim
- The Northern Region Long Term Investment Plan, 2018
- Other contextual plans, such as: the NZ Disability Strategy, DHB Strategic and Annual plans, Māori Health plans, and the Healthy Ageing Strategy
- The National Regional Service Planning Guidance 2020/21.

Northern Region Strategic Direction

Our vision outlines a prevention-oriented, integrated and collaborative health network, delivering responsive care without boundaries, providing care in the best settings, by multidisciplinary teams connected by technology. We emphasise patients & whānau as expert decision makers, supported and respected as partners in care, having the information they need to achieve their health & wellbeing goals and ability to communicate with care teams.

Figure 2: Northern Region Vision

One Vision for the Future

- Our vision for care flows from **Te Tiriti O Waitangi**, honouring the beliefs, values and aspirations of Māori patients and whānau, staff and communities alongside Non-Māori. Universal and targeted services throughout the Region will be developed and operated in ways that give expression to The Treaty articles:
    - **Partnership –** all partners will work together and act in accordance with mutual good faith, trust and reasonableness.
    - **Equity –** guarantee of fairness and freedom from discrimination whether conscious or unconscious. As we advance Māori wellbeing we are commited to innovation and change to achieve Māori equity. This wil involve dismantling systems and practices that have maintained or hidden health inequities between Māori and non Māori .
    - **Options –** As Tiriti o Waitangi partners, Māori have the right to choose their social and cultural path to wellbeing. We will protect the rights of Māori to choose health and wellbeing services that value and nurtuer their beliefs, knowledge and strengths.
    - **Active Protection –** requiring full participation in decision-making processes and judgments as to what is reasonable in the circumstances. This relates to Māori interest as part of the promises made in Te Tiriti o Waitangi where there is a commitment that all Māori culture, traditions and taonga will be protected
- We will deliver care through a prevention-oriented, integrated collaborative network with home, primary, community, and hospital settings centred on the needs of patients, whānau & communities
- We will deliver responsive care without boundaries, providing care in the most appropriate setting, by teams with the right skills & technology working across settings, services and organisations
- We will consolidate services where this can improve quality and outcomes of care, and localise services where increased access will improve equity and population health
- Patients will be supported and respected as expert decision-makers and partners in care to actively shape care plans to meet their goals, and have the information they need to monitor their daily health, achieve their goals, and communicate with their care teams.

Our vision of a whole of system approach, including enhanced integration across the community-hospital interface, is a key concept driving the changes we are planning in our Region. Our Vision is also expressed as a health system delivery ‘Commitment Statement’.

Figure 3: Northern Region Strategic Commitments

We commit to becoming a prevention-oriented integrated, collaborative regional health system.

We will plan home, community, primary, secondary and tertiary services as a single population to optimise health outcomes, efficiency, quality and equity.

We will engage people, whānau and families in their health and wellbeing,

extending & balancing service choices across settings, locations & times.

We will jointly invest in our people, our processes, our technology, and our facilities, for the maximum health and equity gain for the populations we serve,

to fix today's issues, future-proof for our fast growing population,

and accelerate changes in how we deliver care.

To ensure our partners, consumers, communities and our staff fully understand the implications of our Vision for the Future, we have detailed what those we serve can expect from Northern Region Health Services. Figure 4 provides this, patient-centred, articulation of our service design principles.

Figure 4: "What can I expect from future health services in the Northern Region?"

What Can I Expect from Future Health Services in the Northern Region?

I can expect to live for longer, and spend more of that time in good health, regardless of where in the Region I live, my ethnicity or my economic situation.

I can expect the health system to do more to help me maintain and improve my health, to be proactive and to intervene early and promptly when I develop problems with my health.

I can expect to have choices in the care that I receive and the services I use, with all services responsive to me, personalising care to my goals, my preferences, my culture, and my values.

I can expect to be treated as a whole person, my physical, mental, spiritual, and social needs considered in my care, and to access my information easily.

I can expect no decision about me without me, and for my choice for whānau to be meaningfully involved in my care to be embraced.

I can expect to be treated by skilled, motivated, caring, team oriented professionals; reflective of our diverse community, collaborating across disciplines and across the services I need.

I can expect joined-up services and continuity from the team involved in my care, and no longer need to repeat my details as I progress through treatment, with my time treated as valuable.

I can expect to travel less for the care I often need, accessing care both face to face and through technology at times that are convenient for me.

Because most of my care is more convenient, I am willing to travel to regional centres that have the best expertise in less common problems, to get the best health outcomes.

I can expect that services are able to provide evidence-based cost effective treatment effectively and efficiently, and in fit-for-purpose accessible facilities conducive to good care.

I can expect consistently high quality care wherever I am treated in the Region.

I can expect a non-disabling health system that strives for no needless death, no needless disease, no needless suffering or pain, no needless helplessness, no needless delay, & no needless waste.

Responding to Health Care Issues

Three Significant 'Long Term' Challenges

The NRLTIP three strategic problem statements continue to be the most significant long term issues that we face, and need to address, across our Region:

1. Inequity, variable health status and a large burden of preventable ill health
2. Services not centred around patients and whānau, and sub-optimal quality, safety & outcomes
3. Needs of a rapidly growing, aging population cannot be met in a clinically or financially sustainable way, within current capacity and models of care.

In the coming year our service planning places greater emphasis upon regional working to address the first of these problem statements. Equity is the key issue we need to address in our Region. We will still need to transform at scale and expand at pace. This remains critical to avoid our services becoming overwhelmed, and for us to address inequity in health outcomes in our Region. We need a balanced portfolio of regional work to address the issues we face.

One New, But Highly Significant, Short to Medium Term Challenge

The recent COVID-19 pandemic has raised on-going issues relating to risk:

- Of new outbreaks of COVID-19
- That the health of our population and our quality of care be diminished due to disruption of normal service operations
- That we fail to harness increased innovation to equitably address the changes that COVID-19 makes to health needs.

Our Strategies

Seven Northern Region Strategic Responses

We reaffirm our NRLTIP six long term strategic responses and add a seventh, to equitably manage a safe path to COVID-19 recovery.

The Northern Region 'whole of health system' response to COVID-19 has enabled rapid change and evolution in models of care across tier 1 and tier 2 services. Northern Region work practices, trialled during the COVID-19 response period, have created an imperative to focus on faster, shorter, lifecycle projects and initiatives that will address equity and deliver change.

<table>
<tr><th colspan="5">Six Priority Long Term Strategic Responses</th><th>One, Immediate, COVID-19 Recovery Strategy</th></tr>
<tr><td>1. Optimise health outcomes
Prevent, Intervene Early, Planned Proactive Care, targeted to need</td><td>2. Optimise patient experience</td><td>3. Optimise quality, safety, & effectiveness</td><td>4. Optimise efficiency & productivity</td><td>5. Invest in fit for purpose resources
Workforce, Facilities, Clinical Equipment, Information Technology</td><td>7. Safely manage a path to COVID-19 recovery</td></tr>
<tr><td colspan="6">6. Optimise equity in outcomes, experience, quality, productivity and required infrastructure</td></tr>
</table>

New Care Models Delivered Through Balanced investment

Our Long Term Strategy will deliver new care models though balanced investment in facilities, technology and community capacity. The investment strategy in the NRLTIP is described under three themes:

Accelerate
'Accelerating model of care change programmes to maximise health outcomes' The Accelerate theme encompasses any model of care change programmes in the Region. These investments will change how we deliver care to maximise health outcomes for our current and future populations. These investments directly involve model of care change, or are necessary to support new models of care.
Future Proof
'Future proofing our capacity for expected demand' The Future Proof theme captures those investments intended to right size regional capacity to ensure fit for future purpose services against expected demand. These investments will ensure the Region is able to sustainably deliver the optimal health outcomes for our population by developing sufficient capacity to meet expected demand.
Fix
'Fixing our current facilities and existing assets to make them more fit for modern purpose' 'Fix' investments are those which are intended to address our backlog maintenance burden, either through remediation or the replacement of assets and infrastructure. As a result of the size of our maintenance burden, this is the largest of our investment themes in terms of current planned expenditure.

Our 'Accelerate' Strategic Interventions address our major challenges

Problem statement one: Health status is variable and there are significant inequities for some population groups and geographic areas as well as a large burden of ill health across the Region.

As a region to deliver our LTIP strategy we will:

- Invest in co-designed population health interventions, particularly those which address known modifiable risk factors, including smoking, obesity and hazardous use of alcohol, which have a disproportionate impact on the health of Māori and Pacific populations
- Invest in patient activation for self-care - empowering our patients and whānau with the knowledge, skills and confidence to manage their own health and healthcare
- Shift towards 'proactive care', supported by extensive use of digital technology including predictive analytics to power early intervention
- Work with inter-sectoral partners to address social determinants of health, both at the level of whānau/families and at the system level (e.g. influencing social and economic policies).

Problem statement two: Health services are not sufficiently centred around the patient and their whānau, and in certain areas the quality, safety and outcomes of care are not optimal.

As a region to deliver our LTIP strategy we will:

- Co-design services with those groups most affected to ensure changes in care provision meet their unique health and cultural needs
- Increase communication, collaboration and coordination across the health system to ensure all services connect with each other, and work across boundaries and borders
- Standardise care pathways to reduce unwarranted variability in care to ensure quality and adherence to best practice across the Region, accrediting providers against standards for the full pathway
- Develop an integrated care system led by primary care clinicians that focuses on proactively preventing and managing the impact of long term conditions, providing comprehensive and continuous health and social care.

Problem statement three: The needs of a rapidly growing, ageing and changing population cannot be met in a clinically or financially sustainable way with our current capacity and models of care.

As a region to deliver our LTIP strategy we will:

- Balance care across all settings by investing in: cost-effective public health interventions; primary and community based services; different types of hospital based services; and increased productivity across the whole system, increasing the range of services provided outside of our acute hospitals to mitigate the demand placed on acute facilities
- Increase our investment in intermediate care settings, particularly for our older patients, with options for enhanced care in community and home-based settings that equip our health practitioners with the skills and technology to be mobile and connected with specialist expertise when necessary
- Extend service delivery across all settings, locations and times which will allow us to maximise outcomes, access to care and make better use of expensive clinical equipment
- Invest in digital technologies that offer significant opportunities to improve the quality, efficiency and productivity of all health services
- Develop a more agile and flexible workforce, with the capability and diversity to deliver more integrated healthcare, prevention, self-care and to deliver care closer to the patient's home.

Our plans provide clarity about future models and the role of our hospitals

We will accelerate the pace at which we introduce new models of care across the Region. Model of care changes will include:

- **Investing in population health and targeted prevention efforts** to improve health outcomes and reduce inequities. To do this we will: work with our high need communities; target known major causes of health loss in the Region such as obesity; screen and intervene early to prevent sickness; and empower people and patients to take ownership of their health by improving their health literacy
- **Investing in community care** to improve experience, outcomes, equity, and to re-balance care across all settings. A network of Community hubs will provide a greater range of ambulatory, diagnostic, elective and intermediate care outside of hospital settings
- **Investing in the acceleration** of IS/IT to support both our integrated regional healthcare network and our population health approach, enabling greater access for our less well served populations & supporting all care settings to provide seamless care pathways
- **Strengthening our workforce** with the capacity and skills required to deliver on our strategy. We will develop and expand our clinical and non-clinical workforce as well as the necessary capabilities to make them flexible, mobile and capable of working at the top of their scope
- **Investing in hospital delivery** to support the shift towards a DHB supported integrated care network. We will:
    - identify what services should be centralised and what services can be localised to improve the quality, safety and outcomes of care
    - shift certain services out of hospitals to alleviate short term demand pressures
    - Improve the flow of older patients through acute care to improve outcomes while also alleviating pressure on our hospitals
- **Implementing** each of our deep dive reviews to optimally configure services or maintain our assets to meet future demand. We will take forward recommendations for Elective Care, Cancer, Frailty, Laboratory services, Mental Health, Radiology, Primary and Community Services, Public and Population Health and Workforce.

Our agreed plans for the next 20 years provide for differentiated roles for hospital sites:

- **Short Stay Surgery** – Greenlane Clinical Centre and Waitakere will focus on day stay activity. The Elective Surgery Centre and Manukau Surgical Centre will focus on minor and intermediate short stay surgery predominantly of less than 3 days' stay

- **Procedure Specific Units** – We will develop sub regional centres across the Elective Surgical Centre, the Manukau Surgical Clinic and Green Lane, to deliver hip, knee, ophthalmology and dental surgery with a 'centre of excellence' model
- **Complex Surgery** – North Shore Hospital and Middlemore Hospital will deliver intermediate and complex surgery to their local population. Middlemore Hospital will continue to be the regional provider of burns, plastics and spinal services. Whangarei Hospital will deliver a range of minor intermediate and complex surgery to its local population, partnering with the Metro DHBs to deliver specialist care, and with Northland's community hospitals to deliver care to its geographically dispersed population.
- **Tertiary and Quaternary Services** – Auckland City Hospital will increasingly focus its elective service delivery on tertiary and quaternary services with some elective services for its local catchment delivered from other sites. The region will retain Starship as a level 6 paediatric hospital with a supra-regional and national role, and KidzFirst as a level 5 service.

Our long term investment priorities inform our regional work programme

Our investment requirements focus on meeting a moderated medium growth projection.

1. **Capital Investment in our facilities**

- Expanding hospital capacity to meet short, medium and long term demand
- Remediating, reconfiguring and rebuilding our current facilities to better meet the needs of our population, including the Whangarei Hospital site development
- Reorganising clinical services to reflect the differentiated roles of our sites and clinical service networks
    - Expansion to meet the needs of West Auckland, and to decongest North Shore
    - Decongestion of Auckland City Hospital to enable a focus upon complex care
    - Decongestion of Middlemore site enabling a focus upon acute activity and development of the Manukau site to accommodate planned care
- Planning for a new site south of metro Auckland within 10 years, and the option of a new northern metro site in 15-20 years.

2. **Parallel investment in accelerating model of care changes to compliment facilities investment**

- To increase our capability to analyse, target, and improve population health interventions and proactive care
- To strengthen operational expenditure in population health preventative, interventions, primary and community care, and a wider range of services available in community hubs, expanding current sites and developing new sites & services in areas of high need
- Investing in our workforce capacity and capability, and in modernising our IS/IT systems as the backbone of our new networked care models.

As a result of this balanced approach to investment by 2036/37 we will reduce the growth in acute bed capacity requirements for the period to 2036/37 by around 22%, reducing growth to 1,600 additional beds above the 2016/17 baseline. This approach is modelled to release $800m in projected annual opex cost growth to fund alternative non-hospital based service delivery and our new models of care.

Northern Region Service Plan

Part Two - Implementation Plans for 2020/21

Overview of Our Plan for 2020/21

This section of our Regional Service Plan details:

- The elements of work that are being progressed, via a region wide approach, to help address our Region's strategic priorities
- The particular **deliverables and outcomes** that each element of this work-plan expects to achieve in the 2020/21 year
- A collated view of the regional work-plan **key quarterly milestones** set out in appendix one, to enable oversight and monitoring of progress, and achievements during the 2020/21 year.

Five Programmes of Regional Work

During 2020/21 our Region will focus effort and resource upon five programmes of regional work. The five programmes cover the health service areas that most require regional attention to address our strategic issues. Some of the work areas are new this year, others are continuation of work areas already underway, or paused, during COVID-19. The five programme work areas are:

1. Improve Equity
2. Improve Public & Population Health and Primary & Community Care
3. Health Service Improvements and Model of Care Change
4. Improve Diagnostic Service Delivery
5. "Enabling Services", Aligned to Service Developments and Supporting Change.

Our first programme includes the key priority of developing resilient regional configuration and models of care for vulnerable services. This forms a key part of an equity led recovery of our services, whilst tackling both recent and longstanding issues. If services are not resilient, then consistent outcomes of care will not be achieved reliably, leading to inequity. The eight services prioritised for reform during 2020/21 provide early opportunities for the region to model our new leadership behaviours and approach.

This Implementation Plan 2020/21 also reflects a full commitment to service areas that the MoH Guidance identifies as being common priorities for all four NZ regions during the coming year[3]:

Programme One – Improve Equity

Achieving Health Equity for Māori

Strategic overview

Achieving health equity for Māori is a key Crown commitment under the Te Tiriti o Waitangi and the foremost priority for our Region. An enhanced regional programme and leadership will be established in 2020/21. The intent is to set foundational activities to better understand, quantify and track inequities across the Northern Region.

Summary of regional programmes and activities for 2020/21

Our Region will progress both equity specific and cross-cutting equity actions within other programmes. Emerging themes, arising from Māori Equity leads, for activities in 2020/21 include:

- (Re)establishing a Regional Māori Health Leadership group
- Developing a Māori Health Plan and agreeing key priorities for the Northern Region
- Developing a Regional Māori Health Equity Dashboard to better quantify and prioritise key equity gaps and track progress over time
- Completing a rapid collation of equity learnings from the COVID-19 response and continuing those that are sustainable.

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[3] MoH Guidance identifies as priorities for 2020/21:

- Building on the strong **data and digital Regional ICT** Investment portfolio.
- Setting out five regional actions to support DHB local **Workforce** initiatives
- Progressing the specified **National Hep C Programme** requirements consistent with the National Hep C Action Plan.
- Delivering on the detailed **cardiac and stroke** priorities for regional work
- Outlining actions and timeframes to implement the **NZ Framework for Dementia Care.**

We also set out Māori Health equity actions within our other regional programme plans, as detailed in this Regional Service Plan, including:

- A strong equity approach applied to post-COVID planned care recovery actions
- Targeted equity initiatives within our clinical network priorities e.g.
    - Cancer equity initiatives focussed on lung cancer for Māori
    - Cardiac
    - Targeted equity work in Mental Health, particularly reductions in tobacco use in inpatient facilities, equity recommendations in the AOD model of care and work on youth forensics
- Workforce strategies to monitor and support initiatives to increase Māori participation across occupational groups in the Northern Region.

Achieving Health Equity for Pacific Peoples

Strategic overview

Pacific peoples as a collective group are one of the fastest growing, most diverse and most youthful populations in Aotearoa New Zealand and make up 12% of the Northern Region and nearly a quarter of the Counties Manukau district (LTIP, 2018). Two-thirds of Aotearoa New Zealand's Pacific population (230,000) live in the Auckland region. Pacific peoples represent 16 distinct ethnic groups, languages and cultures and contribute significantly to cultural, social and economic life New Zealand. Despite this, Pacific peoples continue to experience poor socio-economic well-being and poor health outcomes. The impact of these disparities is evident across all ages and important health measures. There is a seven to eight-year gap in life expectancy between Pacific and non-Māori/non-Pacific ethnicities. A new work programme will be established in 2020/21 to give stronger effect to Pacific health equity, building on and aligning with Ola Manuia, the National Pacific Health and Wellbeing Strategy 2020-25.

Summary of regional programmes and activities for 2020/21

The key activities for 2020/21 will be decided and guided by a reviewed and re-established Regional Pacific Health Equity Working Group. This group will provide mandate to and support for projects and activities that accelerate Pacific peoples' health equity across Metro-Auckland. This will include a focused list of activities that benefit from a collaborative approach, including those that are funded regionally. Regional priorities for 2020/21 include:

- Review and re-establish the Regional Pacific Health Equity working group and the Pacific health pipeline of initiatives to focus on areas of regional collaboration for Pacific health
- Improve equity of access for Pacific people in key planned care pathways, particularly regionally vulnerable services and those significantly impacted by COVID-19
- Build enhanced analytics and insight into decision making by developing a Pacific insight framework and population health data
- Support ARPHS to establish a Pacific case and contact management response model, which will provide a framework for future investigation and management of notifiable communicable diseases.

Equity Led Planned Care Recovery

The Northern Region has a focus on 6 areas of work as part of the 'equity led planned care recovery' work plan:

1. **Māori Health Response**
    - Establish Māori Clinical Governance
    - Clinical prioritisation in elective care to address inequity in timely access as services recover
    - Navigator support for Māori whānau to improve the co-ordination and timeliness of service provision across planned care services, and ensure our health system adapts to Māori needs and preferences to improve access, experience and outcomes
    - Expansion of Māori mobile care units and wraparound community health services
    - Establish data to support equity gap identification & priorities including mental health.

2. **Pacific Health Response**
   - Establish Pacific clinical technical advisory group
   - Expand navigator support for Pacific whānau to improve the co-ordination and timeliness of service provision across planned care services and ensure our health system adapts to Pacific whānau needs and preferences to improve access, experience and outcomes
   - Expansion of Pacific mobile care units and wrap-around community health services
   - Establish data to support equity gap identification & priorities including mental health.

3. **Resilient Regional Configuration and Models of Care for Vulnerable Services**
   - Implement a six step rapid solution design methodology for priority services to deliver equity through resilient 52-week service arrangements, with named executive leadership and dedicated project and commissioning support
   - Implement the approach within phase one services:
     - ORL Services arrangements including Adult, Paediatric & Head & Neck
     - Improved integration and wait times for Oral Health Services
     - Implementing regional Ophthalmology Strategy with integrated services
     - Resilient regional arrangements for Vascular Services
     - Agreed service leadership and configuration of Sarcoma Care
   - Implement the approach within phase two services
     - Commission and regionally agree funding arrangements for new Non-Surgical Orthopaedic pathways
     - Maxillo-facial Surgery services
     - Regional Spinal Pathways and services.

4. **Primary Care Response**
   - Expand & evaluate Access to Diagnostics for 6 months in co-ordination with tier 2 diagnostics recovery plans
   - Extend and align the use of POAC to improve the primary care health system response
   - Progress expanded coverage of Healthcare Home principles to enable new ways of working in primary care
   - Put in place communications resources about patient and whānau benefits to sustain virtual assessment approach and ensure effective proposals to use tele-health funds
   - Review Māori and Pacifica experience of alternative (virtual) models of delivery.

5. **Mental Health Response**
   - Evaluate new pathways & ways of working including hospital at home
   - Extend and enhance provider responses that work well & enhance equity.

6. **Systematic Planned Care Recovery**
   - Establish regional analysis, monitoring and decision support of waiting lists, outpatient diagnostic and elective treatment to support regional improvement initiatives
   - Stocktake, and Impact assess, the regional capacity and demand and cost impact of harmonising regional clinical thresholds across all specialties, informing change plans
   - Establish and enhance regional networks to support collaboration for diagnostics and treatment including radiology, endoscopy and surgery
   - Put in place a collaborative approach to sourcing and managing private sector capacity utilisation & cost, including long term arrangements for wet-lease and DHB SMO models.

We will incorporate the learning from new ways of working together to deliver this programme with appropriate ongoing regional and local governance arrangements.

Programme Two - Improve Public & Population Health, Primary & Community Care

Prior to COVID-19, regional work was underway to review benefits that might be achieved in the areas of:

1. **Public and Population Health.** To recommend actions that the Region needs to take to achieve gains. Recommendations are now expected to be structured around three themes:
   - Strengthening the Infrastructure to Deliver Core Public Health Functions - doing the basics well and ensuring that core functions (particularly those provided by public health units) are robust and sustainable
   - Developing / strengthening a Public Health / Prevention System – reorienting the system to a focus on prevention and determinants of health
   - Investing in Priority Areas that will deliver shorter term gains (3-5 years) in equity and health outcome. Potential areas of focus in this area include: Obesity; Alcohol; Tobacco; Early years; and Mental health promotion.

2. **Primary and Community Care**. To describe a broad strategic direction, and to identify the areas of system redesign that are required to achieve that strategic direction. Regional work was undertaken to address three significant Primary and Community Care challenges, to:
   - Improve outcomes and reduce inequities
   - Meet changing patient expectations and rising demand
   - Deliver a modern, high performing and sustainable service

   A high level action plan has been developed with draft recommendations intended to help focus attention upon the changes that we need to make in our delivery systems

The draft findings are already established for each of the above two areas of work. In 2020/21 we will:

- Reconcile and align the strategic planning and design work with the findings of the Ministers' Review of the New Zealand Health and Disability Sector
- In the case of the Public and Population Health work, we will incorporate the findings of a regional Māori Health Review of the conclusions
- Agree the findings of the completed review and establish an action plan for year 1 priorities at regional, DHB and locality levels
- Identify the investment path required to 'bend the curve' of demand on hospital based services.

These actions are expected to be completed in Quarter One, with action to identify and quantify the multi-year investment path required to 'bend the curve' of demand on hospital based services to inform DHB financial and funding strategies by Quarter Two.

Addressing the Obesogenic Environment and Tackling Alcohol related Harm

This year marks the first year of a shared investment by all four region's DHBs in developing public health advocacy to achieve greater influence on the structural and commercial determinants of health for our populations. Through collaboration with public health networks, the health promotion agency and national leaders, priorities to be finalised are expected to include plans to:

- Adopting best practice in DHB health food policy and practice
- Review and enhance Alcohol position statements and harm minimisation plans to reflect best practice
- Adopt and ensure consistent measurement and implementation of key alcohol programmes, informed by the World Health Organisation SAFER framework
- Advocate to improve the opportunities for place-based strategies to address the inequity faced by Māori, Pacific, and high deprivation communities.

Programme Three - Health Service Improvements and Model of Care Change

This programme of work comprises clinical networks focussed upon implementing service improvements with regards to:

- Populations of interest (Child, and Frail or Older person)
- Health services for people managing long-term conditions (Cancer, Mental health and addictions, cardio-vascular, Stroke)
- Two areas of regional and national focus (Major trauma and Hepatitis C).

We summarise, below, the deliverables and outcomes that we have set as our targets, to be attained during 2020/21, against each of these listed focus areas.

Child Health

We place emphasis upon three areas of work:

- Child Development Services – Transform and Expand Plan.

  Progress the second of a four year programme of service quality improvement to establish: consistent entry and exit criteria; service provision that both matches need and redresses the equity gaps; strengthening the regional workforce to address the corresponding step-up in capacity; and, through innovation projects, develop care pathways with whānau supporting coordinated care

- Chronic Cough management for Bronchiectasis prevention

  Progress the development of Koira4Rukahukahu / Lungs4Life model of care using an evidence-based approach to: identify young children with severe early pneumonia or chronic cough, and proactively engage their whānau in follow-up to manage and prevent progression into chronic lung infection and damage (bronchiectasis). The work will complete a model of care, with relevant analysis, to enable a regional business proposition to prevent this disease, which has an excess occurrence in Māori and Pacific children

- Optimising Child Health through the COVID19 era. The region will implement
  - A regional child health dashboard which supports monitoring and addressing of equity gaps
  - The National Child Health Information Platform (NCHIP) for ADHB, WDHB and NDHB.

Frailty and Healthy Aging

- Reach regional agreement upon a consistent ‘frail patient’ assessment process at the hospital front door and:
  - Commence implementation of the agreed process
  - Agree flows and pathways to fast track frail patients through the hospital system
- Identify and agree opportunities to develop and improve community based services
- Know the risks and have agreed mitigation plans for any further COVID-19 outbreaks in ARC
- Develop strategies to address the inequity for Māori that flow as a consequence of ARC subsidy for aged care being centred on residential settings
- Commence development of an outcome framework (start with one area of regional work)
- Support the Northern Region DHBs to implement the regional priorities identified by the Dementia Framework Stocktake
- Collate a schedule view of significant Frail Elderly related process improvement project work being progressed by services in our Region.

Cancer Services

- Progress implementation of interventions to improve equity of access and outcomes for Lung Cancer for Māori and Uterine Cancer for Pacific Women
- Continue to support and develop the head and neck tumour stream priority initiatives
- Initiate local delivery of medical oncology:
    - Complete implementation for end-to-end breast tumour stream provision; and then
    - Agree a plan and progress implementation for expansion of local delivery of medical oncology to other tumour streams
- Bowel screening and colonoscopy wait time recovery
    - Support regional review of endoscopy services and the role of FIT testing in symptomatic patients in conjunction with the national pilot programme, and surveillance guideline changes
- Progress technology related improvements
    - Complete business case and procurement for Regional Oncology Electronic System (ROES)
    - Pilot of a MDM solution for Gynae-Oncology
- Develop a collaborative regional plan for 2021/22 with the Cancer Control Agency to address national requirements from the New Zealand Cancer Action Plan and regional priorities identified through the Northern Region Integrated Cancer Service Board to deliver the LTIP Cancer recommendations.

Mental Health & Addiction

- Develop services that best meet the needs of people who are high users of inpatient services with the aim of improving the quality of life for these service users in community settings, and reducing high occupancy levels in the inpatient units
- Progress priorities in relation to AOD model of care changes. Complete the framework for the delivery of AOD services in the Region with a specific focus on services for Māori, Pacific, Youth and the women in their maternal/ perinatal period
- Review models of care of specialist services to enhance access and choice for people with a focus on equity and a particular focus on Māori Youth and Pacific Maternal Mental Health and Addiction.
- Identify the learnings from service delivery during the Covid-19 pandemic, with focus on telehealth, that should be embedded into practice to enhance service delivery from both a staff and service – users; and develop an implementation plan to progress.

Cardiovascular Services

- Develop plans to promote equity of cardiac outcomes across ethnicities and geographical areas in the Region. This to include focusing on areas such as CVDRA, Heart Failure, access to investigations and therapy
- Deliver improvements against our key health targets and measures, (including intervention rates, medication adherence reports, and waiting list management targets / CVD risk management) in the areas of: Cardiology; Cardiothoracic; Cardiac surgery; and access to Echo
- Agree a regional work plan to address workforce constraints including growing our most vulnerable cardiac workforces, (echo sonographers and physiologists) & workforce required to reduce Echo wait time to a 6-week maximum
- Progress areas such as TAVR and EP to best support the Region.

Stroke

- Raise awareness of stroke.

  This will include engaging with the launch of the 3-year national FAST campaign (deferred due to COVID-19 but now expected to launch in Q2 of 2020/21). Two areas in the Northern Region – Northland and South Auckland – have been nationally designated as ‘priority regions’ for targeted approaches to reach Māori and Pacific people aged between 40-65 years

- Implement the regional stroke rehabilitation priorities from the national stroke rehabilitation strategy.

  This work will focus on improvements to care transitions, psychological support for patients and their whānau, and access to community based rehabilitation and transition programmes.

Major Trauma Services

- Increase the number of Māori/ Pacific Island representatives onto the Network
- Undertake a regional clinical audit review of potentially preventable deaths of trauma patients who die within the Region (Royal Australasian College of Surgeons (RACS) review of NZ Trauma system 2017 recommendation)
- Achieve regional agreement upon a pathway for moderate brain injury that is locally implemented, and measures to enable monitoring of outcomes for moderate brain injuries
- Identify and implement major trauma education strategies for inpatient ward trauma nurses which is taken up by a minimum of eight nurses in the Region
- Work, together with the National Trauma Network, to:
    - Scope their research project to identify patient outcome measures for long-term trauma outcomes aligned to wider regional PROMs approach
    - Identify a nationally agreed trauma rehabilitation pathway
- Achieve regional agreement upon rehabilitation standards of care so that patients with major trauma are screened for PTSD and patients with bilateral non weight bearing injuries are referred to a rehabilitation consultant or service
- Promote a discharge plan in the community for complex pain management
- Conduct a snap audit to regionally review awareness and adherence to Destination Guidelines (following one year of implementation) and identify potential changes.

Hepatitis C

Deliver services across the Northern Region, in accordance with the MoH service contract:

- Provide targeted testing of patients most at risk for HCV exposure
- Raise Patient and General Practice/ Community team awareness and provide education about HCV
- Enhance the delivery of an integrated hepatitis C service through community based HCV testing and providing community-based on-going education and support for risk reduction (Needle exchange services, Community Alcohol and Drug Services, primary care and social service agencies)
- Improve access to treatment through collaborative work between primary and secondary care
- Utilise laboratory data to identify people who have been diagnosed with possible and active HCV infection who could benefit from treatment but have been lost to follow up
- Encourage the use of Hepatitis C Champions within PHOs and general practice teams
- Better understand the cascade of care across demographic measures to ensure equity of access to diagnosis and management / treatment.

Programme Four - Improved Diagnostic Service Delivery

Laboratory

- Implement the communications and change strategy
- Improve Informatics and Modeling – including a regional business information tool
- Service review and support for 1-2 key services, including completion and implementation of the immunopathology project
- Prioritise LIS upgrades
- Implement a regionally agreed process for POCT in priority equity areas
- Initiate project to deliver one quality framework across network of labs
- Deliver workforce projects based on the 2019/20 recommendations.

Radiology Services

- Complete a rapid piece of regional work to identify any opportunities and initiatives that would help deliver a sustainable radiology waitlist improvement
- Deliver radiology asset management planning, identifying future capacity steps to align with long term demand expectations
- Undertake workforce planning outlining sourcing / retention initiatives.

Programme Five – 'Enablers of Health System Transformation and New Care models'

Workforce

The Northern Region aims to grow and develop a sustainable workforce that meets the health care needs of our population, plus those others, that we also serve, from outside of our Region. This means a workforce that is: agile; technology enabled and engaged in life-long learning; represents our diverse communities; partners with patients and whānau; and uses prevention, early intervention and health literacy approaches.

To achieve this, we need our workforce to be engaged, healthy and resilient, and prepared to work differently; culturally, behaviourally and professionally, enabling them to work closer to the top of their professional scopes and to engage in skill sharing and skill delegation.

The Northern Region Workforce Strategy, as endorsed by the Region in July 2019[4] outlines seven key areas of focus to address both our immediate and long term health workforce development challenges:

1. Develop a workforce founded on and that reflects the aspirations of our Treaty of Waitangi partnership
2. Improve pacific health outcomes by growing the Pacific workforce and ensuring cultural safety training for all staff
3. Address immediate workforce needs
4. Deliver sustainable workforces in support of the Northern Region Long Term Health Plan (NRLTHP)
5. Support new ways of working (model of care, skill mix)
6. Address unfairness and disparity in employment, pay and progression
7. Strengthen workforce reporting, planning and development at all levels of the system.

In 2020/21 we will continue to implement strategies that give effect to these key areas and that respond to the new supply and demand challenges as a result of COVID-19. These initiatives are:

- Monitor and support initiatives to increase Māori and Pacific participation across occupational groups, in particular securing funding for a Māori health gain approach to health management and leadership development.
- Work to grow and develop the participation and leadership of people with disabilities within our regional health workforce and design for accessibility and inclusion in our employment practices
- Deliver reviews into eight selected allied health, scientific and technical workforces and implement regional recommendations arising from these
- Establish a regional approach to assess and improve digital and technology readiness in clinical, non-clinical and support workforces
- Set up workforce development based alliances with health education providers, to influence quality of training and readiness of future workforces, in particular optimising student clinical placements, and progress workforce 'red flag' issues for the Region such as anaesthetic technicians and cardiac workforces
- Strengthen regional workforce planning to enable delivery of the Northern Region long term health plan in particular, providing future workforce planning aligned to new theatres build, and in the shorter term plan for, and act to, secure and prepare our workforce(s) in the post COVID-19 setting by developing a regional medical workforce(s) plan.

The Region will flex the workforce programme to accommodate emerging national workforce priorities and to support and participate in the national fora initiatives.

[4] Health Workforce Deep Dive, Strategy Paper #1, Enabling our workforce, 24 July 2019

Data and Digital

The Northern Region Information Systems Strategic Plan (ISSP) and Regional Roadmap provide the direction for the Regional ICT Investment Portfolio[5]. The ISSP is a key enabler of the long-term regional health strategy and has significant regional commitment, particularly with reference to:

- Enabling delivery of an 'integrated regional health system'
- The 'bend the curve' initiatives, as required to reduce demand for additional acute beds.

The ISSP outlines four Investment Portfolios. These are:

1. Strengthen and modernise our **ICT Foundations**
2. Become experts at **Interoperability and Data-sharing**
3. **Simplify and harmonise** our complex layers of applications
4. Work effectively together as a **capable region.**

Delivering Change in a Context of Increasing ICT Risk

The healthAlliance shared service is our primary delivery agent for all DHB ICT initiatives. Funding is the primary constraint that shapes our FY2020/21 implementation plan, as well as our plans for the out-years. The Region has a legacy of significant underinvestment in IS and the funding baseline is insufficient either to fully maintain the current ecosystem, or to fix it. The ISSP is predicated on an $800m capital plan over 10 years, with new Crown funding required over that time of approximately $350m.

The position and constraints the Region faces are well known, having been regularly communicated to the Ministry of Health over recent years; and reiterated in both the National Asset Management Plan report; and the NZ Health and Disability Review.

Four critical Northern Region 'Horizon One' ISSP initiatives have not received funding (comprising: TaaS; Identity and Access Management; Health Information Platform; and HARP). Of the $125m of new Crown funding support requested for Horizon One, $17.1m has been made available. The impact of this funding shortfall is that the delivery of expected benefits/outcomes will be delayed and the Northern Region's technology risk (including cybersecurity) will increase from 'very high' to 'extreme' in the FY2020/21 year.

We are now starting to plan for Horizon Two-'Transform' in line with our ISSP timeline, but it is apparent that:

- The Northern Region's 'Affordability review' recognising DHB financial constraints has meant acceptance of increased residual risk, particularly related to devices and infrastructure (a reduction of $450m of Opex/ Capex spend from the initial ISSP was achieved).
- Delays in key infrastructure initiatives, due to pausing projects for the 'Affordability Review' coupled with vendor certification issues, have increased residual risk in our environment and slowed delivery of Horizon One outcomes (Foundations).

The Region is heading into Year 3 of Horizon One- (Foundations), and also moving out of our Region's immediate COVID response with project delays, or projects at risk, across each of the horizons of our ISSP implementation plan, as shown in the table below.

Portfolio	On Track	Delayed/ At risk
1. Strengthen our ICT Foundations	• IaaS Service Establishment • Workspace	• IaaS delivery • Cyber-security • Network remediation* • Identity & Access Management*
2. Become experts at Data-sharing & interoperability	• MuleSoft/ IEP • Regional Clinical Portal • Data-Sharing & Interoperability projects (standards-oriented)	• HIP* • Business Intelligence
3. Simplify/ harmonise applications	• RCCC (some delay)	• HARP*
4. Become a capable region	• New governance • 10 year IS financial plan	• Regional IS operating model

* Anticipated national funding for the ISSP, other than for RCCC, has not been made available.

[5] Version 1 of the ISSP developed in FY17/18. Version 2 & Roadmap approved at RGG and DHB board levels in FY18/19.

COVID Response

The COVID-19 pandemic created urgent demands on the Northern Region health IT service to support the health sector's response. Our response drove significant IT progress over the space of several weeks; mostly impacting in areas that were already planned in the ISSP (for example in data sharing and tele-health). Our Region's clinical IT context is vastly different from where we were prior to COVID-19. The COVID experience has changed our:

- Understanding of what we can do with existing systems and structures
- Priorities for the near-medium term.

The Northern Region's COVID-19 ICT response can be summarised as:

- Large investment in devices/ user hardware
- Acceleration of: move to cloud; Regional Clinical Portal; non-contact/ remote clinics in primary/ secondary care and supporting telehealth infrastructure and IS; data sharing initiatives; use of MS Teams (and other remote communication technologies); development and rollout of 'paperless' outpatient clinics, including outpatient e-prescribing
- Fragile IS foundations exposed – particularly cyber-security and cloud readiness
- IS governance and speed of operation gelled and improved
- Services and service models are fragmented between DHBs, and between DHBs and Tier One services
- Infrastructure funding requests prepared ('shovel ready' applications) to address funding shortfalls.

COVID related IS work is on-going, as the Northern Region now gears up to support border control requirements.

Data and Digital Objectives

The Region is committed to avoid going backwards and to lock-in and build on the gains made during COVID. We intend to make the most of the momentum in clinical and system cultural change that has commenced, and ensure improvements are embedded with robust IS/IT infrastructure and support. We have also gained new perspective to our thinking regarding:

- The need to strengthen new models of care outside the hospital/clinic previously highlighted in the Northern Region Health Services Plan (NRLTIP) as critical to reducing demand on the sector
- The importance of proactively addressing equity issues, and particularly meeting out obligations under the Treaty of Waitangi, in service design and IS enablement
- Embedding gains in delivery of remote care in primary & secondary care under extreme conditions.

Work has been completed on the initial round of 'vendor aggregation'. We have completed detailed analysis of how the various pieces of our Region's IS ecosystem can best fit together to achieve our longer term goals and align with the Health System Design Council's principles. This work:

- Informs and endorses decision-making around core applications, eg RCCC and HARP, and the way they need to work together to deliver the best outcome
- Will be a major input into the Horizon Two 'Planning and Mobilisation' phase of work, that we will undertake in the next 12 months.

Other key themes within the Horizon Two planning include:

- Accelerating and completing Foundational projects (Horizon One and FY20/21 Action plan)
- Leverage and embed gains related to:
    - Remote/ non-contact clinics
    - Shared information (standards-based)
    - Regional IS Operating model – pace and flexibility
- Equity to the fore: Māori, Pasifika, vulnerable populations
- Productivity and performance – theatres, ambulatory, ASH
- Model of care changes: Aged Residential Care, joined up Tier One, public health.

Successful delivery of the Northern Region plan has dependencies on the Ministry of Health's continued delivery of expected outcomes from these initiatives:

- Interoperability roadmap
- Certification for industry partners
- Sector data and information strategy (standards and nHIP)
- Digital Identity programme
- Digital Investment Board planning and appropriation
- Review of health sector privacy code.

Capital Programme

The long term goal of the capital programme of work is to maintain the development of, and provide delivery oversight for, the future investment path for significant health capital investments. The Capital Programme of work has a particular focus on three, regional asset related, challenges:

- Variable condition of existing assets (facilities, infrastructure and clinical equipment),
- Anticipated considerable growth in demand
- The need to develop asset capacity and capability for different care models, to improve health equity and outcomes for our population.

The Regional Capital Investment Group (RCIG) has responsibility for overseeing the capital programme of work to ensure that the planning, delivery and on-going management of our capital investments will meet the future needs of our population. The RCIG ensures our approach to capital investment planning and delivery:

- Is consistent with Northern Region long term health planning strategic direction
- Gives effect to national and regional policy
- Supports regionally consistent, good practice investment planning principles and processes, including:
    - Capital business case development (including quality assurance and regional endorsements)
    - Capital project delivery activities
    - Asset management
- Adopts a continuous quality improvement approach to capital planning and investment delivery
- Provides oversight and coordination of delivery of the investment programme at a regional level.

The capital programme objectives, to be progressed during 2020/21, are:

- **Regional Capital Investment Group (RCIG)**
    - Drive alignment of the Capital Investment Programme with stated regional service demand, capacity and capability expectations, including consideration of any changes following the Region's COVID-19 response.
- **Process Improvement and Quality Assurance working group (PIQA)**
    - Provide a 12-month plan for regional and national business case review and endorsements
    - Develop agreed business case standards, review and quality assurance approaches
    - Implement a capital programme reporting schedule to provide visibility of key programme measures (e.g. business case progress, funding access, capacity delivery, asset condition)
    - Agree a regional capital investment programme benefits framework.
- **Capital Build and Works working group (CBAW)**
    - Develop a Regional Capital Delivery Plan and a monitoring and reporting framework
    - Provide visibility of quantity surveying approaches and assumptions
    - Provide visibility of capital delivery escalation/contingency assumptions
    - Scope an approach to the capital delivery supplier market.
- **Asset Management Planning working group (AMP)**
    - Agree a Regional Asset Management Policy and Strategy
    - Agree a Regional approach to asset performance and Levels of Service.

The Northern Region will continue to engage with the Ministry of Health to advise and collaborate on Regional Capital programme initiatives where they closely align with National work streams. This will include, as a minimum, the following initiatives during 2020/21:

- Developing regionally consistent business case standards
- Asset Management Policy and Strategy
- Levels of service / asset performance measures.

Collaborative Resourcing Framework

Our NRLTIP includes a commitment to maximise resource use in the region to ensure we live within our means whilst optimising health gain for our populations. This aligns with the Health and disability system review expectation that DHBs become accountable for both outcomes and equity for local populations and for contributing to the wider health system's effectiveness. In 2020/21 we will

- Review and strengthen our rules of engagement to ensure that adverse financial impact on individual DHBs from clinical and service changes do not present a barrier to optimal solutions for patients
- Enhance our ability to track and report on the Northern Region's overall financial, service and outcome performance.

Governance, Oversight and Working Arrangements

This year, influenced by changes to regional working arrangements put in place to deal with the COVID pandemic, we will be refining our oversight arrangements for regional work. These reflect two new approaches

1. Less emphasis upon defining longer term direction of travel, regional policies and principles; those already agreed as part of the NRLTIP process remain valid; they define our regional strategy sufficiently to continue to provide a long term shared direction across our Region
2. Increased emphasis placed upon:
    - Simplified oversight and governance of regional work - enabling more frequent and rapid critique of the value-add from regional work being progressed
    - Tactical, and operational, interventions across a short to medium term time horizon; while also ensuring interventions are aligned to our Region's stated long term aims
    - Initiatives progressed as a rolling programme of shorter duration work plans. This provides, greater flexibility to respond to opportunities more rapidly and to deliver gains quickly.

Our arrangements will continue to respond to significant changes in the Iwi partnership arrangements that impact on the totality of our healthcare reform programme.

Regional working arrangements particularly help to support working across DHB boundaries and the alignment of regional work to regional goals. These supporting mechanisms include:

- Our governance arrangements, for regional service planning work and oversight, ensure the engagement of senior executive, and Board leadership from across our four DHBs:
    - Key regional plan work areas each have DHB executive leadership
    - Regional clinical networks are led by senior clinicians from our four DHBs
- Consideration of applicable national, regional and local plans and strategies ensure that planned activities are well informed and evidence based, and that each have a measurable outcomes focus
- Operations managers, planning and funding managers, hospital, primary and community clinicians; finance managers, information systems specialists and HR managers participate across our major areas of regional work and contribute to regional planning
- Potential impacts from regional service work or actions, are identified and communicated; particularly those with impact on enablers (Data & Digital, workforce development, and/or capital investment).

Appendix Two sets out, in detail, the roles of key entities, agencies and partners as they relate to our plans.

Funding Mechanisms to Deliver the Northern Region's Programmes of Work

The NRA manages the operational budget for supporting the delivery of the health service design, health service implementation, and regional capital and workforce components of the regional plan. The Northern Region DHBs fund the NRA for this regional service on a population based funding formula (PBFF) basis.

Regional delivery of Data & Digital priorities is the responsibility of Health Alliance (hA). hA is funded by DHBs based on the deprecation associated with DHB assets that have been transferred from DHBs to hA. Additional funding may be agreed from DHBs as part of the annual IS/IT planning and budgeting cycle dependent upon priorities and requirements associated with annual IS/IT development plans.

Many Northern Region entities and individuals across the continuum of care contribute resource to delivering the RSP in the form of time participating in workshops and regional meetings. It also includes development or review of deliverables. The cost of this time is met by those organisations and individuals.

The regional priorities and work plans are developed and endorsed by regional clinical networks, regional work groups, the executive sponsor, and DHB Boards. The Regional Governance Group provides oversight and the governance for this process. The work is progressed by both the NRA and hA in collaboration with DHB and other key stakeholder resources. The resource requirements are identified in parallel with the finalisation of the regional plans:

1. The NRA undertakes a budgeting process under the governance of the NRA Board.
2. HealthAlliance undertakes a budgeting process under the governance of the hA Board.

Regional activity that needs capital funding follows the guidance of the Capital Investment Committee. Funding requirements are identified as part of the DHB business case process. Capital approvals follow local DHB, regional capital committee, and national approval processes, complying with national investment approval guidelines.

Northern Region Service Plan

Appendices

Appendix One: Quarterly Milestone Action Plans

Quarterly Milestone Action Plans

	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
Programme One: Improve Equity					
Achieving Health Equity for Māori					
1	(Re)establish a Regional Māori Health Equity Leadership Group		X		
2	Develop a regional Māori health plan including priority outcomes, target disease states and intervention logic			X	
3	Develop a regional Māori health equity dashboard to track progress against priority outcomes in 2				X
4	Complete a rapid collation of equity learnings from the COVID-19 response and their potential sustainability (e.g. navigator models). Provide recommendations on: • What to be built into business as usual • Preparedness for subsequent outbreaks/waves		X		
5	Develop a methodology to apply to service design and development, on how to embed an equity approach and with whom building on the Regional Service Design principles			X	
6	**Māori Equity Outcome Activities (EOA) elsewhere in this plan:** • Equity Led Planned Care Recovery, post COVID-19 (below) • Equity approaches to lung cancer for Māori (see Cancer section below) • Targeted equity actions in the cardiac network (see Cardiac section below) • Targeted equity work in Mental Health, particularly the planned reductions in tobacco use in inpatient facilities, equity recommendations in the AOD model of care and work on youth forensics (see Mental Health section below) • Monitor and support initiatives to increase Māori participation across occupational groups in the Northern region (see Workforce section below)			X X X	 X X X
Achieving Health Equity for Pacific Peoples					
1	Review and re-establish the Regional Pacific Health Equity working group membership and terms of reference; to focus on areas of regional collaboration for Pacific health		X		
2	Review the Pacific health pipeline of initiatives; to ensure alignment with current Pacific health equity priorities and clear objectives and measures to monitor progress			X	
3	Build enhanced analytics and insight into decision making by developing a Pacific insight framework and population health data				X
4	Improve Pacific equity and access in prioritised planned care pathways, overseen by the Pacific Clinical Technical Advisory Group		X		
5	Support ARPHS to establish a Pacific case and contact management response to COVID-19, which will provide a platform/model for future investigation and management of notifiable communicable diseases			X	

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
6	Support delivery of six additional Health Science Academies and the existing programme, aligned with best practice		X		
7	Support initiatives that strengthen the Pacific health workforce training and development pipeline				X
8	**Pacific Equity Outcome Activities (EOA) elsewhere in this plan:** • Equity led planned care recovery post COVID-19 (below) • Equity approaches to uterine cancer for Pacific Women (see Cancer section below) • Targeted equity actions in the cardiac network (see Cardiac section below) • Targeted equity work in Mental Health, particularly the planned reductions in tobacco use in inpatient facilities, equity recommendations in the AOD model of care and work on youth forensics (see mental health section below) • Monitor and support initiatives to increase Pacific participation across occupational groups in the Northern Region (see Workforce section below)			X X X X	 X X X
Equity Led Planned Care Recovery					
1	**Māori Health Response** • Implement Māori Clinical Governance Recommend and Agree upon • Clinical prioritisation in elective care to address inequity in timely access as services recover • navigator support for Māori whānau to improve the co-ordination and timeliness of service provision across planned care services • Expansion of Māori mobile care units and wraparound community health services • How to establish data to support equity gap identification & priorities including mental health • Next Steps to implement identified improvements	X	 X X X	 X X	
2	**Pacific Health Response** • Impolement Pacific clinical technical advisory group Recommend and Agree upon • Navigator support for Pacific whānau to improve the co-ordination and timeliness of service provision across planned care services • Expansion of Pacific mobile care units and wraparound community health services • Establish data to support equity gap identification & priorities including mental health • Next Steps to implement identified improvements	X	 X X	 X X	

Appendix One: Quarterly Milestone Action Plans

	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4

3	**Resilient Regional Configuration and Models of care for Vulnerable Services**
	• Develop Resilient Solutions for Phase One Services (ORL; oral health; ophthalmology; vascular; sarcoma care)
	  ○ Rapid review of selected services resulting in proposed solutions that to address equity impacts related to COVID-19
	  ○ Further refinement of proposed solutions
	  ○ Regional agreement on solutions
	  ○ Support implementation of solutions
	• Commence work on Phase Two Services (Non-surgical orthopaedic pathways; maxillo-facial surgery; Regional spinal services)
		X	X
			X
			X
			X
				X	X

4	**Primary Care Response** • Expand & evaluate Access to Diagnostics for 6 months in co-ordination with tier 2 diagnostics recovery plans • Extend and align the use of POAC to improve the primary care health system response • Review Māori and Pacifica experience of alternative (virtual) models of delivery		X X X		
5	**Mental Health Response** • Evaluate new pathways & ways of working including hospital at home • Agree steps to extend and enhance provider responses that work well & enhance equity		X	X	
6	**Systematic Planned Care Recovery** • Establish regional analysis, monitoring and decision support of waiting lists, outpatient diagnostic and elective treatment to support regional improvement initiatives • Complete change plans based on stocktake and impact assessment of the regional capacity and demand and cost impact of harmonising regional clinical thresholds across all specialties, • Establish and enhance regional networks to support collaboration for diagnostics and treatment including radiology, endoscopy and surgery • Put in place a collaborative approach, to sourcing and managing private sector capacity utilisation & cost, including long term arrangements for wet-lease;DHB SMO models; and DHB agreements upon local/regional controls		X X X	X	

Appendix One: Quarterly Milestone Action Plans

Action Points		Target Completion Date			
		Q1	Q2	Q3	Q4
Programme Two: Improved Public & Population Health, and Primary & Community Care					
Public and Population Health					
1	Reconcile and align the Draft Northern Region Public and Population Health strategic planning and design work with the findings of the Ministers' Review of the New Zealand Health and Disability Sector	X			
2	Agree Northern Region Public and Population Health Regional Plan • Key Challenges • Strategic Direction • Areas of system redesign • Recommended change actions	X			
3	Agree Northern Region Action plan to implement agreed changes	X	X		
4	Identify and quantify the multi-year investment path required to 'bend the curve' of demand on hospital based services to inform DHB financial and funding strategies		X		
Primary & Community Care					
1	Reconcile and align Northern Region Primary and Community Services strategic planning and design work with the findings of the Ministers' Review of the New Zealand Health and Disability Sector	X			
2	Agree Northern Region Primary and Community Service Regional Plan • Key Challenges • Strategic Direction • Areas of system redesign • Recommended change actions	X			
3	Agree Northern Region Action plan to implement agreed changes	X	X		
4	Identify and quantify the multi-year investment path required to 'bend the curve' of demand on hospital based services to inform DHB financial and funding strategies		X		
Addressing the Obesogenic Environment and Tackling Alcohol-Related Harm					
1	Establish the structure of the National Public Health Advocacy Team, including the membership of the NPHA Steering Group	X			
2	Investigate areas of work that DHBs can undertake in the obesity space	X			
	Carry out a stock take of DHB Healthy Food & Beverage Policies		X		
	Revise the National DHB Healthy Food & Beverage Policy to reflect best practice				X
3	Investigate areas of work that DHBs can undertake in the area of alcohol-related harm	X			
	Carry out a stock take of DHB alcohol position statements and alcohol-related harm minimisation strategies		X		
	Identify areas of improvement in current DHB alcohol-related harm practices			X	
	Work with DHBs to support these improvements to reflect best practice				X

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
Programme Three: Health Service Improvements and Model of Care Change					
Child Health					
1	**Child Development Services Expand and Transform Programme** • Deliver Child development services to 420 new children in the region by 30 June 2021 • Support regional implementation of service innovations which demonstrate the ability to close equity gaps and improve service quality • Scope a defined regional programme of work to establish consistent entry and exit criteria to CDS, case mix modelling and outcomes framework • Develop and implement a regional workforce development plan for CDS				X X X X
2	**Koira4Rukahukahu/ Lungs4Life** • Implement the regional model of care				X
3	**Optimising Child Health through the COVID-19 era** • Implement a regional child health dashboard which supports monitoring and addressing of equity gaps • Implement the National Child Health Information Platform (NCHIP) for ADHB, WDHB and NDHB				X X
Frailty and Health Ageing					
1	**A consistent 'frail patient' assessment process at the hospital front door** • Establish assement process and agree the implementation plan • Commence implementation of a 'Regional Automated Case Recognition Tool' initially across the Auckland metro DHBs • Agree patient flows and pathways to fast track patients through the hospital system	X	X		X
2	**Agree opportunities for community based service development** • Recommend 5 actions to reduce inequities relating to frail vulnerable adults patients (supported by analysis regarding the scale and location of existing inequities) • Compare and contrast current DHB community based services • Assess the scale of opportunity and indicative cost benefit relationships • Detail options for improvement for each DHB • Agree prioritised actions for each DHB • Report on the role of technology in the recognition and support of frail older patients in primary care, and inform IS strategic planning on behalf of this group.		X	X X X	X X X
3	**Targeted intervention in primary care/community (COVID-19 recovery)** • Periodic review of COVID-19 risk in ARC and the community. • Risks of COVID 19 are identified and mitigations addressed				X X
4	**Develop strategies to address inequity for Māori associated with the services of home and ARC based support** • Identify variance in long term care utilisation by ethnicity • Identify variation in home based support approaches • Identify options to reduce inequity and optimise outcomes • Recommend upon potential strategies to be implemented	X X	X	X	
5	**Development of outcomes framework (impact and outcomes)** • Demonstrate framework development in one area of regional work				X

Appendix One: Quarterly Milestone Action Plans

	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
6	**Implementation of the New Zealand Framework for Dementia Care** • Develop and agree implementation plans for top regional priority actions (Early diagnosis - Refresh of the Cognitive Impairment Pathway and training on this, including the MoCA assessment tool replacement) • Commence priority implementations	X	 X		
7	**Schedule view of significant Frail Elderly related projects** • Ensure regional visibility of the schedule of work underway in the Region to enable knowledge sharing and transparency of programmes (e.g. Kare Project).				X
Regional Integrated Cancer Services					
1 (1a) (1b)	**Equity** - Progress implementation of interventions to improve equity of access and outcomes regionally for the following agreed priority areas: a. Lung Cancer for Māori i. Reestablish the Northern Region Lung Tumour stream strengthening Māori participation. ii. Agree a work plan and priorities for the tumour stream incorporating recommended regional interventions. iii. Progress priority 2020/21 interventions according to the agreed work plan and priorities iv. Revise and reestablish regular MDM reporting to monitor progress against agreed measures b. Uterine Cancer for Pacific Women i. Establish Pacific participation in the tumour stream to lead a work stream on Uterine Cancer for Pacific Women ii. Review and agree an updated work plan for the tumour stream incorporating a focus on Uterine Cancer for Pacific Women and building on work undertaken in 2019/20 iii. Progress priority initiatives for 2021/22 according to the agreed work plan	 X X	 X X X		 X X
2	**Head and Neck Cancer (HNC)** - Continue to support and develop the HNC Tumour Stream: • Develop a 5 year strategic work plan for Regional HNC Service based on "gap analysis" from Accreditation Process • Progress priority 2020/21 initiatives according to agreed time-lines in the work plan. • Complete development of HNC QPI reporting requirements for application nationally		 X X		 X
3	**Local Delivery of Medical Oncology** • Complete implementation for end-to-end breast tumour stream provision of local delivery of medical oncology. • Agree a plan and progress implementation for expansion of local delievery of medical oncology to other tumour streams.	X			 X
4	**Bowel** • Support regional review of endoscopy services and the role of FIT testing in symptomatic patients in conjunction with the national pilot programme, and surveillance guideline changes	X	X	X	X
5	**Technology** • Complete Business Case and procurement process for Regional Oncology Electronic System (ROES) • Progress implementation of the (ROES). • Pilot MDM solution for Gyane Oncology, informing options for a future MDM platform regionally.	X	 X X		

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
6	**Regional Governance and Strategy** • Develop a collaborative regional plan for 2021/22 with the Cancer Control Agency to address national requirements from the New Zealand Cancer Action Plan and regional priorities identified through the Northern Region Integrated Cancer Service Board to deliver the LTIP Cancer recommendations.				X
7	**Regional Radiotherapy** • Complete review of model of care to support local delivery of Radiotherapy aligned with the updated and agreed regional Radiotherapy Capacity plan.			X	
8	**Faster Cancer Treatment** • Continue to support DHBs to achieve Faster Cancer Treatment 31 day measure (SS1) and 62 day measure (SS11), including providing monthly and quarterly reporting to DHB	X	X	X	X
9	**EGGNZ** -Deliver work to support related services (deliver to national contract)	X	X	X	X
Mental Health and Addiction					
1	**High Users (MH07))** • Develop a Business Case for the development of Intensive Community solutions for 2 cohorts that are high users of inpatient services due to lack of suitable community options: o People over 55 years of age with escalating health needs who cannot be cared for in the current range of services o People with cognitive impairment and mental health conditions who require intensive support to live in the community. • Develop a regional review process for people who utilise more than 100 days of inpatient care within one year, with the aim of reducing the number of people who are high users of inpatient services for more than 2 consecutive years		X	X	
2	**Addiction** • Finalise the AOD Model of care • Progress a regional approach to vaping in the Northern region with the aim of decreasing the % of Māori and Pacific service users presenting to inpatient services who are regular tobacco smokers from 80% to 60% within 2 years. • Identify at least two initiatives from AOD Model of Care to be progressed in 2020/21 that would benefit Identified priority groups – Māori, Pacific and Youth	X	X	X	
3	**Youth Forensics** • Finalise model of care for Youth Forensics to accommodate increased demand, increase integration of service with AOD and CAMHS, and significantly enhance cultural support available to Rangatahi who are referred to Youth Forensic Services.		X		
4	**Dual Disability Services** • Develop options to best meet the current demand of specialist dual disability input.				X
5	**Maternal Mental Health Services** • Implement strategies based on qualitative research undertaken in 19/20 to provide equitable access to maternal mental health services by Pacific Island and Asian Mothers..			X	
6	**Workforce Development** • Finalisation of scope and a project team to forecast the composition of the workforce required in Specialist Mental Health and Addiction Services over the next five years, and strategies to attain this workforce.				X

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
7	**MH&A performance** • Develop key performance measures to track outcomes that Specialist Mental Health and Addiction Services can influence with a focus on equity.			X	
8	**Learnings from COVID- 19 pandemic** • Identify learnings from service delivery COVID-19 that would be of on-going benefit to service users and staff. • Development and implementation of plan to cement learnings in business as usual. • Develop opportunities to embed telehealth as a service delivery option for service users/whānau based on experience and feedback during the Covid-19 lockdown.	X		X	
Cardiovascular Services					
1	**Equity** • Develop plans to promote equity of cardiac outcomes across ethnicities and geographical areas in the region. • This to include, but not limited to, areas such as Cardiac Surgery, Rheumatic Heart disease, Heart Failure and timely access to investigations and therapy	X		X	
2	**Workforce issues** • Continue development and advocacy of the most vulnerable cardiac workforces, e.g. echo sonographers and physiologists, by agreeing a regional work plan focusing on this. Workforce growth projections will aim to reduce Echo wait time to a 6 week maximum			X	
3	**Regional Service Development** • Progress areas such as TAVR and EP to best support the Region • Agree and progress improvement actions required for regional achievement of standing KPIs in: Cardiology and Cardiothoracic Health Targets; Intervention Rates for both Cardiology and Cardiac surgery; Medication adherence reports (CVD Risk Management), Waiting list management targets, Access to Echo.			X X	
4	**ECG Transmission by Ambulance Process** • Centralise and monitor effectiveness of after-hours STEMI coordinator role and revise 'ECG transmission by Ambulance' monthly meetings to include broader STEMI issues	X			
5	**Collaborate across Clinical Networks- Atrial Fibrillation** • Work collaboratively with the Stroke Clinical Network to further develop plans to improve outcomes for priority populations		X		
6	**Community Cardiac Arrest project** • Produce an outcome report on the Hokianga AED project • Continue working with the Community Cardiac Arrest National Working group and apply learnings from the Hokianga AED project to other deprived areas within the Northern Region.		X		X
7	**Heart Failure** • Update of National heart failure registry • Regional registry enrolment using Ministry of Health provided representative patient cohorts • Regular regional reporting of quality improvement indicators		X	X	X

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
8	**Pathways** • Update or review pathways for CVDRA and Hyperlipidaemia; • Cardiac Catheterisation Complications, Heart Murmurs in adults, ECG Images • Integrate the Northern Region and NZ STEMI guidelines and pathways.		X		X
Stroke Services					
1	**Stroke Awareness and Prevention** • Support the dissemination of national FAST campaign messages using primary care, DHB and Iwi – DHB partnership networks • Develop regional approaches with consumers, primary care, DHB and Iwi-DHB partnership networks around stroke awareness and prevention in the priority regions • Support implementation of regional AF/ Stroke working group recommendations for improved management of AF in primary care			X	X X
2	**Hyperacute Stroke Pathway** • Review and address regional inequities in acute stroke care • Review NDHB afterhours support			X	X
3	**Stroke Rehabilitation** • Implement regional stroke rehabilitation priorities • Develop and implement a regional discharge information pack • Work with Iwi-DHB Partnerhips to improve access to community rehabilitation for Māori • Complete establishment of Auckland City Hospital integrated stroke unit • Implement Regional Collaborative Community Care (RCCC) Solution for community rehabilitation		X	X	X X X
4	**Data** • Commence regional reporting of new MoH stroke indicators			X	
5	**Workforce** • Coordinate and support the regional and national stroke education programme				X
Major Trauma Service					
1	**Māori/ Pacific Island representation** • Increase the number of Māori/ Pacific Island representatives onto the Network	X			
2	**Royal Australasian College of Surgeons (RACS) review of NZ Trauma system 2017** • Implement RACS recommendation (2.11.8) 'Regional Trauma Committee to undertake clinical audit of trauma patients who die within the Region'.	X			
3	**Moderate Brain Injury** • Regionally agree and endorse a pathway for moderate brain injury that is locally implemented • Identify variables to monitor outcomes for moderate head injuries			X	X
4	**Training Education and Research** • Identify and implement major trauma education strategies for inpatient ward trauma nurses which is taken up by a minimum of eight nurses in the Region • Work together with the National Trauma Network to scope their research project to identify patient outcome measures for long-term trauma outcomes aligned to wider regional PROMs approach				X X

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
5	**Rehabilitation** • Work with the National Trauma Network rehabilitation project to identify a nationally agreed trauma rehabilitation pathway • Establish regional agreement for the following rehabilitation standards of care; o Patients with major trauma are screened for PTSD o Patients with bilateral non weight bearing injuries are referred to a Rehabilitation Consultant/ Service o Promotes a discharge plan in the community for complex pain management.			X	X
6	**Destination guidelines, after one year of implementation** • Conduct a snap audit to regionally review Destination Guidelines for awareness and adherence. • Identify changes to guidelines. • Identify variables to monitor outcomes that include an equity lens concerning ethnicity and rural measures. • Identify variables that measure service sustainability		X	X	X X
Regional Hepatitis C Service					
1	**Progress key existing HCV initiatives** • Provide education and awareness in the general public on HCV and its risk factors • Undertake education and awareness across key stakeholders to facilitate HCV diagnosis and treatment for at risk communities • Facilitate the delivery of HCV services through primary care undertaking the Laboratory look-back review of identified patients	X X	X X	X	X X
2	**Service development** • Undertake a micro-elimination project with the Northern Region's Corrections Department at Wiri Men's prison • Undertake line of sight on the cascade of care for key demographics to ensure equity of access and treatment for cure. • Facilitate a micro-elimination project within a marae based health service	X	X X	X	
3	Receive and consolidate **quarterly reports** from the Northern Region's DHBs which detail progress and opportunities across the Region's: • Community Alcohol and Drug Service • Needle exchange • Corrections Department facilities • Primary care and other community providers • Secondary services Complete the Ministry's KPI reporting template (due in Q2 and Q4)	X	X X	X	X X

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
Programme Four: Improved Diagnostic Service Delivery					
Regional Networked Community & Acute Laboratory Services					
1	**Workforce: Scientific and Technical Professional Development and Leadership** • Scope and establish key objectives • Establish project team and project lead • Agree regionally consistent framework (in line with MECA) • Implement	 X X 	 	 X 	 X
2	**Framework: Regional Quality Framework** • Scope and establish key objectives • Establish project team and scientific lead • Develop regional quality framework • Implement regional quality framework • Review options for informatics and modelling including regional BI tool • RFP (if required) and implementation	 X X 	X X X X 	 X X 	 X X
3	**IS: Phase 2 of Labs IS Roadmap** • Milestones as per ISSP	 X	 X	 X	 X

4	**Programme Fundamentals**
	• Implement the communications and change strategy on project by project basis
	• Service Reviews
	  ○ Complete immunopathology review
	  ○ 2nd key service
		
		X
		
			X
			
			X
			
				X
				
					X
					
					X

Regional Radiology					
1	Identify and implement options to attain a **sustainable diagnostic waitlist** • Scan – current demand/ capacity relationships and opportunities for change options • Focus - develop workplans to deliver benefits through a combination of agreed priority practice change and/or capacity configuration • Act – Demonstrate real improvement In waitlist, through workplan implementation	 X 	 X 	 X	 X
2	**Asset Management Planning** • Deliver a plan outlining the required replacement and acquisition of additional equipment; informed by demand forecast and clinical pathway analysis and Radiology Information system requirements				X
3	**Workforce** • Identify key future workforce pressure points and staff requirements informed by demand forecasts developed as part of the sustainable waitlist and asset management planning process • Support recruitment and retention of identified vulnerable workforces with ongoing review of vacancies and coordinated planning of training, recruitment processes, retention incentives and workforce wellbeing initiatives (Qtly review and action identification) • Progress actions arising from the Northern Region request to MRTB that they change regulations for MRI training requirements to enable International (and National) recruitment *(Actions in partnership with MoH and Northern Region Workforce)*	 X X	 X X	 X X X	 X X X

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
Programme Five: Enabler' Services					
Workforce Development					
1	Monitor and support initiatives to increase the Māori and Pacific participation across occupational groups in the Northern Region: • Progress the case to secure funding for a Māori health gain approach to health management and leadership development • Support the Northern DHBs in the delivery of their respective and collective action plans to grow their Māori and Pacific workforces.	 X X	 X X	 X X	 X X
2	Deliver reviews into selected allied health, scientific and technical workforces and implement regional recommendations arising from these: • Undertake reviews across eight prioritised allied health professions - Physiotherapy, Occupational Therapy, Speech Language Therapy, Dietetics, Social Work, Psychology, Audiology, and Allied Health Assistant/Kaiāwhina workforces o Stage 1 Northland and Stage 2 Auckland Metro • Implement regional recommendations related to the: o Theatres Workforce Review o Reviews for medical imaging and cardiac workforces	 X X X	 X X	 X X X	
3	Establish a regional approach to assess and improve digital and technology readiness in clinical, non-clinical and support workforces: • Compile a summary of existing and planned digital readiness and learning initiatives • Identify opportunities and priorities according to DHB workforces or groups e.g. allied health talking therapies		 X	 X	
4	Set up workforce development based alliances with health education providers, to influence quality of training and readiness of future workforces: • Explore options for micro-credentialing and optimising student clinical placements, and other models that fast track workforce readiness • Identify and progress workforce red flag issues for the Region e.g. anaesthetic assistant and cardiac sonography workforces	 X	 X X	 X X	 X X
5	Strengthen regional workforce planning to enable delivery of the Northern Region Long Term Health Plan and in the shorter term, respond to the supply and demand challenges as a result of Covid-19: • Design for increased accessibility and inclusion in our employment practices for people with disabilities. • Improve understanding of future workforce demand aligned to Northern Region growth priorities and capital planning initiatives. Provide future workforce planning aligned to new Theatres build • Plan for and act to secure and prepare our workforce(s) in the post Covid-19 setting and to support increasing demand across our vulnerable communities. Develop regional medical workforce(s) plan.	 X		 X	

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
Data and Digital					
The table below provides a summary of the FY20/21 milestones for each of the ISSP key Horizon One initiatives and ISSP Planning for Horizon Two. This includes on-going delivery of in-flight multi-year initiatives and the embedding of new initiatives arising from the COVID response. It is important to note that many of the projects cross multiple years ie may not start or finish in FY20/21					
1	**Cloud Sub-Programme**				
	• IaaS Migrations Business Case Approval	X			
	• IaaS Migrations – Year 1 (Rolling Migrations)	X	X	X	X
	• IaaS Service Establishment		X		
	• FPIM Wave 2 (HealthSource & Counties Manukau DHB)				X
2	**Workspace Sub-Programme**				
	• Windows 10 - Design	X			
	• Windows 10 - Implementation				X
	• Office 365 – Design	X			
	• Office 365 – Implementation				X
	• Workspace/UEM - Design	X			
	• Workspace/UEM - Implementation				X
	• Device Refresh***	X	X	X	X
3	**Infrastructure Sub-Programme**				
	• CORE Firewall – Cutovers		X	X	
	• CORE Firewall – Decommisson				X
	• Internet Puiblic Cloud Connectivity – Go Live*				X
	• F5 Load Balancer – New Solution Go Live	X			
	• F5 Load Balancer – Application Migrations Go Live				X
4	**Teleco/Telehealth Sub-Programme**				
	• PABX Top 6 Remediation – Business Case	X			
	• PABX Top 6 Remediation – Phase 1 SIP and SBC Services				X
	• Secure Communcation – Business Case	X			
	• Secure Communcation – Phase One Critical Messaging				X
5	**RCCC Sub-Programme**				
	• Regional Community and Colloborative Care (RCCC) – Design			X	
	• Identity & Access Management (IAM) – Design**			X	
	• Health Information Platform (HIP) - Design **			X**	
6	**HARP Sub-Programme**				
	• Hospiltal Administration Replacement Programme (HARP) Design				X*
7	**DSI (Digital)**				
	• API Gateway and Operating Model – Design*	X			
	• API Gateway and Operating Model – Implementation				X
	• Shared Primary Care Summary – Phase 2 rollout (AKL Metro) plus Phase 3 design (Regional + access + APIs)		X		
	• DSI – Other	X	X	X	X
8	**Application Stabilisation Sub-Programme**				
	• Risk Stablisation – Various Apps	X	X	X	X
	• Cyber – Various	X	X	X	X

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	Action Points	Target Completion Date			
		Q1	Q2	Q3	Q4
9	**NSP Sub-Programme** • Regional Roadmap V2.0 • RISDOM and Operating model • ISSP Strategy Refresh (ISSP V3.0)		X X	 X	
10	**Regional Clinical Portal (RCP)** • RCP ADHB – Go Live (full) • RCP NDHB – Go Live • Regional 'Paperless Clinics'	X X	 X		
	***Business Case not approved as at 19/6/2020 - Funding Dependent** ****Not funded beyond Design Phase**				
Capital Programme of Work					
1	Agreed business case standards and quality assurance approach • 12 month schedule for Business Case review and endorsements • Agreed Business Case standards, workflow and templates • Training package to support business case quality standards	 X		 X	 X
2	Capital programme reporting schedule • Agreed key programme measures and reporting format • Regular reporting to Regional governance groups	 X	 X		
3	Regional Capital Programme Benefits framework • Common framework of outcomes, benefits, indicators and measures for Capital projects • Agreed Regional Capital Benefits framework		 X		 X
4	Regional Capital Delivery Plan • Agreed Capital Delivery Plan framework and approach • Regional Capital Delivery Plan report delivered quarterly			 X	 X
5	Regional Asset Management Planning • Agreed Regional Asset Management Policy • Agreed Regional Asset Management Strategy • Agreed Asset Performance / Levels of Service approach	 X		 X X	

Appendix Two: Governance Leadership and Partnerships in More Detail

Regional Governance, Leadership and Oversight Groups and Forums

The COVID-19 pandemic led to developments across our regional oversight and regional working arrangements, some of which we are retaining to strengthen and simplify regional work oversight. Ongoing arrangements will be subject to review and refinement as part of our post COVID response.

Our Governance and Oversight structure comprises three key governance groups which oversee all clinical and business services activities:

1. Regional Governance Group (RGG)

RGG is a steward for regional decision making. It operates within Board delegations to Chairs and as such the RGG has no formal delegations. It is the guardian of the 'regional direction of travel' and ensures that progress is made against the actions. RGG holds the Regional Executives Forum to account for delivery.

Membership comprises DHBs Chairs, with Chief Executive Officers (CEOs) and Chief Medical Officers (CMOs) attending in an ex officio capacity and others by invitation.

The Regional Governance Group:

1. Provides a collective regional forum to address, monitor and influence current and long term planning of regional health services and capital planning
2. Shapes thinking on the regional direction, particularly in relation to long-term planning of regional health services
3. Identifies any issues impacting on the ability of the Region to efficiently deliver health services to the Northern Region population
4. Agrees annual and longer term strategic priorities and the Regional Service Plan
5. Approves regional strategy and ensures alignment with the New Zealand Health Strategy
6. Monitors progress and performance against regional plans
7. Deliberates as a collective group and drives a regional collaboration agenda
8. Acts as an escalation point for regional issues that cannot be resolved in other groups
9. Periodically reviews the effectiveness of the regional working framework and the establishment or disestablishment of regional groups.

2. Kōtui Hauora and Mana Whenua i Tāmaki Makarau

The Northern Region has two Iwi-DHB Partnership Boards to engage Iwi/Māori in an empowering partnership that aims to achieve Pae Ora (Healthy Futures), providing ownership and oversight of health sector actions within the scope of Māori health gain. These two partnership Boards, Kōtui Hauora in the North of our Region and Mana Whenua i Tāmaki Makarau in the southern part of our region, each:

- Help determine Māori health outcomes and Māori health equity priority areas
- Provide Māori health leadership, advice and guidance across all DHB funded and provided services, activities, and workforce to help our DHBs meet their Treaty of Waitangi and statutory obligations to Māori
- Oversee resource allocation and investments made for the purpose of achieving Māori Health outcomes and advancing Māori wellbeing
- Engage experts and advisors to carry out work and complete specific tasks on behalf of the Partnership Board.

In addition to regional Māori partnerships, each respective DHB has existing local level partnerships with iwi, hapū, manawhenua groups, and Māori groups that further support engagement with specific communities, enhance service provision to Māori, and ensure equitable resource allocation across the system to achieve our Treaty obligations. These local partnerships are the foundation of a strong regional network for Māori health.

Appendix Two: Governance Leadership and Partnerships in More Detail

3. Regional Executives Forum

The Regional Executives Forum is accountable to the Regional Governance Group. In addition, each member is accountable to their Board and management and shall inform their own organisation of the activities of the Regional Executives Forum that may be significant for their DHB.

Membership includes the CEOs, CMOs and Chief Financial Officers (CFOs) from each DHB, with the expectation being that the CFOs will attend quarterly with all papers copied to them. The Regional Executives Forum:

1. Provides leadership for the regional agenda, ensuring that sound advice is provided to the Regional Governance Group to inform discussions and recommendations in regard to regional strategy
2. Is accountable to the Regional Governance Group for the development of and delivery of the regional plan/s that are aligned with the New Zealand Health Strategy and northern region Long term investment plan principles and strategic framework
3. Monitors performance against plans and service level agreements
4. Considers risks to the Region's operations, strategies and plans
5. Addresses operational and other issues that are within the delegations of individual members
6. Ensures there are appropriate regional groups and networks to support effective regional collaboration and strategy implementation and monitors the effectiveness of regional groups.

Where not otherwise stated, key Regional Service Plan programme level reporting is to the Regional Executive Forum, supported by a range of more detailed and project specific oversight arrangements. These have included a health service design authority to set strategy and a health service implementation group to commission changes in models of care, and will be included in a review and simplification of governance in Quarter one, recognising the establishment of a regional workforce group to oversee and drive the delivery of the agreed workforce deep dive strategy and regional work plan.

Appendix Two: Governance Leadership and Partnerships in More Detail

Regional Capital Investment Group – is responsible for:

- Fulfilling the functions and expectations of the Regional Capital Committee with regard to business case approvals
- Driving Capital planning system process improvements
- Oversight of Facilities, Infrastructure, and Clinical Equipment planning and delivery; ensuring quality assurance and control of the planning process and the capacity and capability to implement and deliver the approved works.

- **ISSP Design Authority** – is responsible for governing and controlling design components associated with the programme to deliver the future state services and business processes associated with the new models developed by the Health Service Design Authority and Implementation Steering Group, and maintaining the ISSP Roadmaps which guide priorities and sequencing of change.

- **ISSP Delivery Programme Steering Group –** is accountable for delivery of the suite of sub programmes and projects in the ISSP to meet clinical and operational service requirements, realise intended benefits, and deliver the programme of change to time, and to budget.

Entities, Agencies and Partnerships

- **District Health Boards (DHBs)**

  DHBs take the lead on assessing the health needs of populations and funding services to meet these needs. They deliver predominantly hospital and community specialist services. DHBs sponsor the governance groups and, in partnership with the signatories of this plan, provide oversight of performance against the priority goals and achieving improvements in patient outcomes.

  DHBs have responsibility and accountability for integration and the performance of primary care in their districts. This is expected to be achieved by continuing to build local partnerships through collaboration and forming alliance agreements. Other DHB activities include:

  - Active participation of clinicians and managers in networks and the delivery of DHB and regional priorities
  - Supporting the development of and investing in locality care partnerships/networks, Integrated Family Health Centres and neighbourhood healthcare homes
  - Aligning funding to the Regional Plan and DHB priorities
  - Supporting primary care partners and the Whānau Ora providers.

- **The Northern Regional Alliance (NRA)**

  NRA works in conjunction with the four northern DHBs to achieve the Region's and the Minister's priorities and to support the effective implementation of policy directions and objectives. In particular, the NRA will support the four Northern DHBs in areas where there is benefit from working regionally. The NRA leads the delivery of the long term health service planning and implementation activities, and provides a range of regional and national services for DHBs including workforce operations, emergency management, regional contracting and public health advocacy.

  The NRA also supports links with the Health Workforce Directorate (MoH), and Health Quality and Safety Commission (HQSC) to ensure that the regional and national priorities are aligned.

  The NRA focusses its resources upon supporting the prioritised areas for regional working. The key drivers for NRA engagement are:

  - Nationally mandated that we engage regionally/can demonstrate regional support
  - Regionally consistent view of information is required
  - Activity impacts multiple DHBs/services/portfolios
  - Increase consistency/reduce variation
  - Reduce duplication/cost and improve efficiency/effectiveness
  - Economies of scale /effective use of scarce resource
  - Engagement of wide range of stakeholders required
  - "Independent facilitation/co-ordination" of process required
  - Capacity and technical capability available to support timely delivery of key activities
  - Leverage regional knowledge and "infrastructure"/linkages.

Appendix Two: Governance Leadership and Partnerships in More Detail

- **HealthAlliance New Zealand (hA)**

  healthAlliance is the regional business services agency for the four DHBs. The key service activities are finance (transactional processing), procurement, supply chain, information services, and Regional Internal Audit Services. The activities of this organisation are governed by the healthAlliance New Zealand Board which comprises seven directors including one representative from each DHB and two independent directors. HealthAlliance leads the delivery of the business services, including Information Systems Strategic Plan (ISSP).

- **Alliance Partnerships in Primary Care**

  Primary care providers are critical to the delivery of the regional 'direction of travel'. PHOs are a key mechanism to drive changes to clinical practice associated with delivering a greater breadth of services locally. They will likely have a stronger focus on planned care for high-needs populations to prevent acute and unplanned admissions, and supporting older and frail people to live independently.

  The one Northland PHO and the seven Auckland PHOs have key areas of focus, including:

  - System outcomes to design and implement optimal performance based on the use of System Level Measures (SLM's) to drive clinically led quality improvement
  - New models of care that optimise self-directed care at home and in the community
  - Developing fit for purpose practice models that deliver proactive patient centred care
  - Information infrastructure to enable integrated and self-directed care
  - Governance to drive and sustain the change agenda, the next step is to develop a single Alliance Leadership Team (ALT) for metro Auckland.

- **Other Social Sector Agencies**

  Linkages with other social agencies are important in the delivery of regional Service Plan, particularly with regard to Child Health. The health outcome for many of the children in the care of health services depends on addressing the upstream determinants of health. Children with, or at risk of, rheumatic fever and respiratory conditions will receive preferential access to housing services to address structural and functional overcrowding and to enable warmer houses. Initiatives often involve collaboration with agencies such as Oranga Tamariki - Ministry for Children), education providers, and Te Manatū Whakahiato Ora - Ministry of Social Development to deliver whole of system care to the most vulnerable children and their families.

- **Aged Residential Care**

  Aged Related Residential Care (ARRC) comprises a number of operators who provide residential care for our elderly. Cooperation and collaboration with the range of ARRC providers is important in the implementation of activities to reduce acute presentations from residential care and increase advanced care planning activities, and to improve the safety of patients from falls and pressure injuries.

- **Non-Governmental Organisation (NGO) sector**

  This sector is very important to many aspects of our regional strategic direction, particularly Frail and Elderly, Mental Health and Addictions, Cancer, and Child Health. Relationships with each of these areas are important to share information, align activities and ensure consistent messages are being provided, regardless of where our population seeks help.

Appendix Three: Northern Region Service Design Principles

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Ten Service Design principles	
The needs & rights of the patient & whānau come first	• The patient and their whānau/family are meaningfully involved in decision making and supported for increased self-management, autonomy & control of their lives • Culturally proficient patient & whānau centred care, responsive to individuals and their whānau/family needs and priorities including the beliefs, values and aspirations of Māori • Prompt access to care choices at accessible times and locations • Services accountable to the communities and patients/whānau they serve
Same standard of care across the region, delivered flexibly	• Regardless of location, socio-economic status, gender, ethnicity, tangata whenua or tangata o te tiriti status of individuals and communities • Regionalised ways of working with standardised processes that meet National Standards • Convergence to consistent eligibility for care based on clinical need
Iwi Partnerships	• Services value & utilise insights & knowledge of mana whenua & partner organisations to improve, responsiveness, & effectiveness to Māori and accelerate Māori health gain • Service developments & planning align to iwi aspirations for the health & wellbeing of their whānau to create high impact, useful and sustainable healthcare interventions • Promising techniques and interventions that value Māori intelligence and Māori led solutions for enhancing Māori wellbeing will be adopted
Designing out inequities	• Care model development will assess inequities and recommend responses in universal services, and targeted services where appropriate • Care models will be informed by experience-based design involving populations served, including ensuring active Pacific and Māori perspectives and engagement • Service models are Mana-enhancing, built on the right to health for all & achieve tangible health outcomes determined by patients and their whānau • Enabling environments underpinned by Universal Design for social inclusion
Investing Upstream	• The most cost-effective interventions along the pathway will be prioritised for scaling • Pathways will rebalance investment for allocative efficiency: Upstream into prevention, earlier detection & early intervention and downstream to rehabilitation and reablement
Coordinated, easy to use care	• Patients and their whānau/family have a clear, single point of contact at all times • Transitions of care are planned and supported taking a whole of life approach • Transparent decision-making & patient information flow along the entire patient pathway • All team members across settings, including patients, have access to patient information • Services work across sectors to help address social determinants of health and achieve broader wellbeing goals including social inclusion, participation and realising potential
Workforce and Staff Wellbeing	• A highly skilled, well trained, accredited, competent workforce capable of working at the top of their clinical scope with our diverse population across the region • An accelerated transition to a workforce representative of our population • Patient/whānau-centred cost-effective care put above traditional role boundaries & practices to deliver best possible experience & outcomes at every single engagement • Appropriate tools and systems are available to deliver collaborative team based care • Learning and improvement (individual, team and system) and progression are fostered • Te Tiriti o Waitangi principles as standard practice amongst our entire workforce
Best possible outcomes	• Services are outcomes focused, and care is planned and designed using community identified outcomes and patient reported outcome measures • Services will be consolidated where increased volume improves outcomes • Treatment discussions will occur in a multidisciplinary team setting • Improvement and equity will be measured against agreed criteria • Population health evidence will strongly inform model of care choices
Sustainable services	• All services transition to clinically sustainable configurations & models of care • Service design reflects best practice benchmarks of efficiency, productivity, and utilisation of assets to deliver population needs within a sustainable funding allocation • Best use is made of capacity in our region with a planned approach to both public and private facilities to best meet demand and address inequities in a sustainable manner • Approaches will leverage on the distinct strengths of each DHB • Services targeting vulnerable individuals/whānau are funded to achieve greater impact
Incubating Innovation	• We will cultivate disruptive delivery models to tackle long standing problems • Learning from and leading international best practice will inform our models of care • Networks & Services that operate as Centres of Excellence will disseminate knowledge for rapid spread of evidence-based cost-effective interventions & innovation.