

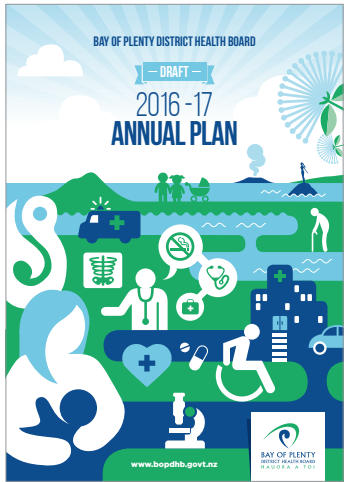
2016
2019

Regional Services Plan

Strategic Direction



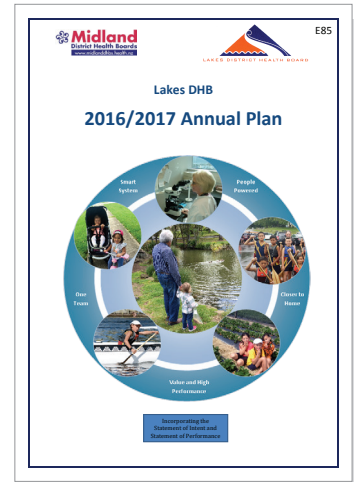
Midland DHBs Annual Plans



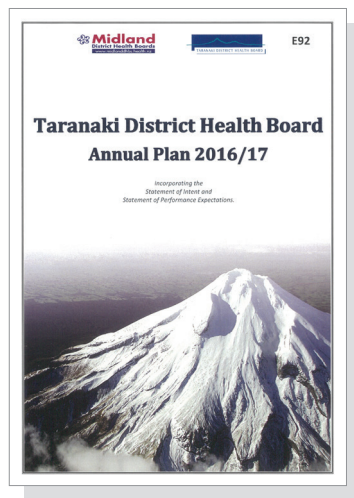
BAY OF PLENTY



HAUORA TAIRĀWHITI



LAKES



TARANAKI



WAIKATO

The thought and creative design of this document has been intentionally aligned to the Bay of Plenty DHB 2015-16 Annual Plan Summary. Midland DHBs acknowledge the creativity of Bay of Plenty DHB and thanks them for their permission to apply this approach more widely.

Endorsement by Minister



Office of Hon Dr Jonathan Coleman

Minister of Health
Minister for Sport and Recreation
Member of Parliament for Northcote

07 JUL 2016

Mr Ron Dunham
Lead Chief Executive Officer for Midland Region District Health Boards
Lakes District Health Board
Private Bag 3023
Rotorua 3046

Dear Mr Dunham

Midland Region 2016/17 Regional Service Plan

This letter is to advise you I approve the 2016/17 Midland Regional Service Plan (RSP). I appreciate the significant work that is involved in preparing the RSP and thank you for your effort.

I am planning to strengthen the focus and role of RSPs in the future and you will be engaged in this process.

I acknowledge the good progress that has been made with regional planning this year, particularly in relation to the development of a strong regional vision, goals and outcomes. This is evident in the continued improvement in the alignment between the DHB Annual Plans and RSP, which should continue to be strengthened in the future in order to achieve the best use of resources.

As greater integration between regional DHBs supports more effective use of clinical and financial resources, I expect DHBs to make significant progress in implementing their RSPs during 2016/17 and to continue to work together to ensure service sustainability within the Region.

Regional Service Plan Agreement

Approval of your RSP is currently conditional on the Region providing a refreshed eSPACE roadmap in quarter 1 of 2016/17.

Please note that 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. You will need to advise the Ministry of any proposals that may require Ministerial approval as you review services during the year.

My agreement of your RSP also does not constitute approval for any capital projects requiring equity or new lending, or self-funded projects that require the support of the Capital Investment Committee. Approval of such projects is dependent on both completion of a sound business case, and evidence of good asset management and health service planning by your DHBs.

I would like to thank all the people involved in developing the RSP for their valuable contribution and continued commitment to delivering quality health care to the population. I look forward to seeing your achievements throughout the year.

Finally, 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 of the Midland RSP made available to the public.

Yours sincerely

Hon Dr Jonathan Coleman
Minister of Health

cc DHB Chairs and Chief Executive Officers in the Midland Region

Endorsement by Board Chairs and Chief Executive Officers of Midland District Health Boards



Sally Webb
Chair

Sally Webb.



Helen Mason
Chief Executive

[Signature]



David Scott
Chair

[Signature]



Jim Green
Chief Executive

[Signature]



Deryck Shaw
Chair

[Signature]



Ron Dunham
Chief Executive

[Signature]



Pauline Lockett
Chair

P Lockett



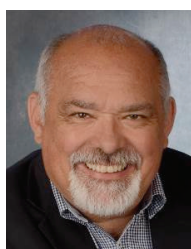
Rosemary Clements
Chief Executive

[Signature]



Bob Simcock
Chair

[Signature]



Dr Nigel Murray
Chief Executive

[Signature]



Introduction

Readers of this 2016-19 Regional Services Plan (RSP) should note a significant change compared with previous regional plans. This RSP has as its central focus the greater achievement of health and wellbeing for the populations served by the Midland DHBs.



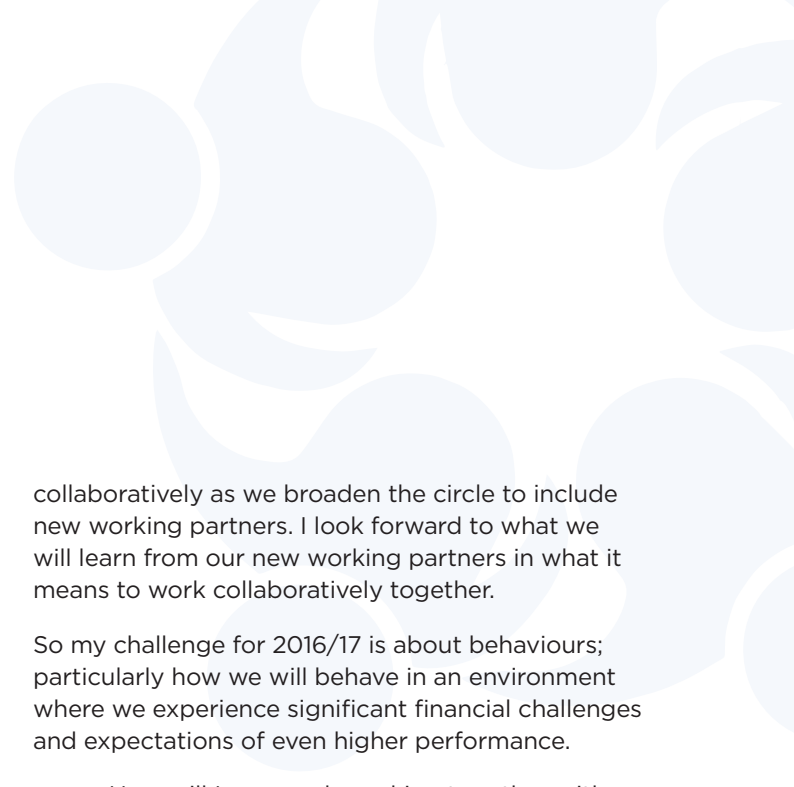
Sally Webb ONZM,
Chair, Midland Regional
Governance Group (DHB Board
Chairs)

For some time Midland DHBs Board Chairs and Chief Executives have desired to take a greater emphasis on health and wellbeing. Over the past year a number of Midland DHBs have been on a journey of co-design with our communities, acknowledging that wider determinants of health (environment, economy, education, housing, social support, workplaces, transport and recreation) are centrally important to improving the health outcomes of our populations. Professor Emeritus Sir Mason Durie's conversations with DHBs on pae ora have also been helpful to galvanise collective vision about the vitality and wellbeing of individuals, communities and environments, and to begin to create our own stories about how we will successfully work collaboratively together transcending sector, agency, iwi and professional interests to lead a collective-wide-strategy focusing on the determinants of health. At our excellent regional development days for DHB Boards held in October 2015 Taranaki DHB shared their pae ora framework.

At a national level the recent focus on strategy has been timely and welcomed. The NZ Health Strategy (2000) has many messages that remain relevant to today. However the demands on the NZ health system have changed significantly over the past 15 years, as have consumer expectations to be more involved in their health care, and technology is enabling this to happen. The NZ Health Strategy Update (NZHSU) and Pae Ora (Health Futures) led by the Ministry of Health, and the Productivity Commission's report, 'More effective social services', provide national support for Midland DHBs to pursue a regional framework for health and wellbeing that can enable us to deliver services and initiatives that can achieve improved outcomes for populations served by the Midland DHBs.

For any strategy to be effective it must be simple to grasp, easy to communicate, be broad enough to invite many to participate, as well as to provide opportunities for practical and measurable actions so that we know that the strategy is achievable. The Update on the NZ Health Strategy meets these criteria.

Health services bear the impacts of poor societal health and wellbeing. Our primary motivation therefore is to improve the health and wellbeing of the populations served by the Midland DHBs. There is also a very real and pressing need to reduce the growth



in demand on health services to ensure the ongoing sustainability and affordability of the NZ health system. Through the proposed NZHSU, DHBs continue to be important partners and enablers in the co-design and delivery of health. DHBs are now also expected to have a significant leadership role with agencies delivering social services so as to enable a positive influence on wider determinants of health.

With a refreshed strategy and a strengthened responsibility to provide leadership beyond our health borders, what holds us back from achieving greatness and success?

For me, what seems to be our greatest challenge is our inability to work together collaboratively. By this I mean working together in a spirit of higher mutual trust, where we park our own sense of importance, position, and priorities for resourcing, and focus on what's really important – improving the health and wellbeing of the populations residing in the Midland region, particularly those with significantly poorer outcomes. We are making progress, but after more than five years of formal collaboration as DHBs (and less for DHBs and PHOs) the pace is too slow. I expect more robust collaboration this coming year and to pick up the pace with actions that make a real difference for our people.

Health has tremendous opportunities to positively influence wider determinants of health as well as to directly improve the health and wellbeing of individuals, of families, whānau and communities. After our years on the road together health should be well placed to demonstrate the new paradigm of working together

collaboratively as we broaden the circle to include new working partners. I look forward to what we will learn from our new working partners in what it means to work collaboratively together.

So my challenge for 2016/17 is about behaviours; particularly how we will behave in an environment where we experience significant financial challenges and expectations of even higher performance.

- How will I approach working together with familiar or new working partners?
- What will I offer that can make a positive change, that can transform health and social services systems to enable wellness?
- How far am I prepared to go to hold on to the greater good vs. my smaller sphere of control?
- Will I stand in the way of a greater goal being achieved, or embrace a true 'one team' approach – even at possible personal cost?
- Am I prepared to embrace different ways of thinking, different cultures and values, different models of service delivery, different ways of resourcing?
- What will I work hard to change in 2016/17 so that we can look back on the year as one of significant transformational change?

I look forward to our journey together in 2016/17.

“Our primary motivation therefore is to improve the health and wellbeing of the populations served by the Midland DHBs.”



Our Vision

Tā Mātou Moemoea

All New Zealanders live well, stay well, get well.



NZ Health Strategy 2015

Strategic Themes



This Strategy places particular emphasis on integration, which is critically dependent on a team approach.

Particular examples of integration in the health system include:



Integrated care for a disease condition or population that improves an individual person's journey (for example, a diabetes pathway)



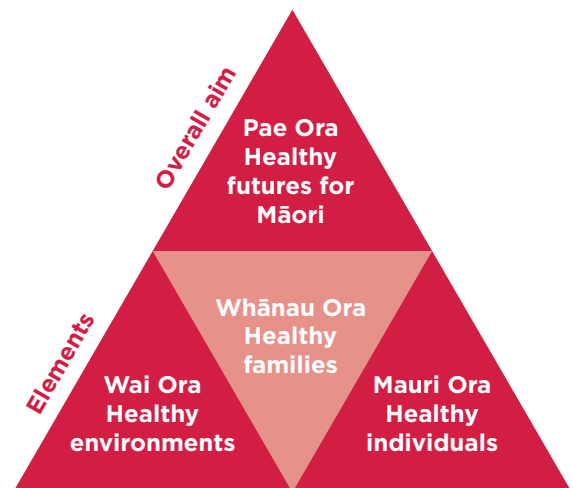
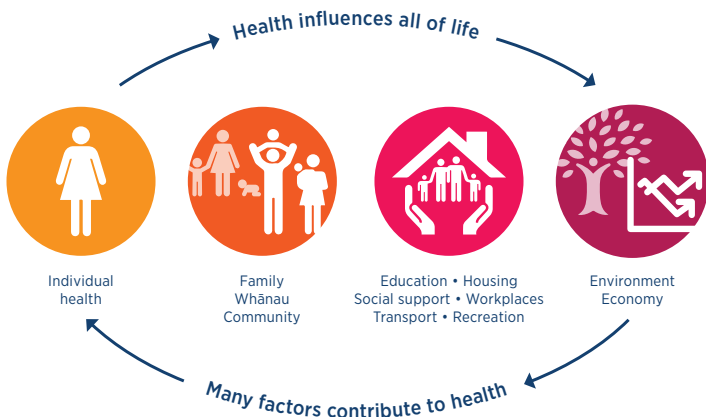
Integrated health services that combine different services under one roof (for example, provision of Well Child / Tamariki Ora checks at the same location as ultrasound scans)



Coordination with initiatives in other sectors (for example, the Healthy Homes Initiatives)



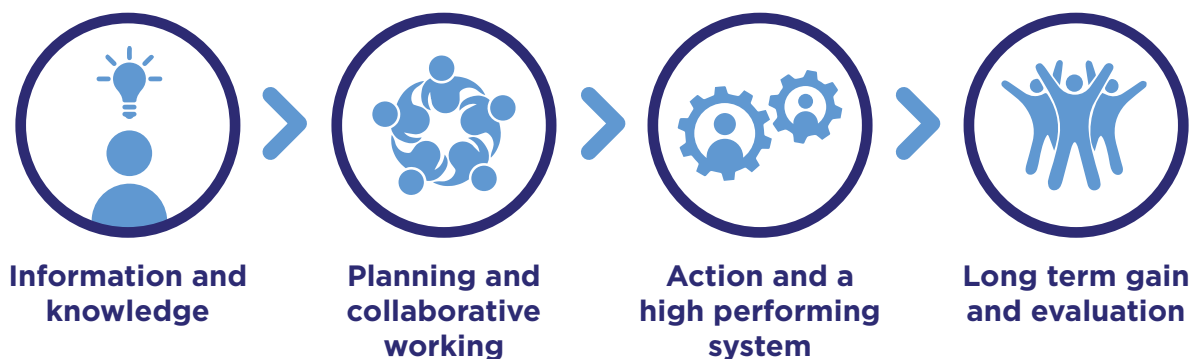
Vertical integration and service planning that make the right facilities available in the right coverage areas (for example, access to specialists from remote locations, or sharing equipment across hospitals)



REFRESHED GUIDING PRINCIPLES — FOR THE SYSTEM —

1. The best **health and wellbeing** possible for all New Zealanders **throughout their lives**
2. An **improvement in health status** of those currently disadvantaged
3. Collaborative **health promotion** and disease and **injury prevention** by all sectors
4. Acknowledging the **special relationship** between Māori and the Crown under the **Treaty of Waitangi**
5. **Timely and equitable access** for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
6. A **high-performing system** in which people have **confidence**
7. Active **partnership** with **people and communities** at all levels
8. Thinking beyond narrow definitions of health and **collaborating with others** to achieve wellbeing

Investment approach





Our Strategic Outcomes

1

Improve the health of the Midland populations.

Health and wellbeing is everyone's responsibility. Individuals and family and whānau are to actively manage their health and wellbeing; employers and local and central body regulators and policy makers are expected to provide a safe and healthy environment that communities can live within.

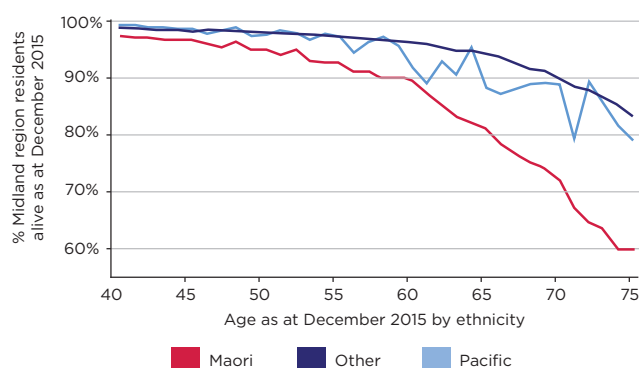
2

Eliminate health inequalities.

The New Zealand health service has made good progress over the past 75 years. However, an ongoing challenge is to reduce ethnic inequalities in health outcomes for populations, particularly Māori and Pacific peoples. As a key focus Midland DHBs will work to eliminate health inequalities in its populations.

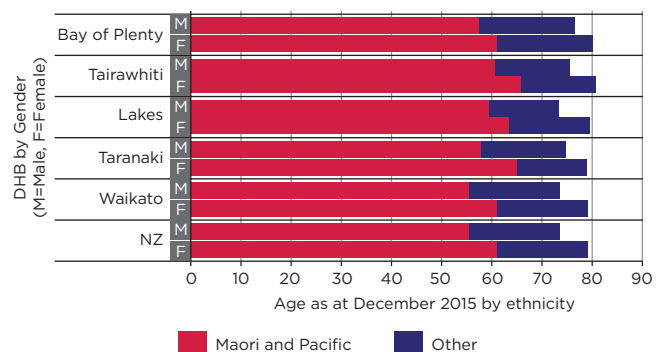
A core function of DHBs is to plan the strategic direction for health and disability services. This occurs in partnership with key stakeholders and our community (i.e. clinical leaders, iwi, Primary Health Organisations and non-Government organisations) and in collaboration with other DHBs and the Ministry of Health. Eliminating health inequalities is the goal (as illustrated below).

Percentage of each ethnicity of Midland region residents alive as at December 2015



Data source: NZ Health Index registry, as of December 2015

Average age at death for all Midland residents compared to all NZ residents, born between 1914 and 2014

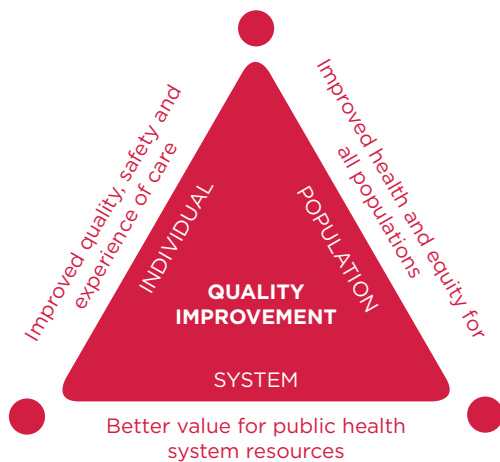


Data source: NHI date of birth and date of death as collected by Ministry of Health, for the period 2010 to 2014 calendar years

The NZ Triple Aim

Our six regional objectives

The New Zealand Triple Aim underpins the region's activities. The Triple Aim means:



The three objectives, applied in a consistent manner to quality improvement initiatives, challenge us to ensure all New Zealanders receive the best health and disability care within available resources.



Our Health Targets



95% of patients will be admitted, discharged or transferred from an Emergency Department within six hours



The volume of elective surgery will be increased by at least 4,000 discharges per year



85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks by July 2016, increasing to 90% by June 2017.



95% of infants will be fully immunised by eight months of age






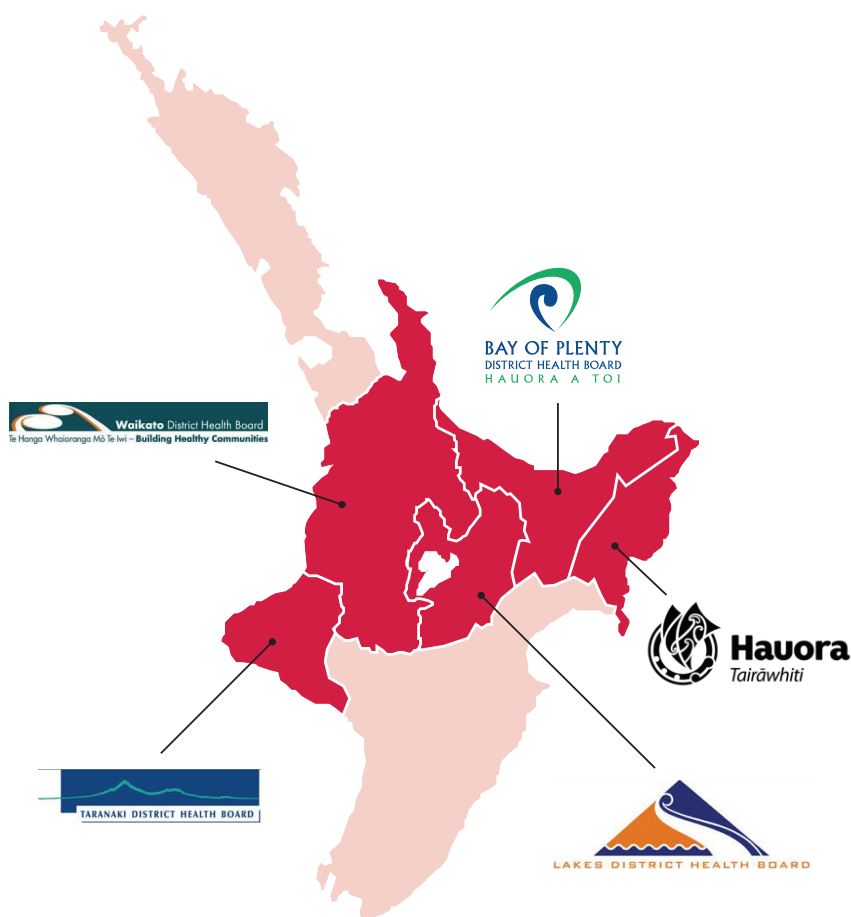
95 percent of hospitalised patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking



By December 2017, 95 percent of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

About us

- 21%** The Midland region covers an area of 56,728 km², or 21% of New Zealand's land mass.
-  Stretches from Cape Egmont in the West to East Cape and is located in the middle of the North Island.
- 5 DHBs** Five District Health Boards: Bay of Plenty, Lakes, Tairāwhiti, Taranaki, and Waikato.
-  Includes major population centres of New Plymouth, Hamilton, Rotorua, Tauranga and Gisborne.
-  898,310 people (2016/17 population projections), including 232,060 Māori (26%) and 43 local iwi groups.



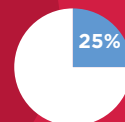
Midland region Iwi

Māori population
of DHB region



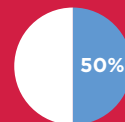
Bay of Plenty DHB

Ngai Te Rangī, Ngāti Ranginui, Te Whānau ā Te Ēhutu, Ngāti Rangitihī, Te Whānau ā Apanui, Ngāti Awa, Tūhoe, Ngāti Māhino, Ngāti Whakaue ki Maketū, Ngāti Manawa, Ngāti Whare, Waitahā, Tapuika, Whakatōhea, Ngāti Pūkenga, Ngai Tai, Ngāti Whakahemo, Tūwharetoa ki Kawerau



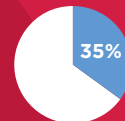
Hauora Tairāwhiti

Ngāti Porou, Ngāi Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki, Ngāti Kahungunu, Ngā Ariki Kaiputahi, Te Aitanga-a-Hauiti



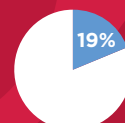
Lakes DHB

Te Arawa, Ngāti Tuwharetoa, Ngāti Kahungunu ki Wairarapa



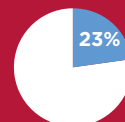
Taranaki DHB

Ngāti Tama, Ngāti Mutunga, Te Atiawa, Ngāti Maru, Taranaki, Ngaruahinerangi, Ngāti Ruanui, Ngā Rauru

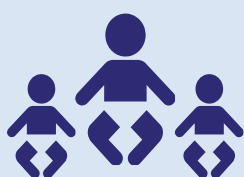
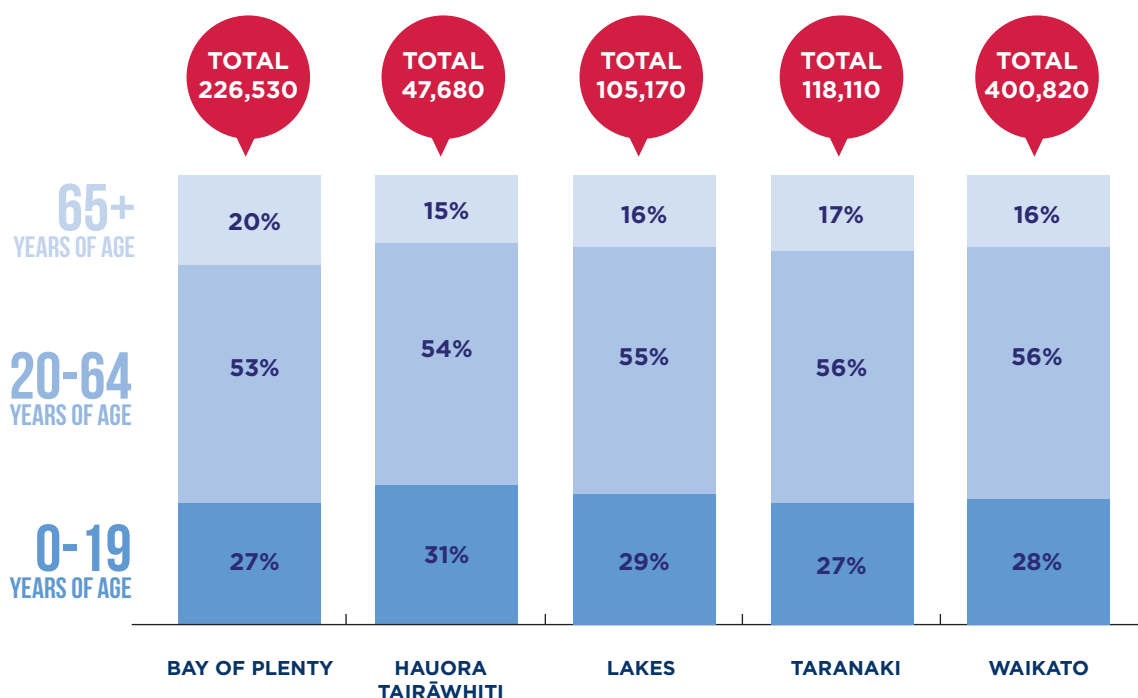


Waikato DHB

Hauraki, Ngāti Maniapoto, Ngāti Raukawa, Waikato, Tuwharetoa, Whanganui, Maata Waka



Midland DHB populations



33
BABIES

WERE BORN
(LAST YEAR: 32)

EVERY DAY
— IN THE REGION —

2014/15

WE ENSURED
106 PATIENTS
RECEIVED THEIR ELECTIVE
SURGERY DISCHARGES
(LAST YEAR: 95)



WE COMPLETED

441

NON-ADMITTED
EMERGENCY DEPARTMENT
ATTENDANCES
(LAST YEAR: 456)

18 **PEOPLE DIED**



WE ADDRESSED
441 PATIENTS
ACUTE INPATIENT NEEDS
(LAST YEAR: 401)



OUR COMMUNITY
PHARMACISTS
DISPENSED
36,447 ITEMS
(LAST YEAR: 34,059)



OUR
LABORATORY
SERVICES
UNDERTOOK
15,040 TESTS
(LAST YEAR: 14,289)

WE INVESTED
6.98
MILLION

INTO OUR COMMUNITY
(LAST YEAR: \$6.98 MILLION)

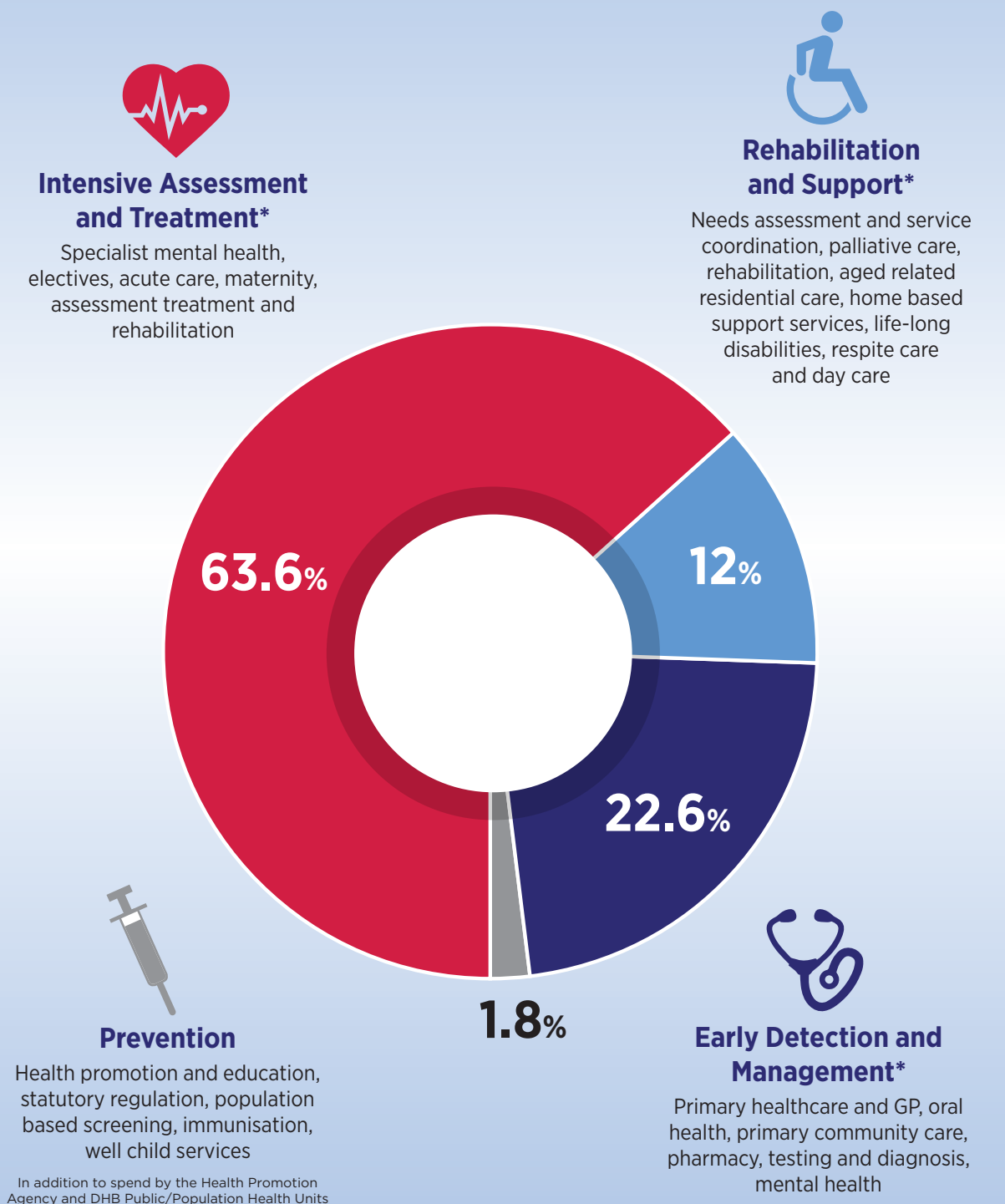


What will the Midland DHBs spend money on?

Midland DHBs will receive approx. \$2,607 million during 2016/17 to fund activities.

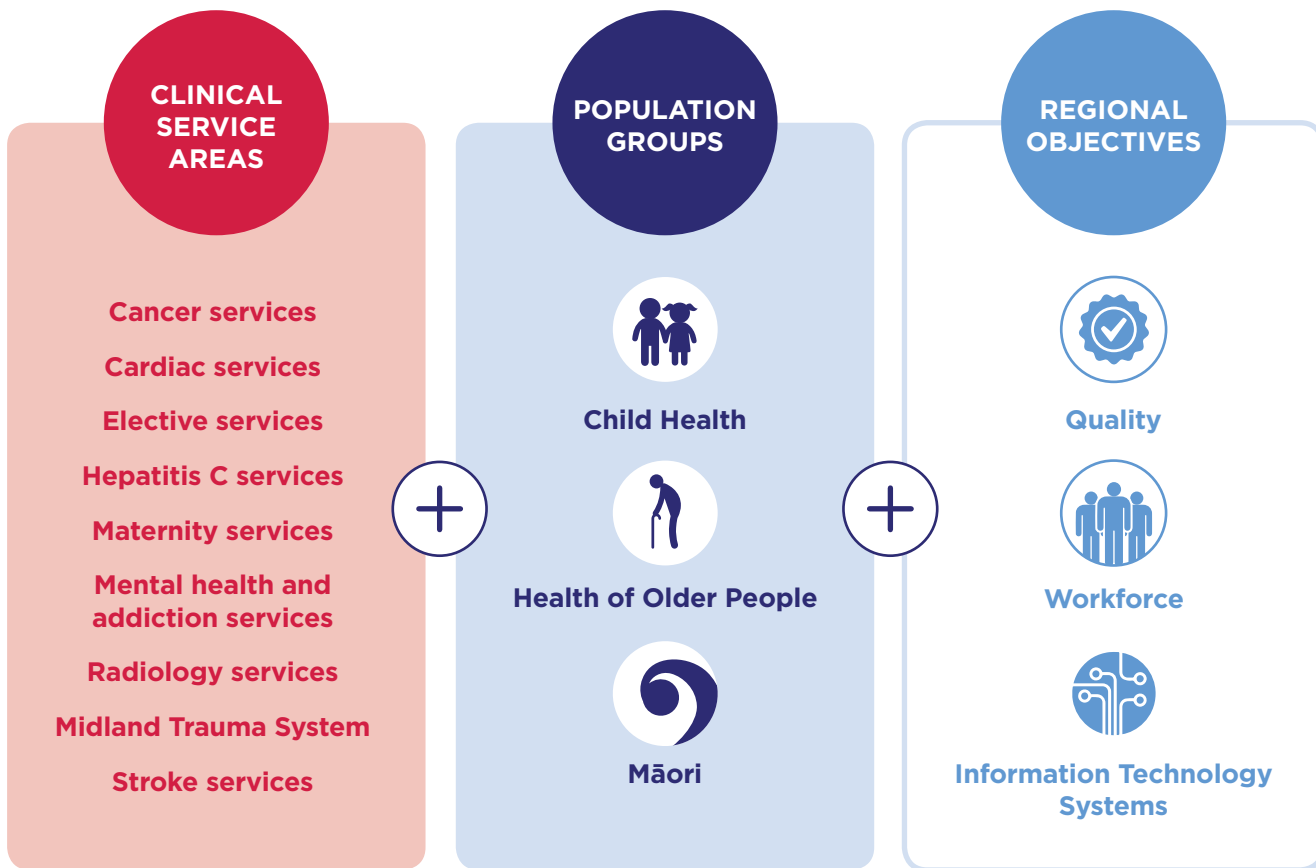
PROPOSED SPEND

— ON EACH OUTPUT CLASS —



An update for 2016/17 is expected in August 2016

Regional Initiatives to Achieve Our Regional Objectives



The full document is available on the HealthShare website:

www.healthshare.co.nz

Published in June 2016 by HealthShare Ltd for the Midland DHBs
Address:, 16 Clarence Street, Hamilton 3240

See also DHB Annual Plans, Māori Health Plans and Public Health Unit Plans



www.midlanddhbs.health.nz