

# TE WAIPOUNAMU

**South Island Regional Health Plan  
2021 – 2022**

## Upholding the Treaty of Waitangi: with Specific Emphasis for Māori

Te Tiriti o Waitangi (the Treaty) is New Zealand's founding document under which the South Island Alliance (the Alliance) is committed to meeting its legislative obligations. The Alliance supports district health boards (DHBs) through regional collaborations to meet these obligations as specified in the New Zealand Public Health and Disability Act 2000, clause 22(1).

This includes reducing health disparities by improving health outcomes for Māori and other population groups.<sup>1</sup> There are many contributing factors to health inequities. Within the health sector factors include differences in access to care or the quality of care as well as discrimination or unconscious bias. Racism as a determinant of health is one that remains unacknowledged.<sup>2</sup> Institutional racism has been described as 'a significant barrier to quality service delivery' in New Zealand.<sup>3</sup>

Beyond the health sector, factors include differences in access to the wider determinants of health such as housing, education, justice and employment. These inequities were further highlighted through the Covid-19 pandemic crisis.

Inequalities in health are unfair and unjust. They are also not natural; they are the result of social and economic policy and practices. Therefore, inequalities in health are avoidable.<sup>4</sup> Health inequities are not only a health issue but also a human rights issue.

The Waitangi Tribunal Health Services and Outcomes Kaupapa Inquiry (Wai 2575) found in 2019 that the Crown has breached the Treaty of Waitangi by failing to design and administer the current primary health care system to actively address persistent Māori health inequities and by failing to give effect to the Treaty's guarantee of tino rangatiratanga (autonomy, self-determination, sovereignty, self-government).

The Waitangi Tribunal stage one report recommends the relationship between the Crown and Māori in primary health needs in future to provide for an enhanced commitment to the Treaty of Waitangi and its principles. The report made an interim recommendation that the Crown commit to exploring the concept of a stand-alone Māori primary health authority.<sup>5</sup> Establishing a national Māori health authority has since been announced in response to recommendations of *Health and Disability System Review (2020)*.<sup>6</sup>

*He Korowai Oranga* (the National Māori Health Strategy, 2014) sets the direction for Māori health. *Pae ora* (healthy futures) is the government's vision for Māori health and forms part of this strategy.

*Whakamaui: Māori Health Action Plan 2020–2025* (Whakamaui) provides a roadmap of tangible actions that contribute to achieving the vision of pae ora for Māori.

The Alliance is committed to meeting its obligations under Te Tiriti o Waitangi and planning and delivering activities that will directly improve health outcomes for all South Island Māori.

<sup>1</sup> New Zealand Public Health and Disability Act 2000 accessed March 2021 at [www.legislation.govt.nz/act/public/2000/0091/latest/whole.html](http://www.legislation.govt.nz/act/public/2000/0091/latest/whole.html)

<sup>2</sup> Heather Came et al, 2018

<sup>3</sup> Poynter et al, HQSC, 'No quality without equity,' 2017

<sup>4</sup> Woodward and Kawachi, 2000

<sup>5</sup> *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Accessed March 2021 at [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_152801817/Hauora%20W.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf)

<sup>6</sup> *Health and Disability System Review* final report accessed March 2021 at <https://systemreview.health.govt.nz/>

## E hara tāku toa i te toa takitahi, he toa takitini

*My strength is not as an individual but as a collective*

This year represents the final year as the South Island Alliance (the Alliance) as we prepare to enter a new era in response to the government's *Health and Disability System Review*.

This is the most transformative and significant change to New Zealand's health system in many decades. It presents opportunities and challenges, and the Alliance maintains a flexible approach, cognisant of the recommendations and ready to respond to significant change.

The past year has also presented unprecedented challenges in responding to the Covid-19 pandemic. Consequently, during 2020 we reviewed our vision, purpose, principles and implementation of our work programmes. The result is a refined vision for the South Island: **Best for people - best for system**. Many of our work programmes were adjusted to respond to increasingly highlighted issues due to the pandemic.

The previous section on our obligations as a Treaty partner highlights the importance of our commitment to achieve equitable healthcare for South Island Māori. Significantly, recent data indicates 12 per cent projected growth in the South Island Māori population over the next five years whereas the non-Māori population is projected to grow 2.5 per cent for the same period. Whilst we have progressed in addressing equity in some parts of the health system, data and feedback indicate we need to do much more.

In preparation for this one-year regional health plan (the Plan) for 2021-22 we have:

- Reviewed our approach to respond to district requirements in a regional context where this will benefit outcomes for people,
- Continued to focus on achieving equity for Māori and vulnerable populations,
- Strengthened the enablement roles of Workforce and Data & Digital,
- Developed stronger links with our district health board planning partners,
- Scrutinized our activities to ensure value and effective outcomes are achieved, and
- Prepared our work programme to transition effectively to 'Health New Zealand' (Health NZ) in mid-2022.

The Plan describes how we intend to transition and operationalise our vision over the next year, drawing on guidance from the *New Zealand Health Strategy* and relevant national strategies and priorities. Our Implementation Workplan has been refined to ensure we complete essential work, carefully assess the value of ongoing activities and provide an effective and smooth transition to Health NZ.

Our recent successes outlined in section 1.3 demonstrate what we can achieve through the alliancing approach and collaboration, both geographically and across the broader spectrum of our health and disability system.

In this final year as the South Island Alliance we thank everyone who has contributed over the past decade or more and look forward to continuing our work with you as our entity emerges in a new form.

Jenny Black  
Chair  
On behalf of the South Island Alliance Board

## South Island Alliance Board



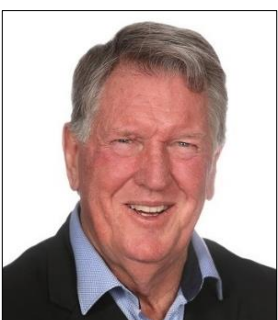
A handwritten signature in blue ink that reads "Jenny Black".

**Jenny Black**  
Chair, South Island Alliance Board  
Chair, Nelson Marlborough Health



A handwritten signature in blue ink that reads "J. W. Hansen".

**Sir John Hansen**  
Chair, Canterbury District Health Board



A handwritten signature in blue ink that reads "Rick Barker".

**Hon. Rick Barker**  
Chair, West Coast District Health Board



A handwritten signature in blue ink that reads "Ron Luxton".

**Ron Luxton**  
Chair, South Canterbury District Health Board



A handwritten signature in blue ink that reads "P. Hodgson".

**Hon. Pete Hodgson**  
Chair, Southern District Health Board

## South Island Alliance Leadership Team



A blue ink signature of Chris Fleming, featuring a stylized, cursive script.

**Chris Fleming**  
Chair, South Island Alliance Leadership Team  
CEO, Southern District Health Board



A blue ink signature of Lexie O'Shea, featuring a stylized, cursive script.

**Lexie O'Shea**  
Interim CEO, Nelson Marlborough Health



A blue ink signature of Dr Peter Bramley, featuring a stylized, cursive script.

**Dr Peter Bramley**  
CEO, Canterbury District Health Board  
CEO, West Coast District Health Board



A blue ink signature of Jason Power, featuring a stylized, cursive script.

**Jason Power**  
Interim CEO, South Canterbury District Health Board



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Te Waipounamu South Island Regional Health Plan 2021–2022

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By the South Island Alliance Programme Office on behalf of the five South Island district health boards

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## Te Waipounamu South Island population

South Island DHBs projected population for 2021-22<sup>7</sup>

	Population	5-year change
Nelson Marlborough	162,380	7.5% ↑
Canterbury	589,390	8.9% ↑
South Canterbury	62,380	3.9% ↑
Southern	353,100	8.5% ↑
West Coast	32,395	- 0.5%
<b>South Island</b>	<b>1,199,645</b>	<b>8.1% ↑</b>



12 %

The projected rate of population growth for **South Island Māori** for 2021-2026 \* (8.9% for 2020-2025)

2.5 %

The projected rate of population growth for **South Island non-Māori** for 2021-2026 (2.3% for 2020-2025)



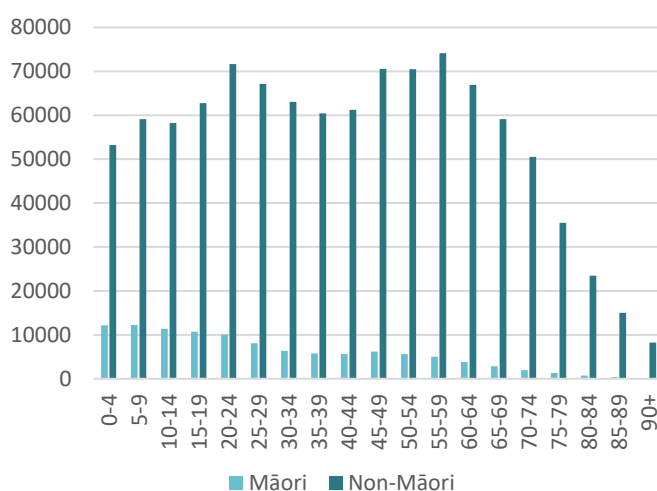
18 %

of the South Island population are aged **over 65 years** (17.7 % in 2019-20 and 16.4% in 2015-16)

15.7 %

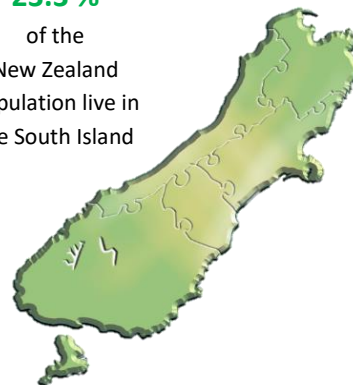
of the North Island population are aged **over 65 years** (15.1% in 2019-20 and 14.2% in 2015-16)

## Age distribution of the South Island population



23.3 %

of the New Zealand population live in the South Island



10.7 %

of the South Island population identify as **Māori**



10.6 %

of the South Island population identify as **Asian** (9.7% in 2020-21)



2.6 %

of the South Island population identify as a **Pacific Island** ethnicity

<sup>7</sup> 2020 Stats NZ Population Projections update using Census 2018 as base year for projections, according to assumptions specified by Ministry of Health.

(\*see section 4 for projected rate of growth by DHB)



# 1 Introduction

The South Island Alliance (the Alliance) brings together the region's current five DHBs, along with primary care, aged residential care, non-governmental organisations (NGOs), consumers and other stakeholders, to work collaboratively towards a sustainable South Island health and disability system.

This plan aims to achieve outcomes in 2021-22 by completing relevant activities and providing a smooth transition for ongoing work to Health NZ in July 2022.

As one of New Zealand's four regions, the South Island population of almost 1.2 million (23 per cent of the New Zealand population) has grown by over 8 per cent in the last five years<sup>8</sup>. The region has dispersed communities, geographical barriers, pockets of very high population growth and areas with older populations.

Our practical application of collaborative alliance methodology continues to support efficiency and improved outcomes for people in a complex environment. By supporting the DHBs to combine resources, we are better positioned to achieve greater health outcomes for all South Islanders.

The Plan is governed by the *South Island Alliance* Board (DHB Chairs) and implemented by the Alliance Leadership Team (ALT, DHB chief executives), through the Alliance Operational Group (SIAOG) and the South Island Alliance Programme Office (SIAPO).

## 1.1 Health Reform

In April 2021 the government announced a health system reform that will fundamentally change the way we structure and deliver health services in New Zealand. The reform aims to ensure all New Zealanders get the services they need and to meet future challenges.

Key changes are the establishment of '*Health New Zealand*' (Health NZ), a national agency to replace all district health boards. A national Māori Health Authority will also be established to work alongside Health NZ to improve services and achieve equitable health outcomes for Māori.

The *Health and Disability System Review* released in June 2020 considered the way health services are structured, resourced and delivered. It recommended system-level changes that would be sustainable and lead to better and more equitable outcomes for all New Zealanders. Changes aim to shift the balance from treatment of illness towards health and wellbeing.

New Zealand has more disabled people, an ageing population, and a rural population that often feels they are invisible, as well as a level of intergenerational poverty. The review recommended that the health and disability system must act and be managed as a single integrated system in which regional entities such as the Alliance have a role to play.

Population health was proposed as a foundational element for the entire system. A networked approach at community level was also recommended.

The South Island's history of building strong relationships and working collaboratively (at times in advance of government requirements), means the Alliance is well positioned to respond to the forthcoming reforms.

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<sup>8</sup> 2020 Stats NZ Population Projections update using Census 2018 as base year for projections, according to assumptions specified by Ministry of Health.

## 1.2 Impact of Covid-19 Pandemic

The past year or so has presented unprecedented challenges to our health system in responding to the COVID-19 pandemic. Many existing challenges were highlighted including access to services, the role of primary care and use of telehealth.

We have applied lessons learnt through this crisis to improve our regional role in planning and service delivery, to support better outcomes for people. Changes reflect a stronger focus on equity of access, planned care, sustainability and regional support.

The pandemic has created ongoing pressure on our Public Health services, including the Alliance's Public Health Partnership. Public health programmes have been significantly disrupted, with the pandemic response needing to be the highest priority. However, relationships across the SI Public Health Units (PHUs) have matured as PHUs have worked together to address the pandemic.

The transition to new arrangements under the Health and Disability reforms will be a key consideration and may offer new opportunities for regional work. Collaborative relationships with cross-sector agencies have endured the pandemic disruption and continue to be valued, with the Alliance's Public Health Partnership foreseeing opportunities to progress in future.

## 1.3 Our Successes

Reflection on recent successful initiatives includes the following highlights:

- **Palliative Care:** Significant achievement with St John paramedics now having access to HealthOne, enabling quick access to information to support treatment decisions.
- **Advance Care Planning (ACP)** quality systems have been embedded and are supported by Health Pathways. ACP has received much positive feedback from patients and families.
- **Child Health:** The children's diabetes patient management system has been implemented across the South Island enabling participation more easily in Australasian benchmarking.
- **Hepatitis C:** The South Island continues to lead New Zealand in treatment volumes.
- **Mental Health:** Supporting Parents Healthy Children (SPHC) initiative has continued to gain traction with trainers in each district and Single Session Family Consultation (SSFC) training numbers increasing.
- **Cultural competency training** for all Alliance staff, receiving significant positive feedback.
- **Public Health Partnership:** Links between Te Pūtahitanga Whānau Ora Commissioning Agency and Oranga Tamariki, the wider Hauora Alliance and the Child Health group, Te Pa Harakeke have succeeded in enabling strong cross-sector collaboration.
- **Acute telestroke service** is operational in most DHBs and there is a marked enthusiasm with using this technology.
- **Stroke Study Day 2020** was a huge success. 150 people attended in person with a further 100 attending via 14 virtual sites.
- **The Stroke Clot Retrieval service** is growing with transfers to Christchurch from initially only being available in CDHB. Patients and families are providing significant positive feedback.
- **HealthPathways:** Several Māori and Pasifika providers are now connected to HealthOne and can view the e-health record.
- **National bowel screening programme:** South Island Māori and Pasifika participation are amongst the highest in New Zealand.
- **Calderdale Framework training:** All training scheduled for 2020 was completed despite Covid-19 delays.
- **A Covid-19 graphical data report** enabled a daily comprehensive and rapid picture of the growing pandemic.

## 2 Our Vision

**‘Best for people, Best for system’**

### 2.1 Our Principles / Values

Our shared commitment is to a sustainable South Island health system that delivers:

- Equitable outcomes for Māori
- Equitable access to services
- Consistent, planned and integrated models of care
- A sustainable healthcare workforce
- Interoperable data and digital platforms

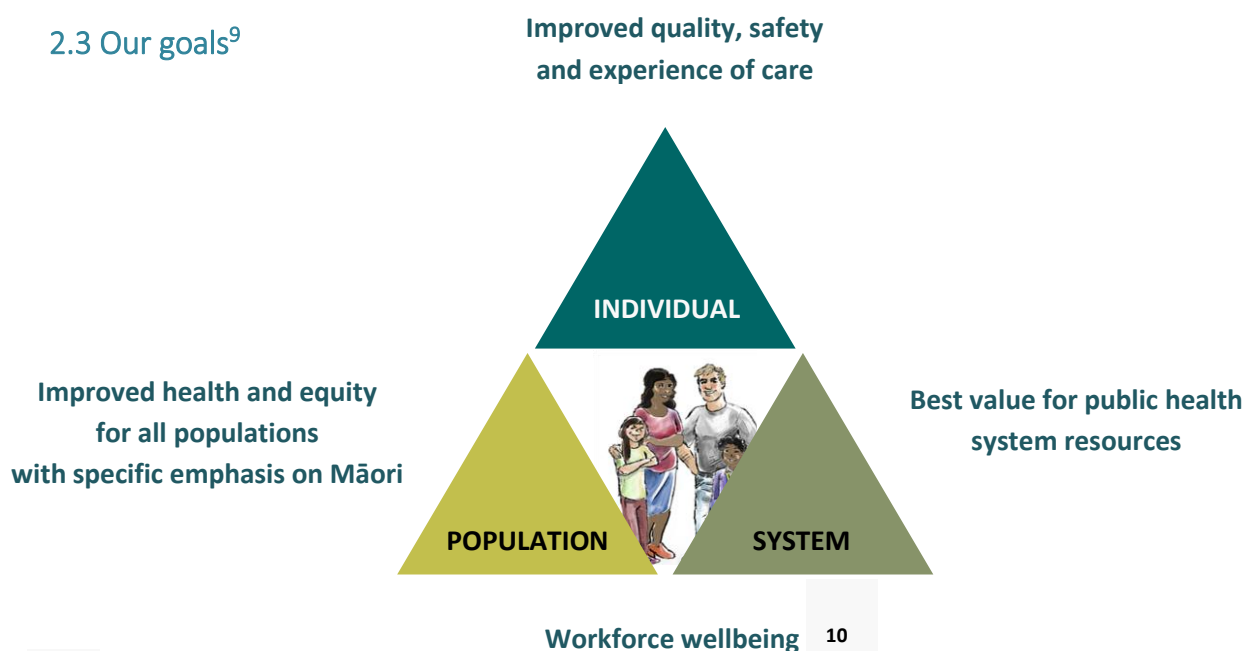
Our agreed way of working is based on:

- Collaborative culture and behaviours; mutual trust, respect and accountability
- Active engagement in planning, implementation and decision making.

### 2.2 Our Purpose

The five South Island DHBs are individually responsible for ensuring the planning, funding and provision of services for their respective populations. Together, as the South Island Alliance, the DHBs collaborate to plan and co-ordinate a collective work programme where they agree it enables effective and efficient delivery of health services.

### 2.3 Our goals<sup>9</sup>



**Figure 1: South Island regional goals**

<sup>9</sup> Based on the New Zealand Triple Aim Framework, [www.hqsc.govt.nz/news-and-events/news/126/](http://www.hqsc.govt.nz/news-and-events/news/126/)

<sup>10</sup> Workforce wellbeing based on the quadruple aim, <https://digital.ahrg.gov/acts/quadruple-aim>

## 2.4 Our South Island Health System

Our South Island health system illustrates the components that comprise a people-centred model to deliver effective and safe care as a region which is 'best for people, best for system'.

The Alliance enables the region's five DHBs to work collaboratively to develop more innovative and efficient health services than could not be achieved by working independently.



Figure 2: Our South Island health system

### 3 Achieving Equity for South Island Māori

The Alliance continues to take a strong focus on improving equity for Māori. Significantly, the South Island Māori population is expected to grow by 12 per cent over the next five years, whereas the non-Māori population is projected to grow 2.5 per cent for the same period.

DHB	Percentage growth
Nelson Marlborough	11.5
Canterbury	12.9
West Coast	9.0
South Canterbury	11.4
Southern	11.3
<b>South Island</b>	<b>12.0</b>

**Figure 3: South Island Māori population growth projection 2021 – 2026 by DHB**

Data indicates progress in some areas, however considerable work is required across much of the health system to improve inequities. Factors that perpetuate these inequities include:

- the size and composition of the Māori population in the South Island,
- a disproportionately high health need for Māori relative to non-Māori,
- a workforce that does not match population demographics.

To drive more improved outcomes, the Alliance has:

- Highlighted activities with a specific measurable outcome to improve equity for Māori.
- Continued to use an approach based on using programmes that have worked, such as whakamana whānau - a mana enhancing approach.

To address cultural competency, Alliance programme staff and the wider Alliance membership of workstreams and service level alliances will continue to engage in:

- Equity training and an understanding of the basis for inequities. This includes addressing racism, institutional racism and unconscious bias.
- Cultural competency training for Board Member induction training.
- Improvements in work programme reporting by ethnicity for Māori and non-Māori.
- Improvements to how we monitor progress on our activities.

The Alliance supports the position statement by Tumu Whakarae on Māori workforce, endorsed by the national DHB chief executives in March 2019. Three key influencers will improve workforce responsiveness: 1) new and future staff – by growing our proportion of Māori workforce to reflect the ethnic makeup of NZ society, 2) current and existing staff – by realising cultural competence throughout the entire workforce, and 3) making our environment conducive to greater uptake by Māori to improve recruitment and retention of Māori.

Pae Ora guides our work as a holistic concept with three key elements: mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments). Further guidance includes:

- *Whakamaua Māori Health Action Plan 2020-2025*
- *the Health Equity Tool (HEAT, 2008)*

**Te Herenga Hauora o te Waka-a-Māui** (South Island director/general manager Māori health leaders) provides advisory support to ensure initiatives developed by South Island programmes of work are appropriate as well as effective for Māori.

Te Herenga Hauora o te Waka-a-Māui seeks to ensure that its regional work programme supports improving performance against national Māori health indicators, which are integrated into South Island DHB annual plans.

### 3.1 District Iwi Linkages

Te Herenga Hauora links with iwi health boards at district level. These linkages enable Māori to participate in and contribute to Māori health improvement at a local level, across the region:

**Nelson Marlborough's** Iwi Health Board provides advice on the health and disability status of Māori in the Te Tau Ihu o te Waka a Māui (top of the South Island) region.

**Canterbury's** Manawhenua Ki Waitaha (MKW) has the mandate of Papatipu Rūnanga and is supported by Te Rūnanga o Ngāi Tahu.

**West Coast's** Māori Health Directorate is jointly supported by the West Coast DHB and Tatau Pounamu Manawhenua Advisory Group.

**South Canterbury's** Māori Health Advisory Committee ensures Māori participation and partnership in health planning, service design, development and delivery, and in the protection of Māori wellbeing.

**Southern** DHB's Iwi Governance Committee provides advice and support to improve the health of Māori living in this district.

***'You cannot be clinically competent if you're not culturally competent'.***

(Riki Nia Nia, 2018)

From Position Statement by Tumu Whakarae on Māori Workforce,  
endorsed by the National DHB Chief Executives, March 2019

### 3.2 Achieving Equity for Pacific Peoples

'Pacific peoples' is a collective term used in New Zealand to recognise the diversity of nationalities, ethnic groups and languages of people deriving from the Pacific Islands, that is made up of more than 16 culturally and linguistically distinct ethnic groups. The Pacific population in New Zealand is youthful. More than a third are under 15 years of age and 60 per cent were born in New Zealand.<sup>11</sup>

Pacific peoples in New Zealand experience significant inequities and have poor health outcomes, across almost all chronic and infectious diseases. Life expectancy for Pacific peoples is 5 years lower for males and 4.5 years lower for females compared with the rest of New Zealand's population. Socioeconomic inequities, particularly financial and housing challenges, have significant negative impacts on Pacific peoples' health and wellbeing.<sup>12</sup>

*Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025* (Ola Manuia) is the national plan for improving health outcomes. 'Ola Manuia' means 'living well or in wellness' in several Pacific languages. Ola Manuia aims to empower Pacific peoples so that they can make informed choices and get the best health care, support and services when they need them. Initiatives in Alliance work programmes include activity in Public Health Partnership (PHP), Well Child Tamariki Ora (WCTO) and Sudden Unexpected Death in Infants (SUDI).

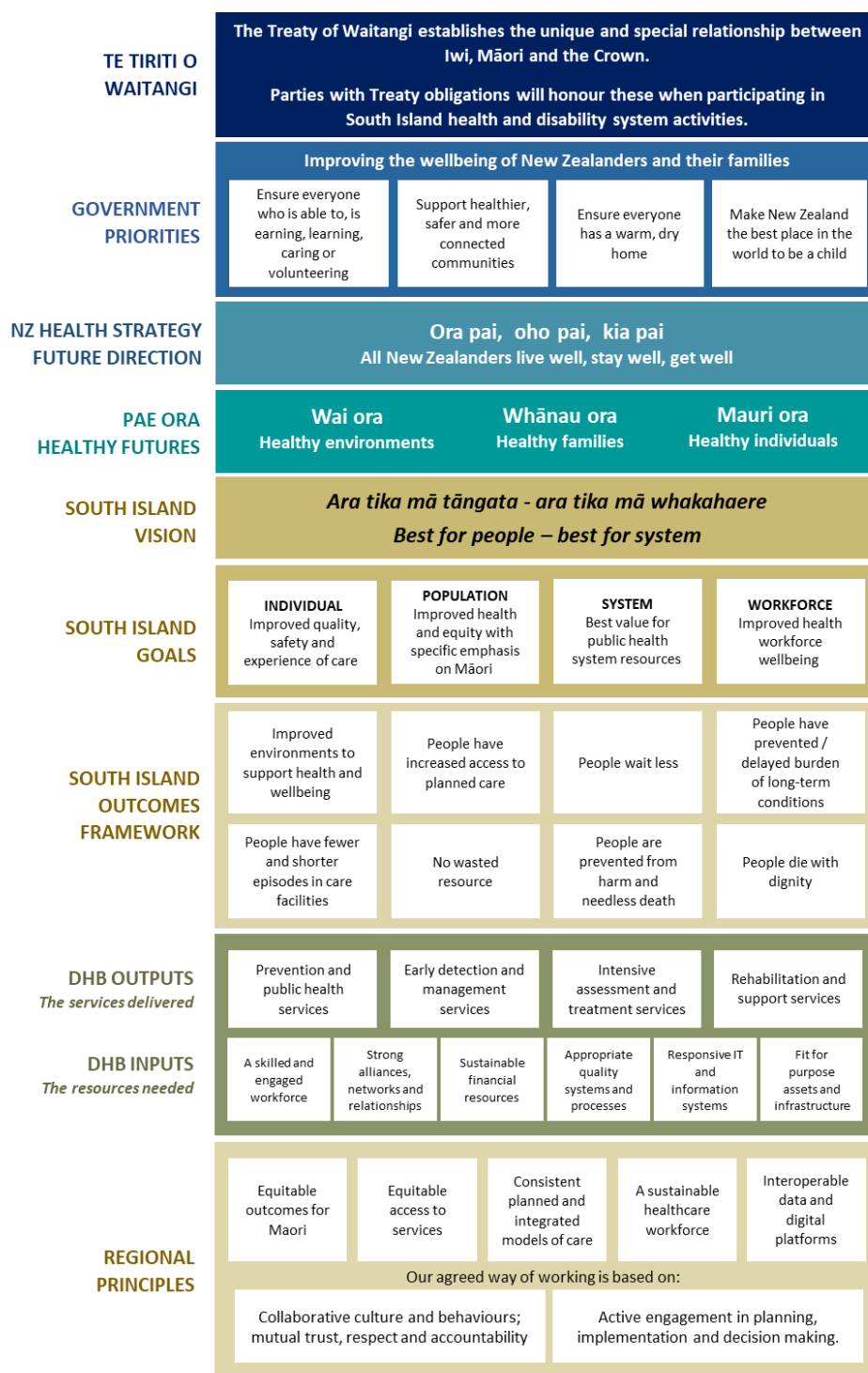
<sup>11</sup> p12, Ministry of Health. 2020. *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025*. Wellington

<sup>12</sup> p13, Ministry of Health. 2020. *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025*. Wellington



## 4 Line of Sight

Local, regional and national direction line of sight is illustrated in this intervention logic:



**Figure 4: South Island Line of Sight** <sup>13, 14</sup>

<sup>13</sup> Government priorities for New Zealand, accessed at [www.beehive.govt.nz/feature/improving-wellbeing-new-zealanders-and-their-families](http://www.beehive.govt.nz/feature/improving-wellbeing-new-zealanders-and-their-families)

<sup>14</sup> South Island goals based on New Zealand Triple Aim Framework accessed at [www.hqsc.govt.nz/news-and-events/news/126/](http://www.hqsc.govt.nz/news-and-events/news/126/)

## 4.1 National Alignment

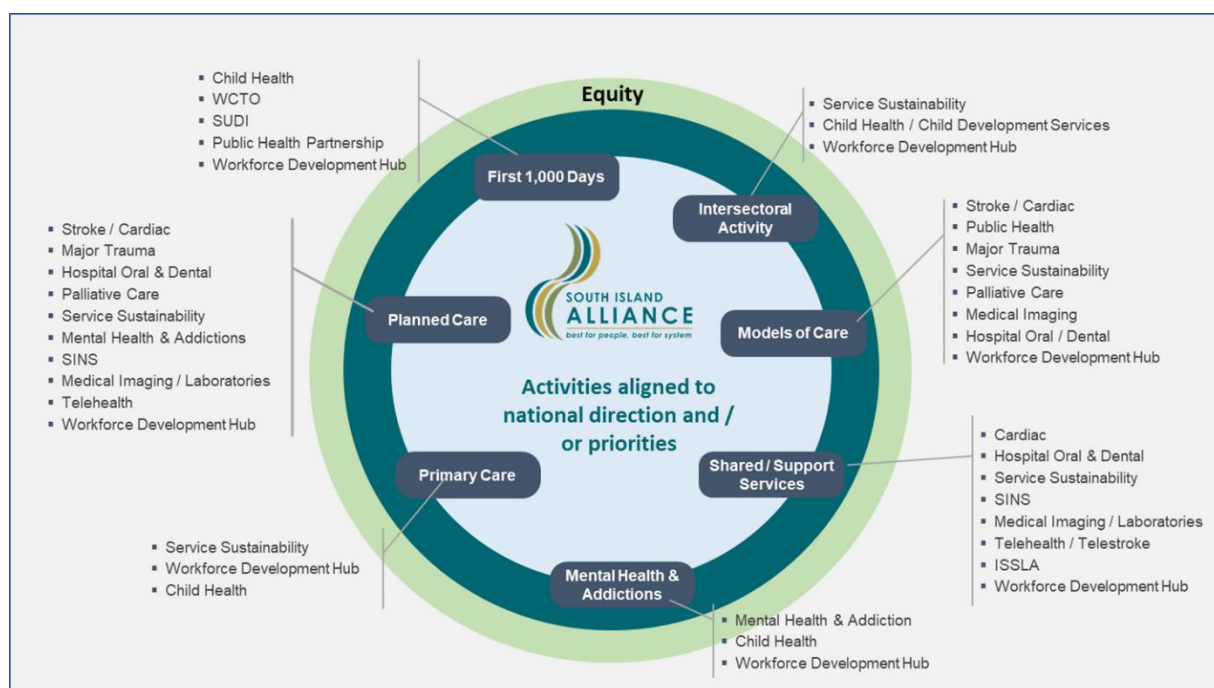
This Plan is cognisant of the *Health and Disability System Review* recommendations, as we move toward a significant health reform restructure. The Plan has been reviewed relative to how it aligns to key national objectives in health and disability services (figure 5 below).

New Zealand's health system continues to perform well against international benchmarks, however an ageing population and growing burden of long-term conditions continues to drive increased demand for health services, while financial and workforce constraints limit additional capacity. Consumers increasingly expect services to meet their individual needs, as close to home as possible.

New Zealand's health system vision is articulated in the *New Zealand Health Strategy (2016)* which supports all New Zealanders to 'live well, stay well, get well'. The New Zealand Triple Aim framework provides an approach to improvement and seeks to balance goals across population, individual and system parameters, forming the Alliance's goals. The Alliance has added a fourth, based on the quadruple aim<sup>15</sup> to recognise the importance of worker wellbeing.

The Alliance is further guided by a range of strategies, including:

- *He Korowai Oranga* (Māori Health Strategy) including *Pae Ora*,
- *Whakamaui: Māori Health Action Plan 2020–2025*.
- *'Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*
- *New Zealand Cancer Action Plan 2019-2029*
- *Healthy Ageing Strategy*,
- *Primary Health Care Strategy*,
- *He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction (2019)*,
- *Living Well with Diabetes, a health care plan for people at high risk of or living with diabetes*,
- *NZ Disability Strategy*,
- *UN Convention on the Rights of People with Disabilities*.



**Figure 5: Alignment of Alliance programmes to key national priorities**

<sup>15</sup> Sikka et al, The Quadruple Aim: care, health, cost and meaning in work accessed March 2021 at <https://qualitysafety.bmj.com/content/24/10/608>

## 4.2 District Linkages

The Alliance supports working collaboratively where possible but recognises the need for flexibility to enable local solutions for local communities.

The Alliance aligns with key outcomes in DHBs Statement of Intent and annual plans. This supports many activities and initiatives through collaboration, partnerships and cohesive interactions across sectors.

DHB Planning Coordinators liaise with Alliance planning staff, team leaders and facilitators to ensure linkages and alignment across work programs and plans, and consistency in outcomes measures.

District alliance collaboration assists in achieving sustainable initiatives at a regional level. This enables increased visibility of primary care across our work programmes and greater integration of local services in our regional work.

Partnerships include:

- Top of the South Health Alliance (ToSHA) and Top of the South Impact Forum (ToSIF, a cross-sector alliance), Nelson Marlborough region.
- Canterbury Clinical Network (CCN)
- West Coast Alliance
- South Canterbury local alliances for Primary Care, and Maternal and Child.
- Alliance South

## 5 South Island Strategic Direction

A significant review of Alliance work programmes commenced during 2020 with the covid-19 pandemic as the key catalyst. Further review was undertaken when the *Health and Disability System Review* reforms were announced in April 2021. Review and refinement have resulted in the '4+5' priority model for 2021-22.

### 5.1 Four plus Five Priorities

The four priorities have been determined at the most appropriate framework to complete current work, provide for new work and emerging opportunities, and position the Alliance program for the smoothest possible transition to Health NZ in mid-2022.

#### Four Priority Areas:

- Equity for Māori<sup>16</sup>
- Digital (systems and infrastructure)
- Data and analytics
- Workforce

#### Five Emerging Opportunities:

- Colonoscopies
- Dermatology
- Orthopaedics (Musculo-skeletal Pathway)
- Autistic Spectrum Disorder Assessments
- Clinical Engineering

#### Relativity to *Health and Disability System Review* reforms:

It is important to acknowledge the health reforms announcements indicated that all alliance and shared services activities would transfer into Health NZ (alongside all DHB staff, assets and liabilities).

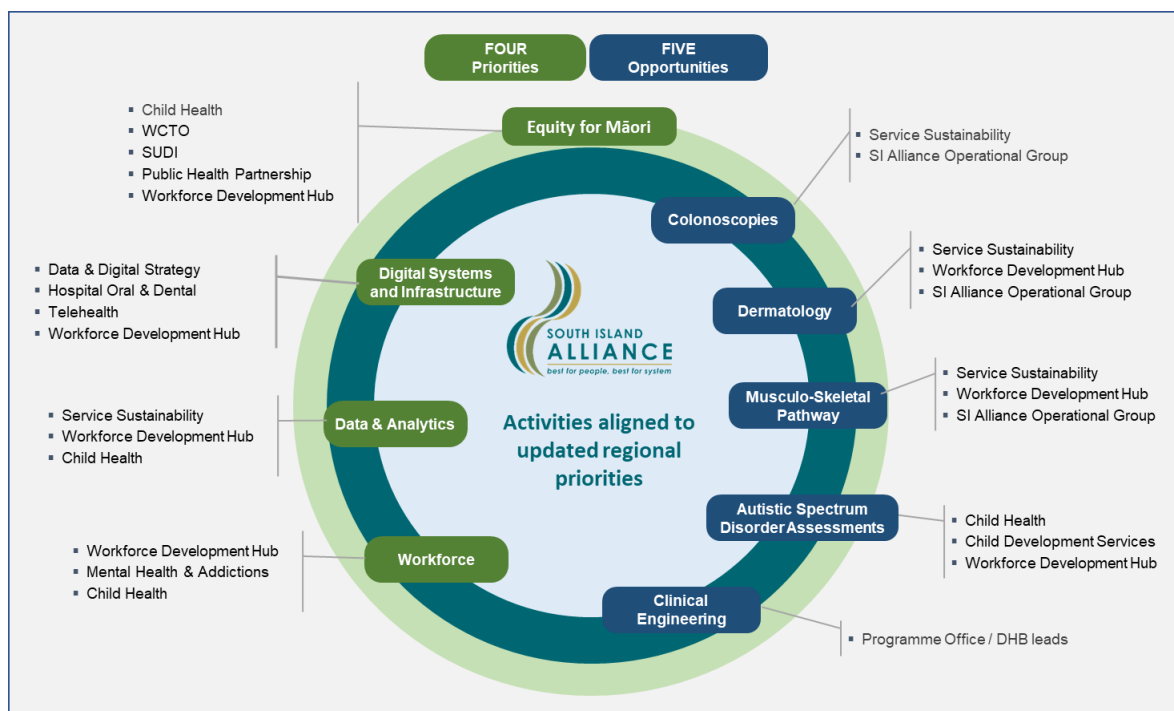
Much of this Plan addresses work recognising the need to avoid creating an arbitrary activity cut off at 30 June 2022. The plan includes some work that has completion timelines beyond the end of the 2021-22 financial year, which complies with the health reform requirement to ensure that there is a continuity of activity during and beyond the transition.

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<sup>16</sup> Note that equity in this context refers specifically to achieving equitable and measurable health outcomes for Māori as part of our obligations under the Treaty of Waitangi, under the premise that by prioritizing improving outcomes for Māori, improvements in other inequitable sections of the community will follow.

## 5.2 Alignment to Regional Priorities

The plan has been reviewed relative to how Alliance activity aligns to regional priorities and identified opportunities (4+5), based on the pre-existing work programme structure.



**Figure 6: Alignment of work programmes to regional priorities for 2021-22**

### 5.3 Data and Digital Strategy

The *South Island Alliance Data and Digital Health Strategy 2020-2030* (the Strategy) builds on the South Island Region Information Systems Plan 2010-2015, which supports the delivery of a connected and equitable South Island health and social system that is 'best for people, best for system'.

*The Health and Disability System Review – Final Report* observed that investment in digital systems in New Zealand has been historically low. Foundation work will be required for the health and disability system to achieve potential gains and operate as a more digitally enabled system.

The report also identified the need for data to be at the centre of decision-making in the system. This includes determining the type, standard and relevance of data collected. Access to standardised data sets that can be linked virtually in real-time will enable clinicians to access the right information at the right place at the right time. As a result, our work practices will be more effective and efficient, we will be able to track and monitor performance, identify future workforce requirements and have access to evidence-based practice.

The Strategy aims to:

- Drive the South Island to realise the potential of data and digital transformation in supporting improved outcomes for the individual and their family, whānau and caregivers. Providing access to comprehensive data sets (e.g. hospital visits, clinical data, investigation results, integrated health records) will support new sustainable South Island models of care. In addition, machine learning, and advanced data analytics will help manage increasing demand within the resource-constrained system.
- Provide a foundation for the South Island for the next 10 years, with an explicit expectation that this is a living document. It will evolve to respond to the changing needs of the South Island health system while maintaining alignment with current local, regional and national priorities. Future iterations will be informed by local initiatives, the integrated service model and national initiatives, such as the *National Health Information Platform*.
- Provide a reference point for what we agree to do collectively – when, how and with whom. The Strategy will enable digital health portfolio planning and investment processes and assist with prioritising future initiatives and investment across the South Island.

### 5.4 Workforce Development Hub

#### ***'Evolving the workforce to meet changing population needs'***

The South Island Workforce Development Hub (WDH) works across the South Island health sector to lead and support workforce development, education and training to better meet the health needs of the South Island population.

Workforce as a key enabler accounts for approximately 75 per cent of the cost of any service. When considering service developments, new initiatives or updated models of care, consideration needs to be given to the implications for, or impact on, the workforce.

The aim is to achieve workforce sustainability, best use of the health dollar and to support safe clinical practice.

In 2021/22 the WDH will build on the achievements of earlier years, continuing to work with over 170 clinicians and health managers across the South Island who are participating in the work of the Hub.

We have identified the following specific workforce actions as our areas of focus:



- Supporting the growth and retention of the Māori workforce to better support a health workforce that reflects the South Island population.
- Optimising enablers to support the health workforce, particularly in relation to online clinical procedures (Lippincott) and eLearning (healthLearn) at both a regional and national level.
- Supporting the Mental Health & Addiction workforce in the implementation of the South Island Mental Health & Addictions workforce strategy, including to develop the consumer, peer support and lived experience workforce and supporting the new MHA education roles in Emergency Departments.
- Implementing a Skill Sharing & Skill Delegation methodology (Calderdale Framework) to redesign of the workforce for the Child Development Service (CDS).
- Establish a South Island model of clinical placements for internal medicine trainees to improve their training experience and support recruitment and retention in the South Island.

## 6 Implementation Work Plan

### FOUR PRIORITY AREAS:

#### 1. Equity

Note that equity in this context refers specifically to achieving equitable and measurable health outcomes for Māori as part of our obligations under the te Tiriti o Waitangi, under the premise that by prioritizing improving outcomes for Māori, improvements in other inequitable sections of the community will follow.

	Activity title	Description	Outcome / Milestones	START	END	Priority alignment
WORKFORCE DEVELOPMENT HUB						
1	Increasing Māori staff recruitment and retention	Co-design a strategy with Te Herenga Hauora with actions to build the Māori DHB workforce.	Strategies are identified and implemented to develop, support and retain the Māori Health Workforce including enabling a supportive environment for Māori staff.	Q1 19/20		Equity Workforce
			<b>To be achieved in 2021/22 FY:</b> - Hui with SI DHB Māori staff & other key stakeholders completed - Design of DHB Māori staff survey completed		Q2 21/22	
			- Ethics approval for survey obtained - Survey distributed, results collated & development of strategy and action plan - (Dependent on survey timing)		Q3-4 21/22	
			<b>After 21/22:</b> - Implementation of strategy and action plan - Establish evaluation framework for project	Q1 22/23	Q2 22/23	
CHILD HEALTH						
2	<b>WELL CHILD TAMARIKI ORA</b> (WCTO) – Implement WCTO deliverables (MoH contract)	<ul style="list-style-type: none"><li>- National Breastfeeding strategy</li><li>- Experience survey</li><li>- Home visiting safety</li><li>- Facilitate relationships between WCTO providers</li></ul>	Improvement evident in Well Child Quality Improvement Framework indicators (1,4,5,6) - across total, Māori, Pacifica and high deprivation populations.	Q1 19/20		Equity
			<b>Deliverables (2021/22):</b> <ul style="list-style-type: none"><li>- Establish SI Breastfeeding Group</li></ul>		Q2 21/22	

	Activity title	Description	Outcome / Milestones	START	END	Priority alignment
		- Electronic platform ( <i>see item 4 in Digital Infrastructure and Systems section</i> );	- Survey to inform Southern District Hui		Q2 21/22	
			- WCTO provider relationships established		Q2 21/22	
			Range of contracted outyear activities		Q4 23/24	
3	<b>SUDDEN UNEXPECTED DEATH IN INFANTS (SUDI)</b> - Safe sleep ( <i>MoH contract</i> )	Implement SUDI deliverables (MoH specification): - Wahakura wānanga, - Safe sleep cards, - Improve ISSB distribution.	Improvement is evident in Well Child Quality Improvement Framework indicator 7 for Māori, Pasifika and high deprivation populations	Q1 19/20	Q4 21/22	<b>Equity</b>
			<b>Deliverables (2021/22):</b> - Finalise SI SUDI networking group		Q4 21/22	
			- Paediatric cots project (safe sleep)		Q4 21/22	
			- Discharge support for preterm babies		Q4 21/22	
4	<b>FIRST 1,000 DAYS:</b> Infant Social and Emotional Wellbeing	Te Pa Harakeke: Nurturing Care in the First 1000 Days Focus on: Workforce development, education and promotion, service delivery and design and equity	<b>Completion of strategic framework</b> following wide consultation to deliver a BAU model for all South Island DHBs	Q1 18/19	Q2 21/22	<b>Equity Workforce</b>
<b>PUBLIC HEALTH</b>						
5	Environmental & Border Health ( <i>MoH contract</i> )	Develop regionally aligned workforce development initiatives specifically for health protection services. Review due to pandemic changes / Health and Disability reforms.	The SI Health Protection workforce is developed, supported and well connected. The health protection service is viewed as a responsive, attractive and supportive area for Māori to work in.  <b>Deliverables (2021/22):</b> (Awaiting finalisation due to pandemic workload)	Q1 20/21	Q4 21/22	<b>Equity Workforce</b>
6		Facilitate the continued development of Hauora Alliance and	Cross-sector regional collaboration which contributes to positive environments in which people work, live, learn	Q1 21/22	Q4 22/23	<b>Equity Workforce</b>

Activity title	Description	Outcome / Milestones	START	END	Priority alignment
Determinants of Health (MoH contract)	opportunities for the Partnership to work with both Te Pūtahitanga and the Hauora Alliance. Utilise insights from the evaluations of Mokopuna Ora and the Hauora Alliance.	and play. Explicit focus on collaborating with Māori and focussing on outcomes for Māori.			
		<b>Deliverables (2021/22):</b> - Evaluation findings with actions to be determined		Q2 21/22	
		- Case study developed with University of Otago researcher for international publication - Shared response to Well Child Tamariki review with actions to be determined		Q3 21/22  Q2 21/22	

## 2. Digital Infrastructure and Systems

This priority is separated into two sections, due to changes in approach for strategic development and management of the Data and Digital Strategy prioritisation. Regional Chief Information Officers (CIOs) have a range of priorities, some requiring further development. In addition, some Programme Office staff resources are being allocated to the CIO priorities and to support Southern DHB's digital hospital activities.

This section is therefore separated into **Regional CIO Priorities** and Programme Office resourced / supported activities.

	Activity title	Description	Outcome / Milestones	START	END	Priority alignment
1	South Island Patient Information Care System (SI PICS)	Replace legacy PAS solution/s with a single regional SIPICS instance - WCDHB, SCDHB & SDHB implementation.	<b>Deliverables (2021/22):</b> SCDHB underway – finalise go live	20/21	Q3 21/22	Digital
			<b>After 21/22:</b> WCDHB dependent on budget	TBC	Q1 22/23	
			- SDHB ( <i>confirmed planned go-live May 2023</i> )	21/22	Q4 22/23	
2	ScOPe (Regional Theatres Management Solution)	Currently live in four DHBs with significant variance. Define and agree requirements for improved integration, workflow and capability across the SI. Implement capability enhancements to support greater workflow between SIPICS and ScOPe.	<b>Deliverables (2021/22):</b> Replacement of Theatre Management Solution at NMH	Q1 21/22	Q3 21/22	Digital
			- Establishment of SI Governance	Q1 21/22	Q1 21/22	
			- Develop and implement an Operational Support Framework	Q1 21/22	Q3 21/22	
			- Establishment of SI SME User Groups	Q1 21/22	Q1 21/22	
			- Define Theatre Management Workflow between SIPICS & Scope	Q1 21/22	Q2 21/22	
			- Define and Approve Interface Requirements	Q1 21/22	Q2 21/22	
			- Implement interface	Q1 21/22	Q3 21/22	
			<b>After 21/22:</b> Implementation at SDHB (dependent on core SIPICS implementation)	Q1 21/22	Q4 22/23	
3	Common recording in TITANIUM patient management systems	Align current patient and treatment codes between the DHBs to enable consistency of	A set of agreed treatment codes and referral codes - Work with community dental (school dental services) for whole of system common data	Q1 19/20	Q2 22/23	Digital Equity

	Activity title	Description	Outcome / Milestones	START	END	Priority alignment
		data for planning and reporting on service activity. <i>(National and regional programme supported by MoH).</i>	<ul style="list-style-type: none"><li>- Include all codes not just titanium</li><li>- NOTE: milestones dependent on national decisions and timelines, therefore TBC</li></ul>			
4	Electronic platforms for Well Child Tamariki Ora  Note: PENDING CIO Review	South Island wide electronic platform for LMC transfer, including electronic transfer of home visiting safety information to WCTO.	Electronic platforms for LMC transfer to WCTO and home visiting safety implemented South Island wide.	Q1 21/22	Q4 22/23	Digital Equity
			<b>Deliverables (2021/22):</b> <ul style="list-style-type: none"><li>- Finalise scoping</li></ul>	Q1 21/22	Q3 21/22	
5	Telehealth workflow, usability and monitoring	Define required telehealth capability and workflow requirements to support the implementation of an integrated/interoperable platform for patients and clinicians. Implement tools that demonstrate telehealth service activity/outcomes for monitoring.	Telehealth integrated into models of care	Q3 20/21	Q4 23/24	Digital Equity
			<b>Deliverables (2021/22):</b> <ul style="list-style-type: none"><li>- SI Telehealth dashboard</li></ul>	Q1 21/22	Q4 21/22	
			<ul style="list-style-type: none"><li>- Workflow and training materials developed</li></ul>	Q1 21/22	Q4 22/23	
			<ul style="list-style-type: none"><li>- <i>Integrated telehealth platform operating model – transformation change at service and sector level</i></li></ul>	Q1 20/21	-	
Regional CIO Priorities – Data and Digital Strategy						
1	Regional digital operating framework	Establish the co-ordination, leadership and delivery of common systems / capability as agreed with ALT.	Clarify regional digital operating framework for decision making.	Q1 21/22	Q3 21/22	Digital
			Create joint portfolio of capital projects, and catalogue of current applications, aligned to national investment priorities.	Q1 21/22	Q4 21/22	
			Identify common capability candidates and establish projects to develop implementation plans.	Q2 21/22	Q2 22/23	
2	SI Digital Strategy		<i>Dependency on operating framework in place (above)</i> Communicate and engage with SI stakeholders.	Q3 21/22	Q1 22/23	Digital



	Activity title	Description	Outcome / Milestones	START	END	Priority alignment
		A regionally agreed multi-year view to incrementally deliver on its identified strategic goals	Develop detailed workplans for each strategic pillar including resourcing and investment requirements, to be agreed.	Q4 21/22	Q4 22/23	
3	Regional Cyber Security	Align to a common security framework to implement a system of standards, guidelines, and best practices to manage cyber risks	Aligned security framework at regional and possibly national levels.	Q2 21/22	Q4 21/22	Digital
			Identify requirements for interim regional level capability to maximise scarce resources.	Q2 21/22	Q3 21/22	

## 3. Data and Analytics

Note presentation as above – Regional CIO Priorities and resources

	Activity title	Description	Outcome / Milestones	START	END	Priority alignment
1	Regional Data Warehouse.  <i>The Regional Data Warehouse acts as the lead project in implementing activities to enable effective use of data and analytics to inform planning and actions across specialities.</i>	Establishment of a regional shared data warehouse for the South Island.  <i>Note: SI CDIOs have agreed there needs to be a dedicated resource to drive this work as a formal project with clear timeframes/milestones in place.</i>	Governance model established	Q2 21/22	Q3 21/22	<b>Data &amp; Analytics</b>
			Workstreams/prioritisation established - develop core foundational, shared priorities, localised priorities, responding to immediate and changing data needs	Q2 21/22	Q3 21/22	<b>Data &amp; Analytics</b>
			Mixed Analytical Model that delivers continued enhancements and development to meet analytical needs.	Q3 21/22	Q4 22/23	<b>Data &amp; Analytics</b>
2	Regional data and analytics	Data collection, collation and analysis reviewed and improved as part of Regional Data Warehouse.	Reliable consistent data informs planning and action for work programme specialities.	Q2 22/23	Q4 22/23	<b>Data &amp; Analytics</b>  <b>Equity</b>

## 4. Workforce

	Activity title	Description	Outcome / Milestones	START	END	Priority alignment
<b>WORKFORCE DEVELOPMENT HUB</b>						
1	Workforce redesign support for the Child Development Service using the Calderdale Framework	Work with the Child Development project group to support the redesign of the CDS workforce to increase capability and capacity. Led by the Child Health SLA.	<p>A workforce fit for purpose that is efficient and effective.</p> <p><b>Deliverables (2021/22):</b></p> <ul style="list-style-type: none"> <li>- Assess South Island CDS services for use of Allied Health Assistants in their workforce completed</li> <li>- Initial sites agreed, and initial Calderdale Framework Foundation Day training completed</li> <li>- Skill delegation tasks identified</li> <li>- Clinical Task Instructions developed, and training implemented</li> </ul> <p><b>After 21/22:</b> Dependent on 21/22 outcomes, embed as BAU</p>	Q2 20/21		<b>Workforce</b>
					Q1 21/22	
					Q2 21/22	
					Q3 21/22	
					Q4 21/22	
					Q2 22/23	
2	SI Physician training, recruitment and retention	<p>Progression of CE supported activity to improve recruitment and retention of SI Physicians (General / Internal Medicine)</p> <p>Note support for this project from Royal Australasian College of Physicians (RACP)</p>	<p><b>Deliverables (2021/22):</b></p> <ul style="list-style-type: none"> <li>- Planning implementation timeline</li> <li>- Extensive SI sector consultation</li> <li>- Recruitment framework developed</li> </ul> <p><b>After 21/22:</b></p> <ul style="list-style-type: none"> <li>- SI trainees for this programme commence in January 2023</li> </ul>	Q2 20/21	Q4 21/22	
				Q2 22/23	-	
3	Mental Health & Addiction (MHA) Workforce: Consumer, Peer Support & Lived Experience workforce development and support <i>(MoH contract)</i>	To work with the MHA services in DHBs & NGOs to grow and develop the Consumer, Peer Support & Lived Experience workforce	<p><b>Deliverables (2021/22):</b></p> <p>The South Island MHA Consumer, Peer Support &amp; Lived Experience workforce is developed and increased to support an effective MHA services in the South Island</p> <ul style="list-style-type: none"> <li>- Establish easily accessible South Island Networks for peer support workforce and consumer advisors</li> </ul>	21/22		<b>Workforce</b>
					Q1 21/22	

	Activity title	Description	Outcome / Milestones	START	END	Priority alignment
			<ul style="list-style-type: none"> <li>- Identification of knowledge and skills, gaps and needs across different role.</li> <li>- Review existing training &amp; education programmes as per South Island needs</li> </ul>		Q2 21/22	
			<ul style="list-style-type: none"> <li>- Work with SI DHBs &amp; NGOs to develop education pathways and ensure training is available to support the pathways</li> </ul>		Q4 21/22	
4	South Island MHA Crisis Response / Emergency Department Educator new roles <i>(MoH contract)</i>	To establish network to strengthen capability of ED/crisis response staff in working with people who present with MHA issues	Let's Get Real Skills in embedded in ED setting	20/21		<b>Workforce</b>
			<b>Deliverables (2021/22):</b> South Island Mental Health Triage Framework <ul style="list-style-type: none"> <li>- Development</li> <li>- Implementation</li> </ul>		Q2 - Q4 21/22	
			<ul style="list-style-type: none"> <li>- Platform to connect, share best practice and reduce duplication developed</li> </ul>		Q3 21/22	
			<ul style="list-style-type: none"> <li>- Allied and Public Health Career Framework initial implementation across SI and transition to BAU process completed</li> </ul>		Q2 21/22	
			<ul style="list-style-type: none"> <li>- Identification and evaluation of roles requiring regional scoping completed</li> </ul>		Q3 21/22	

## FIVE REGIONAL OPPORTUNITIES

This summary table covers the regional opportunities activities, included in workplan programme groups.

Activity title	Description	Outcome / Deliverables	START	END	Priority alignment
<b>REGIONAL SERVICES</b>					
1. Clinical Engineering	<ul style="list-style-type: none"> <li>- Current state review to establish priorities</li> <li>- Deliver options for regionally connected service</li> <li>- Reduction in reliance on third party providers for equipment maintenance, support and repair</li> <li>- Succession planning for long term solutions</li> </ul>	<ul style="list-style-type: none"> <li>- Report, draft plan and recommendations to ALT and Alliance Board.</li> <li>- Actions for follow up to be determined</li> </ul>	Q1 21/22	Q2 21/22	Equity
<b>SUSTAINABLE SERVICES:</b>					
2. Colonoscopies	<ul style="list-style-type: none"> <li>- Capacity &amp; demand forecasting and planning</li> <li>- Facilities planning 5-10 year horizon</li> <li>- Colonoscopy and Bowel Screening Programme oversight</li> <li>- SIA Operational Group support</li> </ul>	<ul style="list-style-type: none"> <li>- Oversight Group will deliver summary report and recommendations.</li> <li>- Actions for follow up to be determined</li> </ul>	Q1 21/22	Q3 21/22	Equity Workforce
3. Dermatology	<ul style="list-style-type: none"> <li>- Plan to implement the SI Dermatology Model of Care hub and spokes development</li> <li>- Align with national Model of Care developments</li> <li>- Includes Paediatric Dermatology; collaborative planning with Child Health SLA</li> <li>- SIA Operational Group oversight and support</li> </ul>	Update 2020/21 planning; activate first steps to enable an equitable model of care.	Q1 21/22	Q4 21/22	Equity Workforce
		- Note initial project and ongoing process	TBC	TBC	
4. Musculo-skeletal Pathway	<ul style="list-style-type: none"> <li>- Develop SI Orthopaedic relationships and treatment support pathways</li> <li>- Stocktake Musculoskeletal services</li> <li>- Test the feasibility of service developments that could avoid or delay surgery</li> <li>- Understand and plan multidisciplinary workforce requirements</li> <li>- Targeted outcomes that are achievable in 2021/22 and beyond (acknowledging longer process)</li> </ul>	- Engage Service Managers, Clinical Leads and Directors of Allied Health	Q1 21/22	Q4 21/22	Equity Workforce
		- Draft plan and summary report - Project decisions	Q4 20/21	Q2 21/22	
		- Actions for follow up to be determined	Q1-2 21/22	TBC	

Activity title	Description	Outcome / Deliverables	START	END	Priority alignment
<b>CHILD HEALTH:</b>					
5. Autistic Spectrum Disorder Assessments	<ul style="list-style-type: none"> <li>- Address waiting list issues for children and families in need. Focus on 'enabling good lives'</li> <li>- Connected to Child Development Services contract</li> <li>- Planning commenced to consider a pathway or intersectoral approach to address demand and create efficiencies</li> </ul>	<ul style="list-style-type: none"> <li>- Report and draft plan and recommendations to ALT and Alliance Board.</li> </ul>	Q1 21/22	Q2 21/22	<b>Equity Workforce</b>
		<ul style="list-style-type: none"> <li>- Actions for follow up to be determined</li> </ul>	Q2 21/22	TBC	



## Regional Service Improvement:

These activities are included as either priority regional projects to complete, or to meet contractual obligations, or seen as important to potentially transition to Health NZ in 2022.

	Activity title	Description	Outcome	START	END	Priority alignment
<b>Regional Services</b>						
1	<b>Regional Diagnostic Strategy:</b> Medical Imaging	Collective procurement planning and delivery for radiology equipment, change proposal for establishing a functionally radiology system.	<b>Deliverables (2021/22):</b> For year 1, CT procurement for all SI DHBs is complete, Draft proposal for regional diagnostic services is tabled and team formed.	Q2 20/21	Q2 21/22	<b>Equity Workforce</b>
2	<b>SI Medical Diagnostics:</b> Laboratory Services	Development of options for delivery of hospital / community medical laboratory diagnostics.	<b>Deliverables (2021/22):</b> Review and stocktake for regional medical laboratory diagnostic services.	Q2 20/21	Q1 21/22	<b>Equity Workforce</b>
3	<b>HEPATITIS C:</b> Sub-Project National Project (MoH Contract)	A sub-project for mobile clinics has been allocated to SIAPO to support and is expected to be completed within the first two quarters of 2021/22 FY	<b>Deliverables (2021/22):</b> - Scope, planning and implementation of mobile Hep C clinics in the South Island	Q4 20/21	Q2 21/22	
4	<b>CHILD HEALTH:</b> South Island Child Development Services (MoH Contract)	Grow capability, achieve an integrated regional approach, including innovation, telehealth and Quality Improvement initiatives - Support overall service volume growth across DHB and NGOs - Innovation Projects - Workforce redesign	<ul style="list-style-type: none"> <li>- Higher volume of services equitably distributed</li> <li>- Reduction in waiting times / lists</li> </ul> <b>Deliverables (2021/22):</b> <ul style="list-style-type: none"> <li>- Project Search / Cincinnati Project (Intern management programme)</li> <li>- CDS telehealth project</li> <li>- Regional quality improvement plan</li> <li>- Evaluation of projects</li> </ul>	Q1 19/20	Q4 22/23  Q1 21/22  TBC  Q2 21/22  Q4 21/22	<b>Equity Workforce</b>

	Activity title	Description	Outcome	START	END	Priority alignment
<b>Ministry of Health Priorities</b>						
5	<b>DEMENTIA:</b> Cognitive health pathways for dementia	<ul style="list-style-type: none"> <li>- Harmonise five Cognitive Impairment Community HealthPathways to embed dementia.</li> <li>- End of life pathway proposed for Community and Hospital HealthPathways</li> </ul>	<ul style="list-style-type: none"> <li>- Reduction in inter-DHB differences for diagnosis and management of dementia. Supported timely diagnosis and development of a long-term plan post diagnosis</li> <li>- Consistency for using Mini-ACE assessment and revision of HealthLearn modules</li> <li>- Equity and consistency embedded in SI including for CALD communities.</li> </ul>	Q1 19/20		<b>Equity</b>
			<b>Deliverables 2021/22:</b> <ul style="list-style-type: none"> <li>- Confirmation of consistent SI Community HealthPathway for people with dementia to maintain care in Tier One services.</li> <li>- The Cognitive HP will include end of life model of care pathways (described below)</li> </ul>		Q4 21/22	
6	<b>DEMENTIA:</b> End of Life model of care	<ul style="list-style-type: none"> <li>- Identify SI gaps and excellence in end of life care for people living with dementia and propose a collaborative model of care.</li> <li>- This includes connection to services for Māori affected by mate wareware (dementia)</li> <li>- Palliative care / dementia focus</li> </ul>	<b>Deliverables 2021/22:</b> <ul style="list-style-type: none"> <li>- Regional key contacts and survey across all services</li> <li>- ARC survey for end of life successes, challenges and opportunities</li> <li>- Model of care proposed for end of life for people with dementia (confirm consistent improvement programme across regional services)</li> <li>- Report on multi-disciplinary participation for solutions in supporting ARC teams</li> </ul>	Q1 21/22	Q1 21/22	<b>Equity Workforce</b>
				Q1 21/22	Q2 21/22	
				Q1 21/22	Q3-4 21/22	
				Q2-3 21/22	Q4 21/22	
7	<b>STROKE:</b> Telestroke contract requirements (National priority project to complete)	<b>1 Telestroke quality and consistency</b> Maintain and improve pathways to organised stroke service, access to thrombolysis and acute stroke telehealth.	<ul style="list-style-type: none"> <li>- Fully functional and standardised tele-stroke SI service.</li> <li>- Evaluation will indicate status of the service and inform future work.</li> </ul>	Q1 21/22	Q3 21/22	<b>Equity Workforce</b>

	Activity title	Description	Outcome	START	END	Priority alignment
	(MoH Contract)	Thrombolysis “Code Stroke” denotes a rapid treatment pathway to minimise onset to needle time. <b>2 Acute Stroke Telehealth service evaluation</b> Build on the brief qualitative evaluation completed. Six months post fully functioning tele-stroke service there will be a survey and review of data (hub and spoke sites)	<b>Deliverables (2021/22):</b> - Finalise Telestroke decisions, rollout and evaluation - Report identifying next steps and longer-term objectives		Q2 21/22  Q3 21/22	Equity
8	<b>PUBLIC HEALTH:</b> Healthy eating and active lifestyles (MoH Contract)	Implement and monitor consistent and coordinated shared approaches to healthy eating and active lifestyles promotion. Includes collective learning and agreed joint action/s in concert with international and national strategies.	Shared approaches to promote healthy eating and active lifestyles. A strong focus on equity underpins this work.	Q2 19/20	Q4 21/22	
			<b>Deliverables (2021/22):</b> - Development of a South Island Active Lifestyles Plan		Q3 21/22	
			- Codesign of a community of practice - Exploration of a SI wide project on food security		Q3 21/22	
9	<b>ADVANCE CARE PLANNING (ACP):</b> processes and vision	Develop and implement ACP components including a strategy for integration of various pre-existing guidelines. Regional Medical Care Guidance developed - beneficial for those lacking capacity to complete an ACP	<b>Digital Shared Goals of Care:</b>	20/21		Equity Digital
			<b>Deliverables (2021/22):</b> - Scoping and requirements finalisation		Q2 21/22	
			- Communication plan - Production release (HCS / H1)		Q3 21/22	

	Activity title	Description	Outcome	START	END	Priority alignment
10	<b>PALLIATIVE CARE:</b> Out of Hospital Projects	<b>Project 1: Reduce avoidable hospital admissions for palliative patients</b> Technology and service model projects: Clinicians in community services use recently enabled technology to share key patient information in Acute Plans that ensure provide better care in the community.	<ul style="list-style-type: none"> <li>- Palliative patients receive more consistent information and timely treatments from all care providers, avoiding unnecessary hospital admissions</li> <li>- SI road-shows will be hosted for education on the technology.</li> </ul>	Q1 21/22	Q4 21/22	<b>Workforce Digital</b>
		<b>Project 2: Interoperability between HealthOne, Hospice and ARC palliative systems</b> Hospice and ARC clinicians can rapidly share key information via HealthOne to inform timely and appropriate treatment decisions. Achieved by replicating the success of the HealthOne/St John digital access in 2020/21.	Hospice and ARC clinicians share key information in real-time, improving collaborative care planning, reducing duplication and inconsistencies.			<b>Workforce Digital</b>
			<b>Deliverables (2021/22):</b> <ul style="list-style-type: none"> <li>- Finalise scoping and testing of Hospice and ARC access to HealthOne</li> <li>- Confirm service on-boarding priorities across the South Island</li> </ul>	Q2 20/21	Q3 21/22	

<b>ONGOING, NON-PROJECT ACTIVITIES:</b>	
<b>WORKFORCE DEVELOPMENT HUB</b> (Note WDH is supported by MoH funding annually)	
Junior Medical Staff Placements	Support for PGY1 and rural placements relative to MoH requirements and DHB capacity
Lippincott Clinical Procedures	Support and development for regional and national content and activities 2021/22 project development of MHA procedures funded by Wolters Kluwer (Lippincott Organisation)
Calderdale Framework	Skill Sharing & Skill Delegation methodology (Calderdale Framework) Co-ordination & development regionally and nationally. 2021/2 new project supporting CF rollout in CDS funded by MOH
healthLearn e-learning system	Administration, support and system / content development System reporting
Allied Health Assistants (Kaiāwhina) training support	NZQA Level 3 training for Allied Health Assistants (Kaiāwhina) Support the Allied Health Assistants working across the SI health system to access health and wellbeing NZQA level 3 training.
Allied Health Scientific & Technical (AHS&T) Career Framework	Supporting the regional coordination of the development & implementation of the SI AHS&T Career Framework. To have a regional career framework. Roles within DHBs and across the SI have standardised, consistent base role requirements, expectations, and remuneration.
<b>PALLIATIVE CARE</b>	
Regional Paediatric Palliative Care (National priority project to complete)	Specialist services are solely located in Christchurch. A regional service that crosses specialities is required. Ensure guidance resource is provided to those caring for paediatric palliative patients and their families using the National Paediatric Palliative Care Clinical Guidelines. Deliverable 2021/22: Finalise guidance resource.
<b>MENTAL HEALTH &amp; ADDICTIONS</b>	
Suicide prevention (Alignment with national priorities)	Assist the Suicide Prevention / Postvention Coordinators and District Health Board Mental Health and Addiction services. Regional facilitation of Suicide Prevention Officers meetings
<b>PUBLIC HEALTH</b>	
Environmental Sustainability	Support the South Island Public Health Partnership Environmental Sustainability Working Group. Facilitate the regional public health environmental sustainability network and support associated projects.
<b>SI NEUROSURGERY SERVICE (SINS)</b>	
Complete SINS Board action plan	Acute on-call service improvements / Single point of referral: CDHB based using ERMS / Implement Review recommendations and reporting framework / Nursing, Allied Health and Administration input / Joint budget, quality group and Annual Report (Separate governance and oversight)

<b>ONGOING, NON-PROJECT ACTIVITIES:</b>	
REGIONAL SUPPORT	
Regional Audit Support for Aged Residential Care	Delivery of Aged Care Certification audit support programme that meets the requirements of the South Island District Health Boards.
Regional Emergency Planner	Regionally consistent emergency planning to establish consistent processes for managing regional and whole of system emergencies (irrespective of origin) with structures, assignment of roles and responsibilities, standard reporting and other relevant guidance used as preparation for emergencies.

## Appendix 1: Deferred Activities and Future Priorities

These are deferred for 2021/22 but are noted as potential priorities for the 2022/23 financial year and beyond, relative to the requirements of the revised health structure.

GROUP	Activity title	Description	Outcome
CHILD HEALTH	Preschool eczema	Work with DHBs to build a more comprehensive approach across primary and secondary care to improve the management of childhood eczema.	Reduction in hospital admissions for preschool children due to skin infection particularly for Māori children.
WORKFORCE	Multidisciplinary Supervisor/Mentor training programme	To develop an accessible training programme regionally to enable teaching of the base concepts of being a supervisor/coach/mentor.	A multi-disciplinary supervisor/mentor/coach training tool is available to the South Island health sector.
STROKE / CARDIAC	Atrial Fibrillation for vulnerable populations	Clinical Networks work together on Atrial Fibrillation to improve outcomes for priority populations, including, Māori, Pacific and people living in areas of high Deprivation	Improved outcomes for priority populations, including Māori, Pacific and people living in areas of high deprivation.
CARDIAC	South Island Cardiac Model of Care	Finalise and activate a South Island Cardiac Model of Care - including leadership / champion, and enabling improved equity for Māori	<ul style="list-style-type: none"> <li>Model of care provides clear direction to improve inequities in cardiac outcomes for Māori</li> </ul>
HEALTH OF OLDER PEOPLE	Advance Care Planning (ACP) pathway for Māori	Harmonise HealthPathways. Develop ACP pathway with South Island Māori health teams.	<ul style="list-style-type: none"> <li>SI ACP pathway for Māori developed</li> <li>Embedded tikanga ACP protocols, resources and guidance</li> </ul>
PALLIATIVE	Regional Palliative Care Strategy	Develop a Regional Palliative Care Strategy for the South Island to guide service planning and delivery, support greater consistency of services, and establish priorities for action.	<ul style="list-style-type: none"> <li>Regional Palliative Care Strategy implemented</li> </ul>
MAJOR TRAUMA	Regional trauma data and analytics	Detailed dataset and analysis to support local and regional understanding and decision making in secondary and tertiary care trauma settings	<ul style="list-style-type: none"> <li>Better understanding of trauma and major trauma case impact on services.</li> <li>Improved decision making</li> <li>Improved understanding of inequities</li> </ul>



GROUP	Activity title	Description	Outcome
MHASLA	Mental Health and Addictions	Regional level requirements based on He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction	<ul style="list-style-type: none"> <li>• Effective implementation of strategies enabling improved mental health outcomes</li> </ul>
ORAL	Integrated SI Dental Service for adults aged 18 years+ including low-income adults	Emergency Dental and Dental Services for low Income Adults in collaboration between SI DHB Oral Health Services, Ministry of Social Development, University of Otago Dental School and wider / private general dental services.	<ul style="list-style-type: none"> <li>• Pilots delivered to determine the viability of providing dental care for MSD clients within existing MSD funding streams</li> <li>• Improved oral health for adults aged 18 years and older which includes Emergency Dental and Dental Services for low income adults.</li> </ul>

## Appendix 2: South Island Outcomes Framework

The *South Island Outcomes Framework* illustrates how progress is monitored toward regional goals and long-term measurable outcomes. These outcomes define what success looks like for the South Island as a region and enable evaluation of our activities.

A range of measures under each of the eight outcomes are utilised to understand trends, identify service challenges and inform future work.

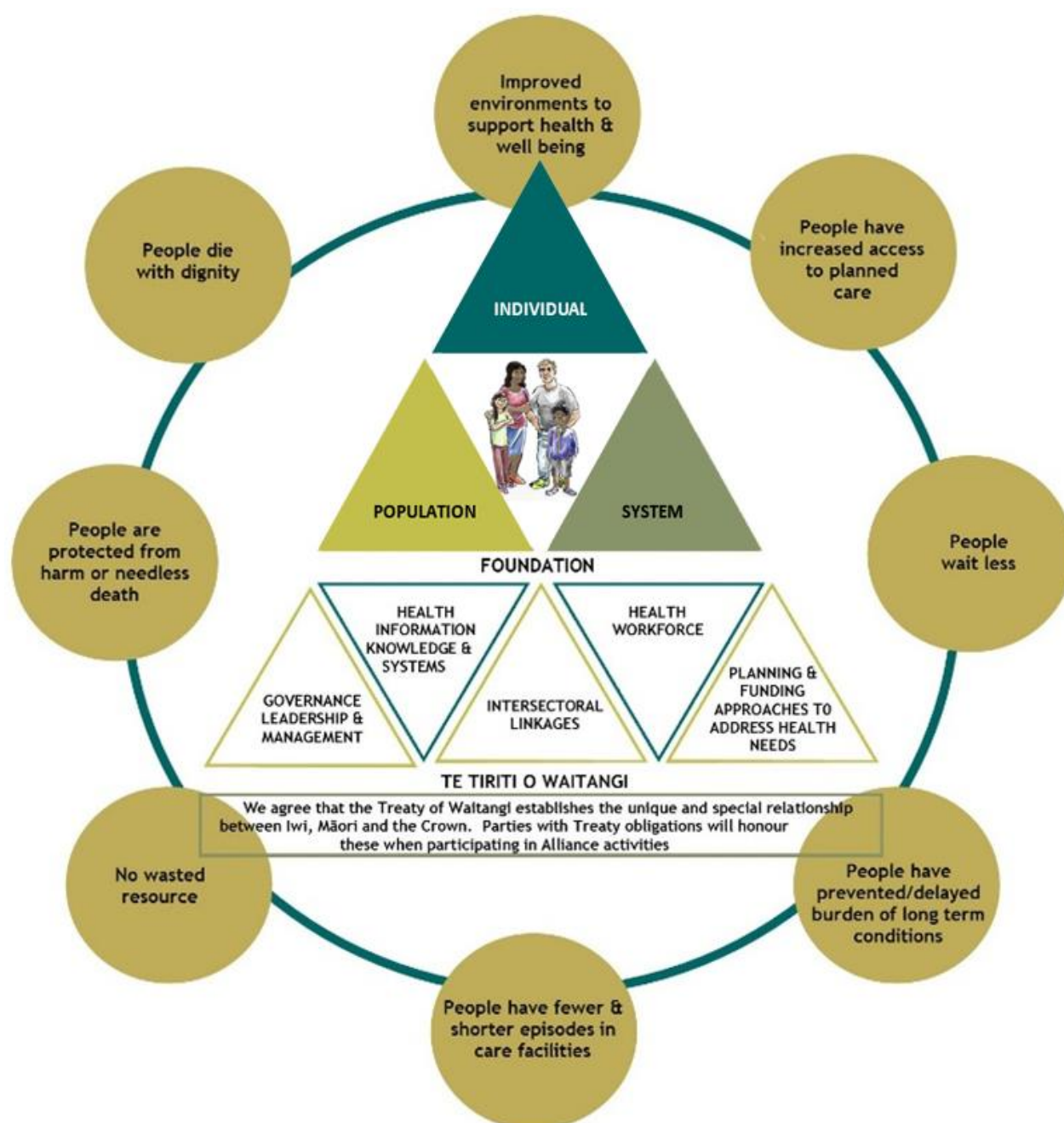


Figure 7: South Island Outcomes Framework

## Appendix 3: Leadership and Operations

### 3.1 Regional Governance and Leadership

The Alliance drives South Island health system collaboration through strong governance, accountability and robust decision-making. The governance structure comprises:

- **Alliance Board** (Chairs of the five South Island DHBs) oversees the strategic focus; governs and monitors overall performance of the Alliance.
- **Alliance Leadership Team** (South Island DHB chief executives) prioritises and approves activity, allocates resources (including funding and support) and monitors deliverables.
- **Regional Capital Committee** (Alliance Board and Alliance Leadership Team) reviews capital investment proposals in accordance with the agreed regional service strategy and planning.
- **South Island Alliance Operational Group** (SIAOG) – comprises general managers planning and funding, operational hospital managers, chief medical officers and directors of nursing and allied health. Provides operational oversight, intelligence and decision-making, including resource allocation and supporting a whole of system strategic approach to ensure activities align with regional and national priorities.

### 3.2 South Island Alliance Organisational Structure

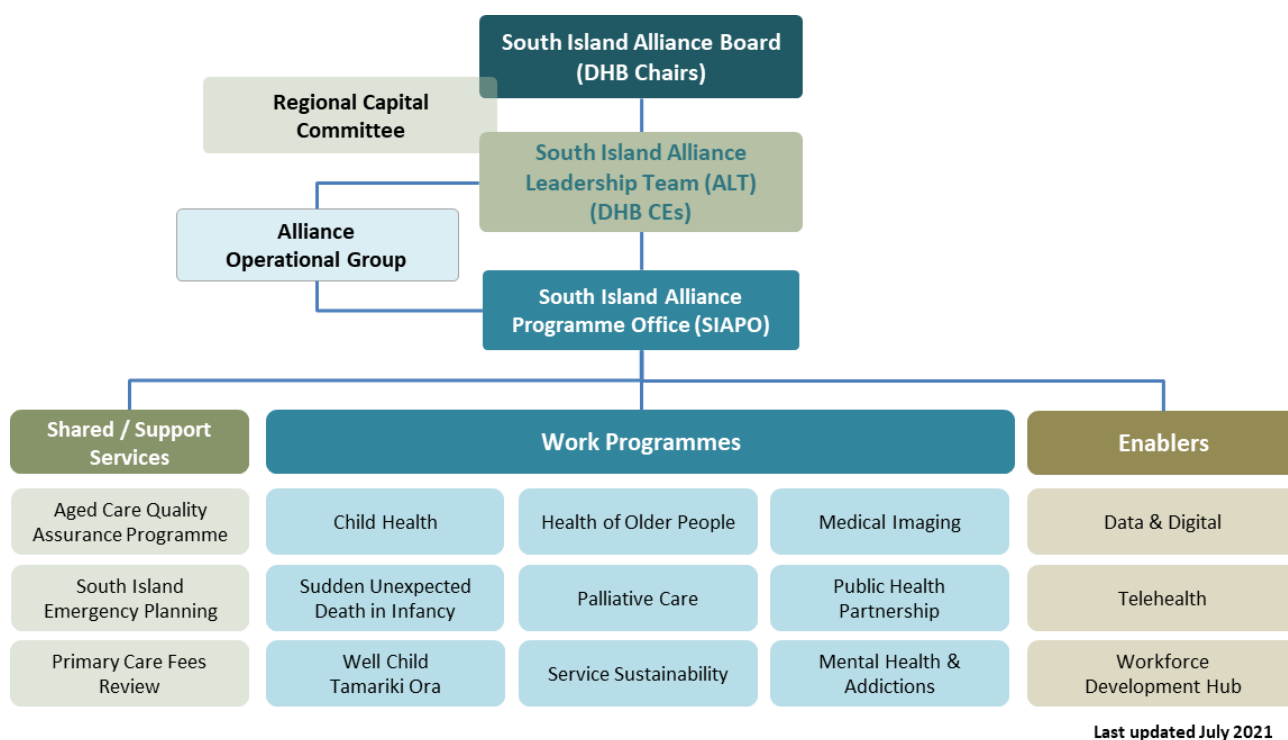


Figure 8: Current Organisational chart

### 3.3 South Island Alliance Programme Office

The South Island Alliance Programme office (SIAPO) is a hub providing support and facilitating Alliance activities. It spans a broad range of activities, including project and programme management, implementation of initiatives and secretariat support to work programmes. The office is hosted by Canterbury DHB as a standalone business unit on behalf of the five South Island DHBs.

### 3.4 Facilitator role

Alliance facilitators perform a key role as both a project or programme manager and a facilitator. This ensures effective collaboration occurs between DHBs and wider health and disability system providers, including NGOs, primary care, Māori providers and more. Building effective relationships between stakeholders and providers includes being a collaborator, negotiator and supporter for administrative functions. Many facilitators are also subject matter experts in their field.

Alliance activities include not just the formalised actions of a plan but also many 'business as usual' (BAU) items. Often BAU is underestimated and overlooked as important, however the role of a facilitator to ensure BAU actions occur is often critical to the success of effective outcomes.

### 3.5 Managing our Risk

The South Island DHBs have strengthened their ability to manage and mitigate risk through their increased regional approach to health service planning and delivery. Increasingly the South Island acknowledges that what affects one, impacts all. Enhanced relationships, greater collaboration and having regional systems and processes in place all help to better manage the issues and challenges the South Island health system experiences locally and regionally.

### 3.6 Risks and challenges to the South Island health system

#### **South Island population demographics**

The South Island has an older population than the rest of New Zealand and an older workforce. Both demographics challenge health services provision. Shifts in population location impact on health service provision in the medium to long term.

While total population growth is slightly lower in the South Island than other regions, there is significant growth resulting in pockets of high population growth in Selwyn, Queenstown-Lakes, Waimakariri, Ashburton and Tasman. The districts of Selwyn, Queenstown Lakes and Waimakariri are three of New Zealand's five fastest growing districts.

Addressing service provision in areas that did not previously have a significant population base, and future investment in health infrastructure, is a significant future challenge for the South Island.

#### **Vulnerable and small services**

The South Island has a number of health services that are vulnerable due to difficulty to attract and recruit staff, current service provision being unsustainable, or low numbers of patients. Developing sustainable models of care needs to balance demand for services, workforce issues, quality of care, and competing priority for health resources, as well as community views on access to services and the drive to keep services closer to home. The challenge of geographical spread and travel distance for patients to access appropriate health services is also a factor to be considered.

**Coronavirus pandemic**

The unprecedented COVID-19 pandemic has had significant impact on health services and society across New Zealand and the world. Some Alliance activity was modified, recognising the unique challenges for health services in responding to the pandemic.

**Natural disasters**

The South Island has experienced several naturally occurring events including flooding, forest fires, tornadoes and earthquakes, impacting health service delivery and access to services.

The Canterbury and Marlborough earthquakes caused significant and catastrophic disruption. Repair and redevelopment gained momentum in the years since, with the capacity of the health system being significantly influenced by ongoing factors for several years.

The psychosocial recovery needs of communities from natural disasters have required ongoing support, often over extended periods of time.

**Christchurch terrorist attack**

This March 2019 event had significant impacts on the Christchurch community, New Zealand and internationally. The health system in Canterbury responded appropriately however for some communities, recovery includes not only trauma from this event but also additional trauma from previous earthquake events.

**Financial sustainability**

All South Island DHBs continue to experience significant financial constraint as they respond to increasing demands on health services, rising workforce and resource costs. Activities within the Alliance structure and processes are all targeted at delivering equity and sustainability in this context.

## Appendix 4: Alliance Group Membership

Membership as at July 2021

### Alliance Operational Group (SIAOG)

Name	Date commenced	Title	Organisation
Phil Wheble (Chair)	2019	General Manager Grey Westland Health Services	WCDHB
Cathy O'Malley	2017	General Manager Strategy, Planning and Alliance Support	NMH
Ralph La Salle	2020	Executive Director, Planning Funding and Decision Support	CDHB/WCDHB
Rory Dowding	2021	Executive Director, Strategy, Primary & Community	SDHB
Jason Power	2016	Interim Chief Executive	SCDHB
Pat Davidsen	2021	General Manager, Clinical Services	NMH
Pauline Clark	2017	General Manager, Christchurch Hospital	CDHB
Becky Hickmott	2020	Executive Director of Nursing	CDHB
Vacant		General Manager, Operational	CDHB
Lisa Blackler	2018	Director Patient, Nursing & Midwifery	SCDHB
Patrick Ng	2019	Executive Director Specialist Services	SDHB
Robyn Carey	2018	Chief Medical Officer	SCDHB
Vacant		Chief Medical Officer	CDHB
Nick Baker	2017	Chief Medical Officer	NMH
Graham Roper	2020	Chief Medical Officer	WCDHB
Renee Templeton	2018	Director of Allied Health; DAH representative	SCDHB
Mark Leggett	2017	General Manager, SI Alliance Programme Office	SIAPO
Keith Todd	2019	Facilitator, SI Alliance Programme Director	SIAPO
John Carson	2020	Facilitator, SI Alliance Planning Coordinator	SIAPO

### Enabler Work Programmes

SLA	Name	Date commenced	Title	Organisation
<b>Data and Digital</b>	Gabe Rijpma (Chair)	2018	CEO, Aceso	Independent
	Nigel Trainor (Sponsor)	2014	Chief Financial Officer	SDHB
	Clare Pennington	2020	Allied Health Scientific and Technical	CDHB
	Bev Nicolls	2014	Community Based Services Directorate / General Practitioner	NMH & Stoke Medical Centre
	John Beveridge	2011	Nurse Consultant	CDHB
	Nigel Millar	2011	Chief Medical Officer	SDHB
	vacant		Planning and Funding	
	Erin Bedford	2020	Nursing	SCDHB
	Patrick Ng	2014	Executive Director, Specialist Services	SDHB
	Peter Gent	2012	General Practitioner	Mornington Health Centre
	Kyle Ford	2018	Director Karo Data Management	Independent
	Mike Collins	2020	Executive Director People, Culture and Technology	SDHB
	Kirsty Martin	2020	GM Information Technology	NMH
	Paul Goddard	2012	Portfolio Director, Information Services	SIAPO
	Sonya Morice	2015	IS SLA Regional Portfolio Manager	SIAPO

SLA	Name	Date commenced	Title	Organisation
<b>Telehealth</b>	Miles Roper (Co-Chair)	2020	Chief Information Officer	WCDHB
	Claire Pennington (Co-Chair)	2020	Director of Allied Health Older Persons Health	CDHB
	Nigel Millar (Co-Sponsor)	2021	Chief Medical Officer	SDHB
	Kirsty Martin (Co-Sponsor)	2021	GM IT	NMH
	Tao Zhang	2021	Planning & Funding Analyst	CDHB
	Ginny Brailsford	2020	Planning & Funding	WCDHB
	Ben Wheeler	2020	Otago Health Paediatrician	SDHB
	Christine Kerr	2020	Oncology Nurse	SCDHB
	Riana Chemaly	2020	Administration Team Leader - Paediatrics	CDHB
	Tanith Petersen	2021	Operations Manager	He Waka Tapu
	Bev Nicolls	2020	General Practitioner	NMH
	Lisa Livingstone	2020	Clinical Lead – IT Projects	NMH
	Joe Hallmark	2021	Application Development & Support	NMH
	Paul Goddard	2020	Data & Digital Programme Director	SIAPO
	Wendy Laurie	2020	Facilitator	SIAPO

SLA	Name	Date commenced	Title	Organisation
<b>Workforce Development Hub</b>	Pam Kieranowski (Chair)	2015	Executive Director of Nursing	NMH
	Norma Campbell	2019	Director of Midwifery	CDHB
	Kaye Cheetham	2020	Director of Allied Health, Scientific and Technical	SDHB
	Robyn Carey	2019	Chief Medical Officer	SCDHB
	Gary Coghlan	2016	General Manager of Māori Health	WCDHB
	Hector Matthews	2016	Executive Director Māori & Pacific Health	CDHB
	Trish Casey	2019	General Manager People & Capability	NMH
	Kate Rawlings	2012	Programme Director	SIAPO
	Heather Gray	2021	Facilitator	SIAPO

SLA	Name	Date commenced	Title	Organisation
<b>Medical Imaging Workstream</b>	Sharyn McDonald (Chair)	2017	Chief of Radiology	CDHB
	Nathan Taylor	2017	Radiology Services Manager	SCDHB
	Jess Ettma	2017	Radiology Operations Manager	NMH
	James Hulleman	2017	Radiologist Team Leader	NMH
	Benjamin Lang	2017	South Island Regional Radiology Systems Manager	CDHB
	Stephen Jenkins	2017	District Service Manager, Radiology	SDHB
	Jason Lister	2017	Service Manager	WCDHB
	Ben Wilson	2017	Clinical Leader, Radiology	SDHB
	Philippa Francis	2017	Clinical Manager	CDHB
	Matthew Wood	2017	Workstream Co-ordinator	SIAPO



## Work Programmes

Note: Some alliance work programme groups do not have activities identified in this year's workplan. However, all groups remain listed here to provide reference and connection to participants should the reader require it.

SLA	Name	Date commenced	Title	Organisation
Cardiac Services	John Edmond (Chair)	May 2016	Cardiologist	SDHB
	Karen Coker	Jan 2021	Service Manager	CDHB
	Rachael Byars	2015	Physician and Clinical Leader	SDHB
	Garry Nixon	2015	Medical Officer	Dunstan Hospital
	Tammy Pegg	May 2017	Cardiologist	NMH
	Emma Guglietta	Oct 2019	Chair, Cardiac Physiologist South Island Network	SDHB
	Nancy Todd	Oct 2019	Associate Māori Health Strategy and Improvement Officer	WellSouth
	Philip Davis	Apr 2016	Cardiac Surgeon	SDHB
	John Lainchbury	Nov 2017	Cardiologist	CDHB
	Ralph la Salle	Aug 2016	Team Leader Secondary Care, Planning and Funding	CDHB
	Dr Ken Boon	Sept 2018	Cardiologist	SCDHB
	Sara Davis	Feb 2021	Right Care Advisor, South Island	St John
	Nina Stupples	Apr 2018	Rural GP/Medical Officer	WCDHB
	Tim Ford	Feb 2021	General Practitioner	South Canterbury
	Alan Lloyd		Facilitator	SIAPPO

SLA	Name	Date commenced	Title	Organisation
Child Health	Dr Clare Doocey (Chair)	2011	Paediatrician, Chief of Child Health	CDHB
	Dr Peter Bramley (Sponsor)	May 2018	CEO	CDHB
	Peter McIlroy	Dec 2016	Head of Dept., Paediatrics	NMH
	Sarah Greensmith	Feb 2019	Maternal, Child and Youth Services Manager	SCDHB
	Barry Taylor	2011	Professor of Paediatrics	University of Otago
	Rosalie Waghorn	Nov 2015	Nurse Manager Clinical Services - Strategic	WCDHB
	Ian Shaw	2017	Paediatrician	SDHB
	Bridget Lester	2021	Team Leader, Child and Youth Health	CDHB
	Jeanine Tamati-Elliffe	April 2019	Māori member	n/a
	Ditre Tamatea	Nov 2018	General Manager, Māori Health and Vulnerable Populations	NMH
	Emma Jeffery	June 2019	Consumer	
	Turid Peters	Nov 2019	Allied Health member	SIAPPO
	Marijke Dryfhout	Feb 2020	SI WCTO Project	SIAPPO
	Catherine Crichton	2021	SI SUDI Project	SIAPPO
	Stephanie Read	Jan 2019	Facilitator	SIAPPO

SLA	Name	Date commenced	Title	Organisation
Health of Older People	Anna Carey (Chair)	July 2020	Clinical Improvement Manager, Aged Residential Care Provider	Summerset Groups Holdings (ARRC)
	Chris Fleming (Sponsor)		CEO	SDHB

	Sharon Adler	Oct 2018	HOP Portfolio Manager Planning & Funding	SDHB
	Carole Kerr	May 2019	Psycho-geriatric nurse	NMH
	Dr John Bulow	Dec 2017	GP Aged Residential Care	SDHB
	Margaret O'Connor	March 2018	Nurse Practitioner	SDHB
	Kathleen Potter	Feb 2021	Researcher ARC, Primary and Community Services	WCDHB
	Brent Hyslop	Feb 2021	Community Geriatrician	SDHB
	Vacancy		Allied Health	
	Vacancy		Māori Health	
	Vacancy		Consumer	
	Jane Large	Oct 2013	Facilitator	SIAPO

SLA	Name	Date commenced	Title	Organisation
Hospital Oral Health	Lester Settle (Chair)	2016	Clinical Director Hospital Oral Health	CDHB
	Tim Mackay	2016	Oral Health Clinical Leader & Deputy Chief Medical Officer	SDHB
	Jacqui Power	2016	Practice Coordinator Hospital Dental Service & Department of Oral & Maxillofacial Surgery	CDHB
	Donna Kennedy	2017	Head of Department	NMH
	Dr Ronald R Schwass	2016	Clinical Director Faculty of Dentistry	Otago School of Dentistry
	Jason Power	2017	A / Chief Executive	SCDHB
	Toni Mckillop	2019	Service Manager	SDHB
	Pamela Gordon	2016	Service Manager	CDHB
	Graeme Ting	2017	Senior Lecturer – Head of Discipline: Special Care Dentistry	Otago School of Dentistry
	Aravind Parachuru	2018	Senior Dental Officer	SCDHB
	Martin Lee	2020	Clinical Director, School Dental Service	CDHB
	Philip Sussex	2020	Clinical lead, School Dental Service	NMH
	Matthew Wood	2016	Facilitator, Programme Director	SIAPO

SLA	Name	Date commenced	Title	Organisation
Mental Health and Addiction Services	Diane Black (Co-chair)	May 2016	Consumer Advisor	SCDHB
	Dr Evan Mason (Co-chair)	Dec 2017	Consultant Psychiatrist	SDHB
	Jane Hughes	2021	Consultant Psychiatrist	CDHB
	Joan Taylor	March 2020	Director of Nursing	CDHB
	Sandy Clemmett	March 2020	Allied Health	CDHB
	Jane Kinsey	March 2017	General Manager Mental Health, Addictions & Disability Support	NMH
	Karaitiana Tickell	2011	CEO, Purapura Whetu Trust	Canterbury
	Joseph Tyro	Oct 2019	Director of Māori Health	SCDHB
	Juliette Stevenson	March 2020	General Manager – Timaru Mental Health Support Trust General Manager	NGO
	Kathryn Leafe	June 2017	AOD Advisor	Independent
	Steve Bayne	Oct 2017	Service Manager	SDHB
	Kaye Johnston	Feb 2018	Service Manager	CDHB
	Martin Kane		Facilitator	SIAPO
	Deirdre Richardson	May 2019	Workforce Development Facilitator	SIAPO

SLA	Name	Date commenced	Title	Organisation
Major Trauma	Dr Mike Hunter (Chair)	July 2014	Clinical Leader ICU	SDHB
	Dominic Fleischer	July 2014	Specialist Emergency Physician	CDHB
	Christopher Wakeman	July 2014	Surgical Consultant	CDHB
	Andrew Laurenson	Sept 2018	Clinical Lead, ED and Rural Medicine	WCDHB
	Vince Lambourne	June 2019	Emergency Physician	SCDHB
	Sara Davis	Feb 2021	Right Care Advisor, South Island	St John
	Ralph la Salle	Dec 2014	Team Leader Secondary Care, Planning and Funding	CDHB
	Anthony Buddle	Mar 2020	Emergency Department Physician	SDHB
	Janine Ryland	Dec 2019	Clinical Partner	ACC
	Angus Jennings	June 2017	Orthopaedic Surgeon	NMH
	Melissa Evans	Feb 2017	Trauma Nurse Coordinator	CDHB
	Claire Hitchcock	April 2021	Trauma Nurse Coordinator	NMH
	Lance Elder	Feb 2019	Solution Architect	SDHB
	Alan Lloyd		Facilitator	SIAP0

SLA	Name	Date commenced	Title	Organisation
Palliative Care	Dr David Butler (Chair)	Nov 2016	Clinical Lead Otago Hospice	Otago
	Chris Fleming (Sponsor)	Feb 2019	CEO	SDHB
	Melody Chen	Nov 2020	Pharmacist	CDHB
	Dr Elizabeth Morgan	Nov 2020	Palliative Medicine Specialist	Hospice Marlborough
	Faye Gilles	Aug 2016	Clinical Nurse Manager	Hospice South Canterbury
	Katrina Braxton	Feb 2019	Clinical Services Manager	WellSouth
	Sally Fleming	Jul 2019	Clinical Nurse Specialist / Nurse Practitioner intern	Otago Hospice
	Jo Truscott	Aug 2019	Clinical Nurse Specialist, Paediatric Palliative Care	Nurse Maude
	Tiria Stewart	Jun 2021	Consumer Representative	CDHB
	Theona Ireton	Dec 2014	Kaitiaki Oncology / Surgical Services	CDHB
	Jo Hathaway	Nov 2018	Facilitator	SIAP0

SLA	Name	Date commenced	Title	Organisation
Public Health Partnership	Lynette Finnie (Chair)	2014	Service Manager, Public Health	SDHB
	Cathy O'Malley (Sponsor)	2016	General Manager, Strategy, Primary & Community	NMH
	Sonya Briggs	2021	Operations Manager, Public Health	NMH
	Dr Stephen Bridgman	2017	Clinical Director, Public Health Physician & Medical Officer of Health	NMH
	Peter Burt	2017	Portfolio Manager	MoH
	Peter Burton	2010	Strategic Adviser, Public Health	NMH
	Jane Kelley	2020	General Manager, Public Health	MoH
	Andrew Forsyth	2017	Team Leader, Public Health Group	MoH
	Dr Susan Jack	2018	Clinical Director, Public Health Physician & Medical Officer of Health	SDHB
	Dr Ramon Pink	2010	Clinical Director, Public Health Physician & Medical Officer of Health	CDHB, WCDHB, SCDHB

	Gilbert Taurua	2019	Chief Māori Health Strategy and Improvement Officer	SDHB
	Tanya McCall	2021	Interim Executive Director, Community & Public Health	CDHB, WCDHB, SCDHB
	Ruth Teasdale	2015	Facilitator	SIAPPO

SLA	Name	Date commenced	Title	Organisation
South Island Neurosurgery Service (SINS) Board	Barry Snow (Chair)	2021	Neurologist	ADHB
	Chris Fleming	2016	CEO	SDHB
	Peter Bramley	2021	CEO	CDHB
	Simon John	2020	Neurosurgeon, CD for SINS	CDHB
	Mandy Bethan	2021	Community Representative	Brain Tumour Support Trust NZ
	Suzanne Jackson	2020	Neurosurgeon, Dept Clinical Director	CDHB
	Ahmad Taha	2016	Neurosurgeon	SDHB
	Stephen Packer	2016	Chief of Surgery	SDHB
	Mark Thompson-Fawcett	2018	University of Otago Representative	University of Otago / SDHB
	Nigel Millar	2016	Chief Medical Officer	SDHB
	Greg Robertson	2016	Medical Officer	CDHB
	Janine Cochrane	2016	General Manager	SDHB
	Pauline Clark	2016	General Manager	CDHB
	Keith Todd	2019	Facilitator, SI Alliance Programme Director	SIAPPO

SLA	Name	Date commenced	Title	Organisation
Stroke Services	Dr John Fink (Chair)	2011	Clinical Director, Neurology	CDHB
	Chris Fleming (Sponsor)		CEO	SDHB
	Dr Wendy Busby	2011	Consultant Physician & Geriatrician	SDHB
	Julian Waller	2011	Stroke Clinical Nurse Specialist	SCDHB
	Dr Suzanne Busch	2011	Geriatrician, General Physician	NMH
	Dr Carl Hanger	2011	Stroke Rehabilitation Consultant & Geriatrician	CDHB
	Sarah Pullinger	2018	Planning and Funding	CDHB
	Mary Griffith	2017	Clinical Nurse Specialist - Stroke	CDHB
	Vacancy		Lead Stroke Physician Invercargill	
	Vacancy		Lead Stroke Nurse Nelson	
	Vacancy		Occupational Therapist	
	Vacancy		Physiotherapist	
	Jane Large	2013	Facilitator	SIAPPO

SLA	Name	Date commenced	Title	Organisation
<b>Well Child Tamariki Ora (WCTO) and Sudden Unexpected Death in Infants (SUDI)</b>	Lisa Kahu (Chair)	2016	Chair, Mama and Pepi Kaiawhina	Te Tai O Marokura Kaikoura
	Donna Addidle	Jun 2019	Service Manager Women Child and Youth	NMH
	Lydia Mains	Aug 2019	Site Manager Mothers and Babies Champion	Te Piki Oranga
	Bex Tidball	Aug 2019	Midwife	NZCOM
	Bridget Lester	May 2016	Child Health Portfolio Manager	CDHB
	Lesley Vehekite	Jan 2021	Consumer	Southern region
	Kerry Marshall	Nov 2016	Communities and Communicable Diseases Team Manager	CDHB
	Maria Van der Plas	Mar 2020	Plunket Clinical Services Manager	Canterbury, West Coast, Mid Central, Ashburton
	Sarah Greensmith	Nov 2018	Child and Youth Manager	SCDHB
	Toni Henare-McKillop	Jan 2021	District Service Manager for Oral Health.	SDHB
	Marijke Dryfhout	2020	Facilitator	SIAPO
	Catherine Crichton	Aug 2020	Facilitator	SIAPO

### Colleague organisations

SLA	Name	Date commenced	Title	Organisation
<b>Te Aho o Te Kahu, Cancer Control Agency (Southern Hub)</b>	Ralph La Salle (Interim Chair)	March 2017	Planning & Funding (Team Leader Secondary Care)	CDHB
	Shaun Costello	2009	Clinical Director, Southern Cancer Network/Clinical Director Medicine & Radiation Oncologist	SDHB
	Dr Sue Crengle	Oct 2017	Chair	Te Waipounamu Māori Leadership Group
	Theona Ireton	2009	Kaitiaki Oncology / Surgical Services	CDHB
	Isobel Stout	March 2021	Interim Chair	SI Cancer Consumer Group
	Pat Davidsen	March 2021	GM Clinical Services	NMH
	Tristan Pettit	March 2014	Paediatric Oncologist	CDHB
	Helen McDermott	Aug 2019	Nurse / Support Services Coordinator	Leukaemia & Blood Cancer New Zealand
	Kylie Parkin	Aug 2019	Portfolio Manager, Māori Health	WCDHB
	vacant			Cancer Society of New Zealand
	Lisa Blacker	Sept 2017	Director of Patient, Nursing and Midwifery Services	SCDHB
	Nicholas Glubb	Aug 2017	Southern Regional Hub Manager	SIAPO