

# TE WAIPOUNAMU

South Island Regional Services Plan

2020 – 2023

## 1 Equity (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 is committed to meeting its legislative obligations. The Alliance supports 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. The aim is to eliminate health outcome disparities by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise health outcomes to those of other New Zealanders.<sup>1</sup>

Improved health and equity for all populations with specific emphasis on Māori is one of the Alliance's three regional goals. Some people in our communities do not enjoy the benefits of improved health outcomes. These include Māori, Pacific communities, those living with disabilities or mental health issues, those that are ageing, and migrant and refugee communities.

There are many contributing factors to health inequities. Beyond the health sector, these include differences in access to the wider determinants of health such as housing, education, justice and employment. These inequities have been further highlighted through the COVID-19 pandemic crisis.

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>

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.

Initiated in 2016, the Waitangi Tribunal Health Services and Outcomes Kaupapa Inquiry (Wai 2575) heard claims concerning grievances relating to health services and outcomes of national significance for Māori.

In July 2019, Wai 2575 found 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 has made an interim recommendation that [partners] work together to further assess the extent of the problems in primary health care, and co-design a set of solutions<sup>5</sup>. Further stages of Wai 2575 are ongoing.

*He Korowai Oranga* (the National Māori Health Strategy, 2014) sets a strong direction for Māori health. *Pae ora* (healthy futures) is the government's vision for Māori health and forms part of this strategy. Pae Ora is a holistic concept with three key elements:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments

<sup>1</sup> New Zealand Public Health and Disability Act 2000 viewed January 2020 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*. Viewed February 2020 at <https://waitangitribunal.govt.nz/news/report-on-stage-one-of-health-services-and-outcomes-released/>

Further guidance includes:

- *Equity of Health Care for Māori Framework* (2014)
- the *Health Equity Tool* (HEAT, 2008)
- the *Māori Health Action Plan* (in development)

## 1.1 Achieving equity for South Island Māori

In 2020 a stronger focus is being taken by the Alliance on equity for Māori. This includes robust partnerships and collaborations with DHBs who are committed to processes that ensure Māori participation in strategies for Māori health improvement.

Data indicate that the South Island could do more to improve inequities. Whilst there is progress in some areas, further work is required across much of the health system. 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 within the South Island relative to non-Māori,
- the need to continue building iwi capacity to enable self-empowerment in health needs, and
- a workforce that does not match population demographics.

***‘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

Alliance work programmes have considered equity in development of their work plan activities that support the work of DHBs. This is reflected with a column for ‘equity focus’ across all deliverables in implementation plans (section 5). Activities that have been designed to specifically help reduce health outcome equity gaps are marked as equitable outcome actions (EOA).

An approach based on using programmes that have worked, such as whakamana whānau - a mana enhancing approach, can be further applied to assist programmes to reach equitable outcomes.

In this plan for 2020-23 the Alliance will also focus on the following, for both Alliance programme office staff and the wider Alliance membership of workstreams and service level alliances:

- Equity training and an understanding of the basis for inequities. This includes addressing racism, institutional racism and unconscious bias.
- Cultural competency training
- Ensuring the above are included in Board Member induction training
- Improvements in work programme reporting by ethnicity for Māori and non-Māori

Improvements to how we monitor progress on these activities will assist our aim to achieve equity in health and wellbeing.

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:

- new and future staff – by growing our proportion of Māori workforce to reflect the ethnic makeup of NZ society,
- current and existing staff – by realising cultural competence throughout the entire workforce,

- making our environment conducive to greater uptake by Māori to improve recruitment and retention of Māori.

**Ehara taku toa i te toa takitahi, engari he toa takitini**

*My success is not the success of an individual but the success of many*

***‘By working together, we can and will make a positive difference.’***

Te Herenga Hauora o te Waka-a-Māui South Island DHB director/general manager Māori health leaders’ strategic workshop 2017

**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.

Te Herenga Hauora links with iwi health boards at district level:

**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.

These linkages enable Māori to participate in and contribute to strategies for Māori health improvement across the region. At a local level, this creates a pathway for Māori health teams to be actively involved in all regional activities to ensure contribution to improving equitable access and health outcomes.

## 1.2 Achieving equity for Pacific communities

Pacific communities experience poor health outcomes in New Zealand. For example, life expectancy for Pacific men is 6.7 years less than the total male population. Life expectancy for Pacific women is 6.1 years less than the total female population in New Zealand.<sup>6</sup> Pacific health status remains unequal with non-Pacific across almost all chronic and infectious diseases.

The Alliance is guided by *‘Ala Mo’ui: Pathways to Pacific Health and Wellbeing 2014–2018*, the national plan for improving health outcomes for Pacific peoples. A new *Pacific Health Action Plan* is being developed as a successor.

Canterbury DHB specifically addresses equity for Pacific communities with many residing in this district. Further initiatives for the South Island are in development across our Alliance work programmes. Initiatives include activity in Public Health Partnership (PHP), Well Child Tamariki Ora (WCTO) and Sudden Unexpected Death in Infants (SUDI).

<sup>6</sup> Ministry of Health viewed March 2020 at <https://www.health.govt.nz/publication/ala-moui-pathways-pacific-health-and-wellbeing-2014-2018>

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

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

The South Island Alliance Programme Office is privileged to have been gifted the above whakataukī. We aim to honour this gift by the way we work in meeting the needs and expectations of Māori. We accept our responsibility to protect this taonga and work collectively and collaboratively - the very essence of our existence as an alliance.

The section on equity and our obligations as a Treaty partner precedes everything in this document. This highlights the importance of our commitment to achieve equitable healthcare for all our communities, particularly for Māori. Whilst we have progressed in addressing equity in the South Island for some parts of the health system, data and feedback indicate we need to do much more. The past year has also presented extraordinary challenges to our health system in responding to the COVID-19 pandemic.

We have updated the priority focus areas, aiming to accelerate progress toward our goals:

- First 1,000 days and vulnerable children – supporting the best possible start in life.
- Mental health and addictions – focussing on the importance of mental wellbeing.
- Ageing population - supporting people to live well and stay well as they age, with a focus on the growing cohort of people living with dementia.
- Community Health and Wellbeing – updating our approach to influencing the social determinant of health and equitable healthcare.
- Turning information and data into action that supports effective decision-making.
- Strengthening workforce development and re-design as one of our most important enablers.

In preparation for the 2020–23 regional services plan (the Plan) we have:

- Reviewed our approach to achieving equity for Māori and all communities,
- Strengthened the enablement roles that both workforce and information services play in the delivery of the Plan,
- Developed clearer strategic aims, and
- Developed stronger links with our district health board (DHB) planning partners.

The Plan describes how we intend to operationalise our vision and goals over the next three years, drawing on guidance from the Minister of Health's expectations, the *New Zealand Health Strategy* and relevant national strategies. We are maintaining a flexible approach, mindful of the recommendations of the *Health and Disability System Review* and ready to adjust our approach to respond to these recommendations.

The Alliance Implementation Workplan Summaries in appendix 1 cover a range of timespans from the initial financial year and three years of this Plan, up to ten years relative to the scope and scale of the objectives and deliverables. Some activity for the current year has been modified, recognising the unique challenges in responding to the COVID-19 pandemic.

Building on the successes of the past nine years and now extending our reach through inter-sectoral collaboration, we look forward to implementing the Plan and working with our partners and colleagues toward achieving our vision.

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 District Health Board



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 "David Cull".

**David Cull**  
Chair, Southern District Health Board

## South Island Alliance Leadership Team



A handwritten signature in blue ink, appearing to read 'Chris Fleming'.

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



A handwritten signature in blue ink, appearing to read 'Dr Peter Bramley'.

**Dr Peter Bramley**  
CEO, Nelson Marlborough Health



A handwritten signature in blue ink, appearing to read 'David Meates'.

**David Meates**  
CEO, Canterbury District Health Board  
CEO, West Coast District Health Board



A handwritten signature in blue ink, appearing to read 'Nigel Trainor'.

**Nigel Trainor**  
CEO, South Canterbury District Health Board

## Contents

<b>1 Equity (Upholding the Treaty of Waitangi – with Specific Emphasis for Māori)</b>	<b>2</b>
1.1 Achieving equity for South Island Māori	3
1.2 Achieving equity for Pacific communities	4
<b>South Island Alliance Board</b>	<b>6</b>
<b>South Island Alliance Leadership Team</b>	<b>7</b>
<b>2 Introduction</b>	<b>13</b>
2.1 Impact of COVID-19 Pandemic	13
2.2 Our Principles	14
2.3 Our Vision	15
2.4 Our Goals	15
2.5 Our South Island Health System	16
<b>3 South Island Outcomes Framework</b>	<b>17</b>
3.1 Outcome Measures	17
<b>4 South Island Strategic Alignment</b>	<b>18</b>
4.1 Regional Strategic Direction	19
4.2 Priority Focus Areas	20
4.2.1 First 1,000 Days and Vulnerable Children	21
4.2.2 Mental Health and Addictions	21
4.2.3 Ageing Population	21
4.2.4 Community Health and Wellbeing	22
4.2.5 Information into Action	22
4.2.6 Workforce Development and Redesign	22
4.3 Long Term Planning	23
4.3.1 Infrastructure Redevelopment	23
4.4 National Alignment and linkages	24
4.5 Health and Disability System Review	24
4.6 District Alignment and Linkages	25
<b>5 Delivering Our Vision</b>	<b>27</b>
5.1 National Priorities for Regional Action	27
5.2 Delivery of Regional Priorities	29
<b>Appendix 1: Implementation Work Plan Summaries</b>	<b>30</b>
1 First 1000 days - <i>Giving all children the best possible start</i>	30
2 Ageing Population – <i>Supporting people to live well and stay well as they age.</i>	32
3 Mental Health and Addictions - <i>Supporting mental wellbeing with a responsive and equitable system</i>	36



4 Community Health and Wellbeing - <i>Influencing the social determinants of health to improve wellbeing..</i>	38
5 Information into Action – <i>Using data to inform effective decision-making and action .....</i>	40
6 Workforce Development and Re-design - <i>Evolving the workforce to meet changing population needs ....</i>	45
7 Hepatitis C .....	48
8 Cancer Services – Southern Regional Hub, Te Aho o Te Kahu, Cancer Control Agency .....	49
9 Activity not listed elsewhere .....	53
<b>Appendix 2: Work Programme Overviews .....</b>	<b>54</b>
Cardiac Services .....	54
Child Health.....	54
Health of Older People.....	54
Hospital Oral Health Services .....	54
Major Trauma Services .....	54
Mental Health and Addictions .....	55
Palliative Care .....	55
Public Health Partnership .....	55
Stroke Services .....	57
Sudden Unexpected Death in Infancy (SUDI) Prevention .....	57
Sustainable Services .....	57
Well Child Tamariki Ora .....	58
<b>2.1 Enabler Work Programmes .....</b>	<b>58</b>
Information Services .....	58
Telehealth .....	58
Medical Imaging (Radiology).....	59
Workforce Development Hub .....	59
<b>Appendix 3: Leadership and Operations .....</b>	<b>60</b>
3.1 Regional Governance and Leadership .....	60
3.2 South Island Alliance Organisational Structure .....	60
3.3 South Island Alliance Programme Office .....	61
3.4 Work Programmes.....	61
3.5 Consumer Engagement .....	61
3.6 Clinical Leadership .....	61
3.7 Regional Funding and Approval .....	62
3.8 Developing and Prioritising our Work.....	63
3.9 Managing our Risk .....	63
3.9.1 Risks and challenges to the South Island health system .....	63
3.10 South Island Alliance Decision-making .....	64
3.10.1 Escalation Pathway .....	65

3.10.2 South Island Alliance Collective Decision-making Principles .....	65
Appendix 4: Alliance Group Membership .....	67
Strategic Planning and Integration Team .....	67
Alliance Operational Group .....	67
Service Level Alliances (SLA) and Workstreams .....	68
Enabler Service Level Alliances and Workstreams .....	72

## List of figures

Figure 1: South Island regional goals .....	15
Figure 2: Our South Island health system .....	16
Figure 3: South Island Outcomes Framework .....	17
Figure 4: South Island Intervention Logic .....	18
Figure 5: Priority Focus Areas and Alliance work programmes .....	20
Figure 6: Correlation between DHB planning priorities and Alliance priority focus areas .....	25



Te Waipounamu South Island Regional Services Plan 2020–2023  
Published November 2020

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

Telephone: +64 3 378 6631  
PO BOX 639, Christchurch New Zealand 8140



## Hon Chris Hipkins

MP for Remutaka

Minister of Education

Minister of Health

Minister of State Services

Leader of the House

Minister Responsible for Ministerial Services



16 October 2020

Ms Jenny Black  
Chair  
South Island Alliance Board  
[jenny.black@nmdhb.govt.nz](mailto:jenny.black@nmdhb.govt.nz)

Dear Jenny

### South Island Regional Service Plan 2020/21

This letter is to advise you that I have agreed the South Island Regional Service Plan (RSP).

Your plan displays a good commitment to achieving equitable healthcare for all your communities, particularly for Māori. In addition to this, the COVID-19 pandemic has presented extraordinary challenges to the health system, and the South Island Alliance has been commendable in their efforts in response to this. This includes modifying some activity in their implementation plans, as well as strengthening the enablement roles of workforce and information services to support the delivery of services.

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

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

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

Ngā mihi nui

Chris Hipkins  
Minister of Health

## Te Waipounamu South Island population

### South Island DHBs projected population for 2020–21<sup>7</sup>

	Population	5-year change
Nelson Marlborough	159,360	7.6% ↑
Canterbury	578,290	9.0% ↑
South Canterbury	61,955	4.4% ↑
Southern	344,900	8.1% ↑
West Coast	32,550	0.4%
<b>South Island</b>	<b>1,177,055</b>	<b>8.0% ↑</b>

**23.5%**

of the  
New Zealand  
population live in  
the South Island



**8.9%**

The projected rate of  
population growth for  
South Island Māori for  
2020-2025

**2.3%**

The projected rate of  
population growth for  
South Island non-Māori  
for 2020-2025



**2.4%**

of the South  
Island population  
identify as a  
Pacific Island  
ethnicity  
(2.1% in 2015/16)



**17.9%**

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

**15.6%**

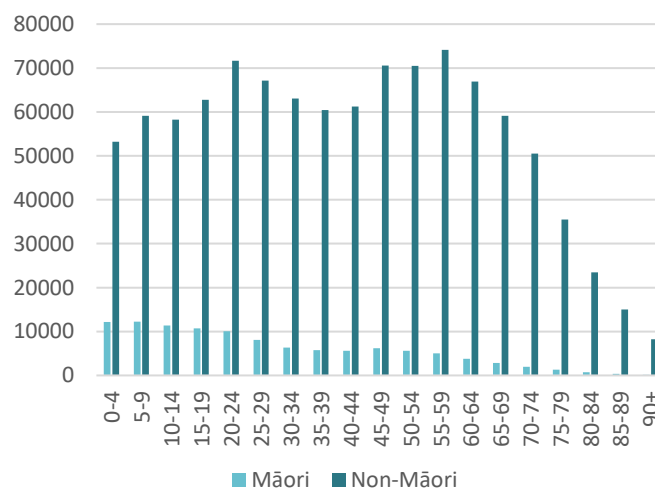
of the North Island  
population are aged  
over 65 years  
(15.1% in 2019-20  
and 14.2% in 2015-16)



**9.7%**

of the South Island  
population identify as  
Asian  
(8.7% in 2019-20 and  
7.0 % in 2015-16 )

### Age distribution of the South Island population



<sup>7</sup> 2019 Stats NZ Population Projections (Ministry of Health)

## 2 Introduction

The South Island Alliance (the Alliance) brings together the region's five DHBs, along with primary care, aged residential care, non-governmental organisations (NGOs) and consumers, to work collaboratively towards a sustainable South Island health and social system that is *best for people, best for system*.

The South Island population of 1,177,055 (23 per cent of the New Zealand population) is growing by approximately 14,000 people per year<sup>8</sup>, has dispersed communities, geographical barriers, pockets of very high population growth and areas with significant older populations. These all present challenges to the way we provide services. Some of these challenges were further highlighted by the impact of the COVID-19 pandemic.

Strong relationships have been forged through the Alliance, enabling stakeholders to overcome past barriers. Our practical application of alliance methodology supports transformational change in a complex environment and a strong collaborative platform for implementing regional and sub-regional priorities. We have achieved more equitable outcomes for patients, more integrated health information and a more flexible workforce. Successful recent initiatives include:

- More than 10,000 electronic shared care plans live across the South Island
- Implementation of Lippincott procedures
- Breastfeeding experiences of Māori and Pasifika women guide quality improvements
- The First 1000 Days report – a South Island report for the Hauora Alliance
- Education guidelines to support family and whānau of people living with dementia
- Alliance delirium resources support World Delirium Awareness Day
- Regional Service Provider Index - making digital connections across the South Island
- Telestroke – faster treatment for South Island stroke patients
- New emergency response guide for aged care facilities, pharmacies and general practice
- New online emergency training course for aged residential care facilities
- Inaugural South Island major trauma conference
- Alliance broadens engagement with annual planning workshop attended by over 100
- 2019 Stroke study day with over 150 attending via multiple locations
- Safety 1<sup>st</sup> reaches quarter million recorded events milestone
- New South Island service provides relief for kids with drug-resistant epilepsy
- South Island DHBs agree on regional approach to telehealth

The Plan is governed by the South Island Alliance Board (DHB chairs) and implemented through the Alliance Leadership Team (ALT, DHB chief executives), Strategic Planning and Integration Team (SPaIT), and South Island Alliance Programme Office. The Plan provides a framework for future planning and strategic direction for 2020-23, and long-term up to ten years.

### 2.1 Impact of COVID-19 Pandemic

Extraordinary challenges have been presented to our health system in responding to the COVID-19 pandemic. Many existing challenges have been highlighted including access to services, the role of primary care and use of telehealth. There has been ongoing pressure on our Public Health services, including the Alliance's Public Health Partnership. We are applying the lessons learnt through this crisis to improve our regional role in service delivery, enabling better outcomes for people.

Some activity in our implementation plans has been modified following a review at the request of the Alliance Leadership Team. Changes reflect a stronger focus on equity, planned care and existing priorities in response to the unique and unprecedented challenges of the COVID-19 pandemic.

---

<sup>8</sup> MOH population projection 2020-21 from 2019 Statistics New Zealand population projections (2019 update using census 2013)



## 2.2 Our Principles

The way we work is guided by our principles, which underpin all our activities in seeking to achieve our goals and reach our vision for South Islanders.

### A TRUST BASED SYSTEM:

- We acknowledge our responsibilities under the Treaty of Waitangi and prioritise hauora Māori and working in partnership with iwi.
- We work in an environment of trust, strong relationships, interdependence and shared purpose.

### SUPPORTING PEOPLE:

- Our services empower people to take charge of their own health and wellbeing and die with dignity.
- We contribute to environments that support people to be healthy and well.
- We design services that are primary care and / or community based unless people need to be in a hospital.

### AN INCLUSIVE, DEVELOPMENT BASED SYSTEM:

- We build capability and value the health skills of all people.
- We design services with our people that embrace the whole health and social sector locally. This is supported by sub-regional and regional frameworks or platforms as appropriate.

### AN ADAPTIVE, LEARNING SYSTEM:

- We actively encourage learning from each other.
- We focus on opportunities to continuously improve the quality of our work and services.
- Our decision-making is informed by high quality data and analysis.

### A SUSTAINABLE, EFFICIENT, EFFECTIVE SYSTEM:

- We develop services that are clinically, financially and environmentally sustainable.
- We value peoples' time.
- The whole system feels seamless to those within it and using it.
- We ensure effective utilisation of all our resources.
- We eliminate system design flaws that result in harm and minimise harm to the patient as they receive services.
- We release hospital-based clinicians' time to both support community-based care, and ensure people receive timely and appropriate complex care.

### OUTCOME FOCUSED:

- We target equitable outcomes for all regardless of their culture, background or circumstances.
- We commit to common outcomes, but support service delivery configured to the needs of the local community.
- We remove barriers to integration.

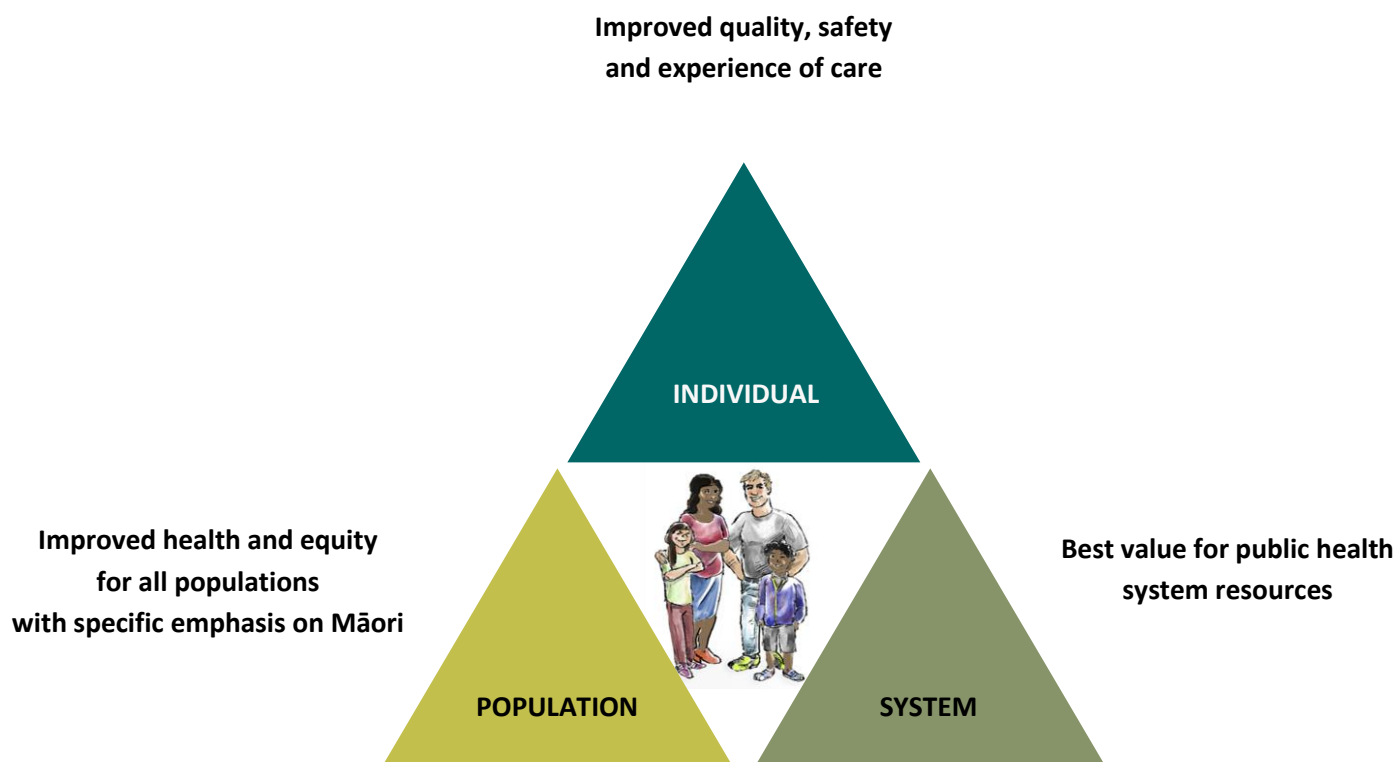


## 2.3 Our Vision

**‘A connected and equitable South Island health and social system that supports all people to be well and healthy’.**

## 2.4 Our Goals

Our three regional goals for the South Island are centred on the person and their family and whānau under three themes of the individual, the population and the system<sup>9</sup>.



**Figure 1: South Island regional goals**

<sup>9</sup> Based on the New Zealand Triple Aim Framework, viewed March 2020 at [www.hqsc.govt.nz/news-and-events/news/126/](http://www.hqsc.govt.nz/news-and-events/news/126/)

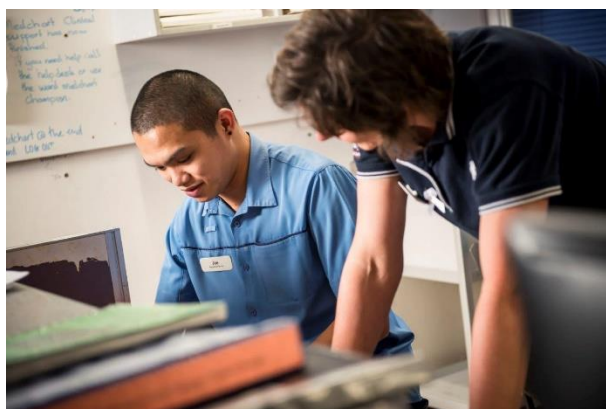
## 2.5 Our South Island Health System

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 South Island Alliance (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.

By using our combined resources, we are better positioned to respond to changes in technology and demographics. Together we can achieve better health outcomes for the people of the South Island, one of New Zealand's four regions.



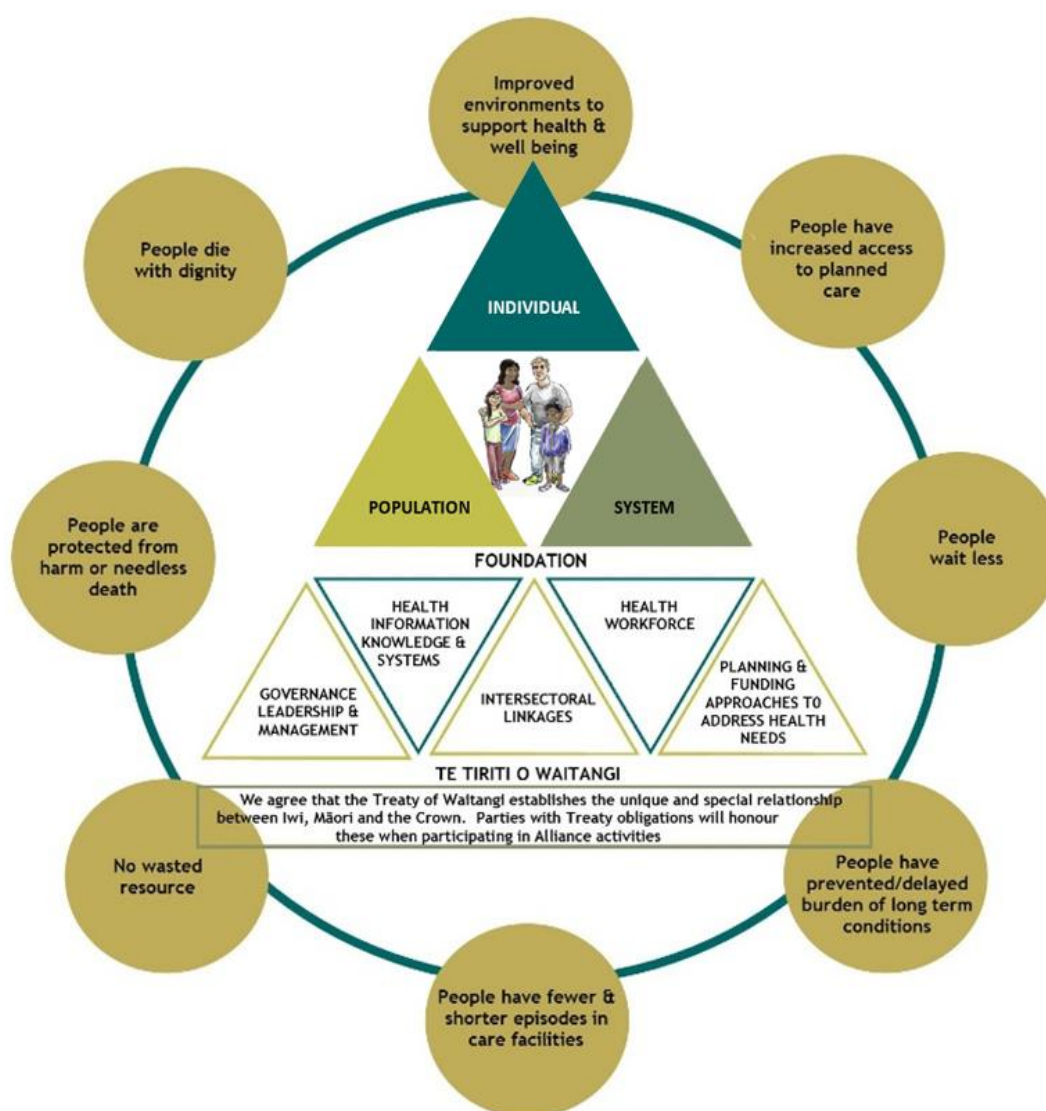
Figure 2: Our South Island health system



### 3 South Island Outcomes Framework

The South Island Outcomes Framework (**figure 3**) illustrates how progress is monitored toward the three regional goals and eight long-term measurable outcomes. These outcomes define what success looks like for the South Island as a region and enable evaluation of all our activities.

The Alliance's 19 work programmes support these outcomes through an integrated view of health services by ensuring districts, disciplines and stakeholders are represented on each group.



**Figure 3: South Island Outcomes Framework**

#### 3.1 Outcome Measures

A range of measures under each of the eight outcomes are utilised to understand trends, identify service challenges and direct future work. The *Outcomes Measures and Equity Report 2018-19* contains a range of measures and data providing valuable analysis to inform this Plan.

The Alliance will continue to support initiatives to achieve progress on outcome measures including with primary health organisations (PHOs) and other key stakeholders. The Alliance works closely with its stakeholders to ensure outcome measures are achievable, realistic and consistent across South Island districts.

## 4 South Island Strategic Alignment

The following intervention logic illustrates the strategic alignment and line of sight between local, regional and national direction.

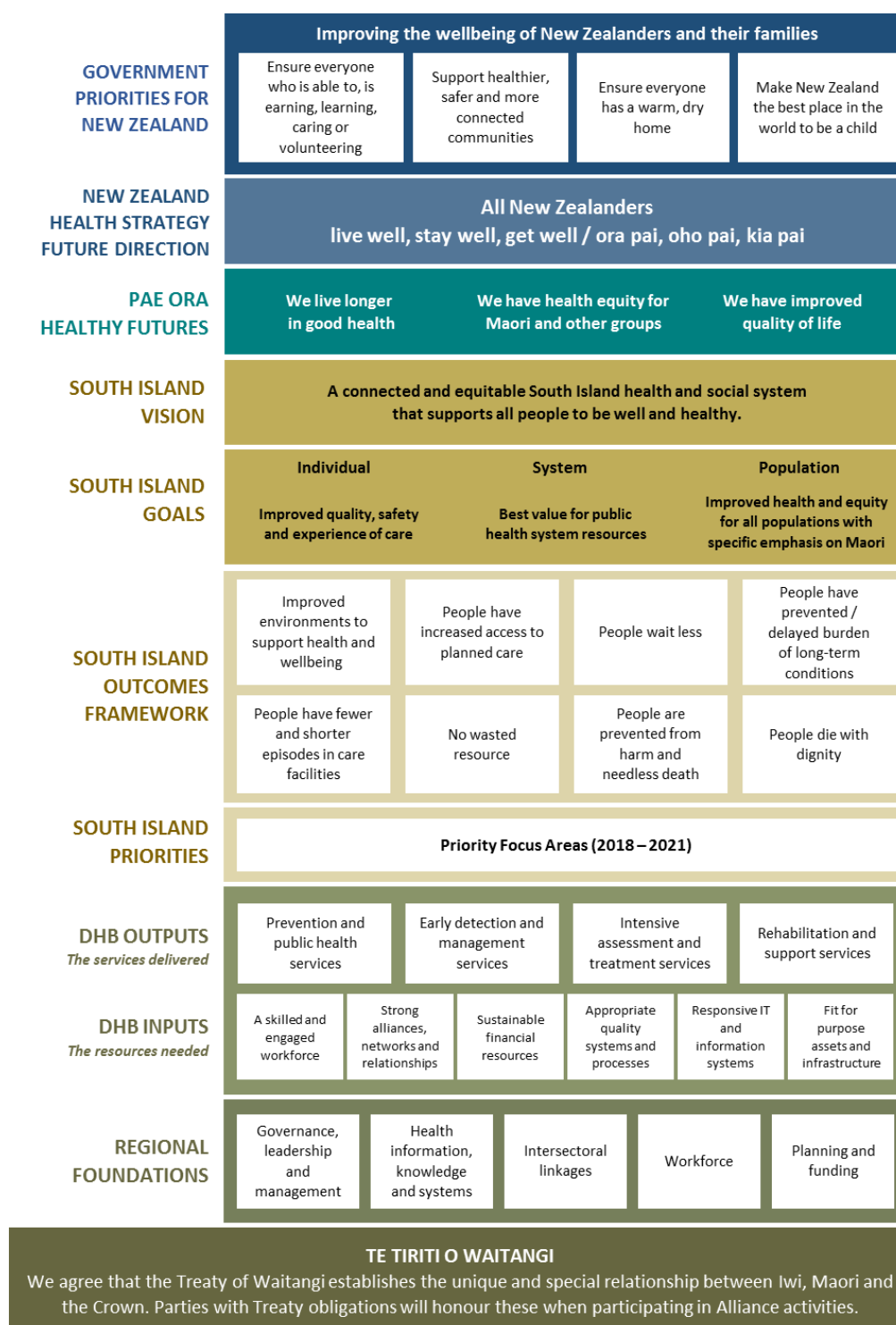


Figure 4: South Island Intervention Logic<sup>10, 11</sup>

<sup>10</sup> The Government's priorities for New Zealand, 2018 viewed March 2020 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>11</sup> South Island goals based on New Zealand Triple Aim Framework viewed March 2020 at [www.hqsc.govt.nz/news-and-events/news/126/](http://www.hqsc.govt.nz/news-and-events/news/126/)



## 4.1 Regional Strategic Direction

The Alliance's shared vision for the South Island is achieved through collaboration of clinicians, managers, executives, Māori leaders, primary care, aged residential care, consumers, non-government organisations and many more that make up the complexity of our health and social services system.

The Strategic Planning and Integration Team (SPaIT) believe key messages in the following aims inform the Alliance's three to five-year strategic direction, through a collaborative approach of facilitating regional outcomes. This will be done by working with and supporting our DHB and healthcare partners using the alliance approach to achieve:

- 1. Significant improvement to equity of access and provision of healthcare, particularly for Māori.**
  - Includes equitable accessible healthcare not only for Māori but also for those groups not receiving the benefits of equitable care whether due to ethnicity, geographical location, living with disabilities, migrants and refugee populations, those with mental health conditions, and other groups not receiving equitable healthcare.
  - Regional equity activities are based on evidence informed decision-making.
  - A high level of cultural competency is attained for the Alliance and its members.
- 2. A sustainable and integrated health system for the future, shaped and influenced by the driving force of a regional approach.**
  - Focus on areas where healthcare professionals already work together in alignment.
  - Facilitate leadership development for other areas that would benefit from a regional approach.
  - Collaborate broadly with our partners and consumers to achieve patient-led improvement for regional systems and sustainable models of care.
  - Invest in our enablers through workforce development and re-design, and technology and use of robust data to inform effective decision-making.
  - Improved planning alignment and coordination.
- 3. Transition healthcare to a wellbeing and preventative approach through public health and community wellbeing initiatives**
  - Facilitate activities and services that help people to take greater responsibility for their health and wellbeing.
  - Determine future healthcare by initiating programmes that contribute to sustainable regional outcomes rather than respond to crises
  - Provide environments where communities are engaged and have the information they require to support health and wellbeing and improves health literacy.
  - Invest in initiatives that promote community wellbeing models.

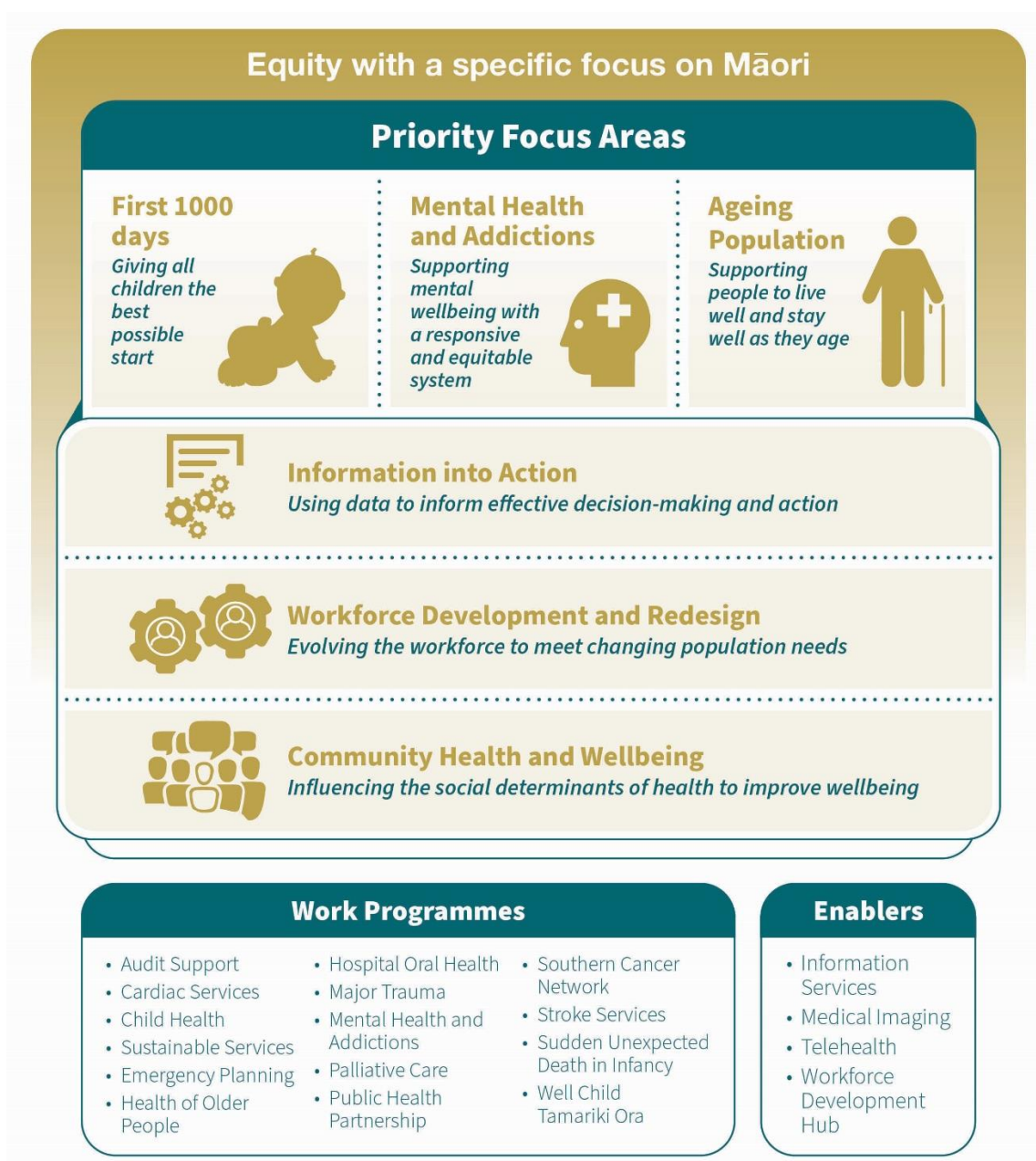
Our updated priority focus areas form part of this strategic direction, providing focus and emphasis on parts of our health system. Removing barriers to community-driven services, expanding inter-sectoral relationships and improving equity, key priorities for this Government, are key to our strategic direction. Significant synergies exist with DHB strategic intentions, as outlined in [section 4.5](#).

## 4.2 Priority Focus Areas

The priority focus areas were identified in 2018 to progress over one to three years as part of a review process of all Alliance activities. For 2020-21 these have been updated to reflect refined strategies and evolving priorities. (Figure 5)

The priority focus areas have the potential to accelerate progress towards improving health outcomes for South Island communities. This assists in determining the value of all work programme activities in aligning with strategies, achieving equity for Māori, feasibility and how the activity rates as 'best for people / system.' Further detail on this process is in appendix 3.8.

The impact on clinical, financial and service sustainability of these approaches is outlined in each priority focus area summary on the following pages.



**Figure 5: Priority Focus Areas and Alliance work programmes**

#### 4.2.1 First 1,000 Days and Vulnerable Children

##### ***‘Giving all children the best possible start’***

**LEAD GROUP:** Child Health SLA

First 1000 days focuses on the period from conception to two years of age, with a strong focus on infant social and emotional wellbeing and the impact of the mother’s wellbeing on the infant. First relationships are central to an infant’s emotional, social, psychological and brain development.

The rationale for this priority comes from an extensive body of research, indicating that addressing these issues at this early stage of a person’s life, greatly increases the likelihood of improved health outcomes later in life as the person reaches adulthood. From a sustainability perspective this impacts far-reaching improved outcomes clinically and financially into the future.

First 1000 days also includes at risk / vulnerable children including the wellness of whānau to also address supporting older children.

#### 4.2.2 Mental Health and Addictions

##### ***‘Supporting mental wellbeing with a responsive and equitable system’***

**LEAD GROUP:** Mental Health and Addictions SLA

*He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction* (the Inquiry Report) is a key influencer of this priority with a focus on equity of access, community confidence in the mental health system and better outcomes, particularly for Māori and other groups with disproportionately poorer outcomes.

Initiatives will be guided by recommendations of the Inquiry Report including early intervention, access, support and treatment pathways as well as workforce initiatives.

This priority also includes the development and embedding of regional models of care, and strengthening local and regional networks across the health, education and social services spectrum, achieving greater service sustainability. Local context means a ‘one-size fits all’ approach may not be appropriate.

#### 4.2.3 Ageing Population

##### ***‘Supporting people to live well and stay well as they age’.***

**LEAD GROUP:** Health of Older People SLA (HOPSLA)

This priority aims to address aspects of our ageing population, particularly the growing cohort of those living with dementia, the importance of advance care planning and the issues of patient flow through effectively managing acute demand in our hospitals. The aim is to support people with initiatives that help them to live well and stay well as they age.

HOPSLA provides expertise and guidance around delivery of service to the South Island population over 65 (or those close in age and need). The vision is to provide best health care and healthy ageing across the South Island. Cardiac, stroke services and palliative care workstreams have a role to play in facilitating initiatives to achieve these aims.



#### 4.2.4 Community Health and Wellbeing

##### ***‘Influencing the social determinants of health to improve wellbeing’***

**LEAD GROUP:** Public Health Partnership

This priority aims to take a preventative and public health approach to supporting people’s wellbeing. The health status and wellbeing of individuals and communities is influenced by much more than healthcare services. People need safe and affordable houses, good air/water quality, good education, employment and income to maintain good health and reduce inequity.

A collaborative system-wide approach and engaging with non-health agencies including the education, housing, justice and local government sectors enables progression to achieving shared goals for people’s health and wellbeing. Influencing these determinants enables a preventative approach to people’s health and wellbeing and a more sustainable long-term outcome for the health system in reducing morbidity and mortality.

#### 4.2.5 Information into Action

##### ***‘Using data to inform effective decision-making and action’***

**LEAD GROUP:** Information Services SLA

This priority focuses on operational/service level data, high/system level data and analytics, and forecasting to enable informative decision-making. This includes developing a cohesive data platform based on a shared data warehouse, providing access to operational, patient flow and forecasting capacity.

Information into Action includes fostering an environment of inter-dependence and shared purpose, supporting services with regional frameworks and platforms. It includes responding to opportunities for improvement, effective utilisation of resources and removing barriers to integration. However, scope does not include frontline/clinical level data. These improvements would enable a more financially and clinically sustainable health system into the future. See [section 5.1](#) for further information on the Information Services SLA Data and Digital Health Strategy, recently developed for the South Island region.

#### 4.2.6 Workforce Development and Redesign

##### ***‘Evolving the workforce to meet changing population needs’***

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 workforce development hub (WDH) operates 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.

The aim is to achieve workforce sustainability, best use of the health dollar and to support safe clinical practice. As a priority, workforce consideration and how the health workforce may be improved or re-designed to operate more efficiently, this forms an important component of future planning.

A summary of work plans under each priority focus area is in [appendix 1](#).

### 4.3 Long Term Planning

The Alliance supports DHBs to deliver optimal health services that includes future investment pathways to address regional health service capacity.

This planning is within the broader context of overall models of care at service level and assists and informs the planning for facilities development and future infrastructure needs. Planning is guided by policy influences including:

- The recent *Health and Disability System Review* recommendations,
- The *New Zealand Health Strategy*
- Ministry of Health's current focus on service sustainability, and
- Challenges associated with COVID-19 events, response and recovery including lessons learnt that may dictate or support changes in health service behaviour more widely.

#### 4.3.1 Infrastructure Redevelopment

Specific details related to infrastructure development reside within each individual DHB's Annual Plan. These developments may impact initiatives within Alliance work programmes. As an overview this includes:

- Significant construction work in Canterbury, including the completion of the Hagley Building (acute services) on the Christchurch Hospital campus in September 2020, the design of a new Energy Centre to replace the seismically compromised Christchurch Hospital Boiler House anticipated for completion in 2021, and a new inpatient mental health facility to relocate services isolated on the old Princess Margaret Hospital to the Hillmorton Hospital campus which is expected to be complete in 2023.
- The Canterbury DHB is also working on a Detailed Business Case and Programme Business Case for future development on the Christchurch Hospital campus to address immediate and future service needs including inpatient, ambulatory, laboratory and oncology services.
- The long-awaited Grey Base Hospital and Integrated Family Health Centre in Greymouth (Te Nikau) is expected to be completed and operational in 2020. The West Coast DHB is also working on the redevelopment of an Integrated Family Health Centre in Westport, with construction expected to commence in 2022.
- Southern DHB is working together with the Ministry of Health and Southern Partnership Group on the design and build of the new Dunedin hospital. The Detailed Business Case is expected to be submitted to the Ministry of Health and Treasury in August 2020.
- Nelson Marlborough DHB are finalising their Indicative Business Case for Nelson Hospital redevelopment.
- South Canterbury DHB is working through the building of the Outpatients department and Café and the refurbishment of the main clinical block.



#### 4.4 National Alignment and linkages

The primary alignment nationally is commitment to obligations under the Treaty of Waitangi (see section 1). 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.

Government priorities for New Zealand were outlined in late 2018 with four high-level goals to improve the wellbeing of New Zealanders and their families.

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'. Of the five key themes, 'value and high performance' includes the New Zealand Triple Aim framework. This provides an approach to improvement and seeks to balance goals across population, individual and system parameters. The Alliance seeks to achieve this balance and is further guided by a range of strategies, including:

- *He Korowai Oranga* (Māori Health Strategy) including *Pae Ora*,
- *'Ala Mo'ui* (Pathways to Pacific Health and Wellbeing),
- *Healthy Ageing Strategy*,
- *Primary Health Care Strategy*,
- *Rising to the Challenge* (Mental Health and Addiction Service Development Plan),
- *Living Well with Diabetes, a health care plan for people at high risk of or living with diabetes*,
- *NZ Disability Strategy*, and
- *UN Convention on the Rights of People with Disabilities*.

*He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction* has identified unmet need and areas of priority. Final recommendations were announced by the Government in 2019 as part of a significant investment. Planning and prioritisation of initiatives has been developed and will continue during 2020/21.

This plan aims to comply with the *New Zealand Public Health and Disability (Planning) Regulations 2011* and contains both strategic and implementation elements.

#### 4.5 Health and Disability System Review

Released in June 2020, this review considers the way health services are structured, resourced and delivered. It recommends 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 recommends that 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 needs to be a foundational element for the entire system. A networked approach at community level is also proposed.

The South Island's history of building strong relationships and working collaboratively (at times in advance of government requirements), means we are well positioned to respond to the reforms and changes that may result.

## 4.6 District Alignment and Linkages

The Alliance supports working towards alignment and collaboration 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.

Current trends in DHB plans that align with the strategic intent of the Alliance include a strong focus on equity, demonstrating commitment towards achieving equity for Māori in particular. Trends include addressing aspects of workforce, greater engagement and increased delivery in the community through primary care, use of technological advances and data capabilities to enable efficiencies in delivery of care. This could also be described as greater use of 'data insights.'

DHBs also demonstrate a theme of continued focus in their goals on empowering and enabling people in their own healthcare. This includes effective public health services and environmental sustainability and improving outcomes for people outside of hospitals. More effective use of hospital-based specialist resources is also a key theme.

The majority of goals align with the South Island Alliance goals and vision to achieve a health and social system that supports all people to be well and healthy. These activities, when summarised within current DHB planning priorities, show a strong correlation in supporting regional Alliance activity through the priority focus areas. This correlation is outlined in the matrix in **figure 6**.

		South Island Alliance Priority Focus Areas						
		First 1000 days	Ageing Population	Community Health and Wellbeing	Mental Health and Addictions	Workforce Development and Redesign	Information into Action	Equity – across all activities
MOH Planning Priorities for DHBs	Give practical effect to <i>He Korowai Oranga</i>	✓	✓	✓	✓	✓	✓	✓
	Improving child wellbeing	✓		✓	✓	✓	✓	✓
	Improving mental wellbeing	✓	✓	✓	✓	✓	✓	✓
	Improving wellbeing through prevention	✓	✓	✓	✓		✓	✓
	Better population health outcomes supported by a strong and equitable public health and disability system	✓	✓	✓	✓	✓	✓	✓
	Better population health outcomes supported by primary health care	✓	✓	✓	✓	✓	✓	✓
	Strong fiscal management		✓			✓	✓	
	Improving sustainability	✓	✓		✓	✓	✓	

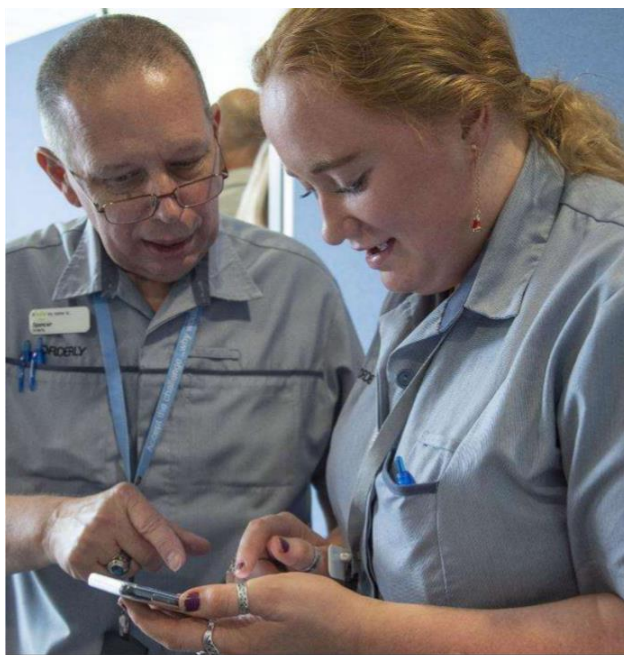
**Figure 6: Correlation between DHB planning priorities and Alliance priority focus areas**

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

**District Alliance** collaboration is being developed to assist in achieving sustainable initiatives at a regional level across the South Island. This will ensure increased visibility of primary care across our work programmes and greater integration of local services in our regional work. This will contribute to more sustainable clinical and financially efficient outcomes and consistent approaches to service delivery. Partnerships are being developed with:

- 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

Planning is nearing completion for a South Island local alliance symposium in 2020. The focus of the symposium will include relationship building and 'confirming line of sight' approaches to areas of shared mutual interest and benefit.



## 5 Delivering Our Vision

This Plan addresses both national priority requirements identified in regional planning guidance for 2020-21 by the Ministry of Health and regional priorities through the priority focus areas.

**Tables 1 to 6** in [appendix 1](#) summarise implementation work plans for each of the priority focus areas including enabling priorities (includes national priorities).

**Table 7** summarises the Hepatitis C work plan (national priorities).

**Table 8** summarises the Cancer Services work plan. The Southern Regional Hub, Te Aho o Te Kahu, Cancer Control Agency, has a specific set of objectives and outcomes.

**Table 9** summarises activity not listed elsewhere but are Alliance priorities.

### 5.1 National Priorities for Regional Action

National priorities for regional action are included in implementation plans in appendix 1 and denoted by 'NATIONAL.' The following narrative provides underpinning rationale and addresses financial and clinical sustainability for the implementation of these initiatives.

#### Data and digital – Regional ICT Investment Portfolio

Information solutions provide the platform to support improved information sharing that enables new models of care and better decision making. The Ministry of Health have identified that the delivery of information and communications technology (ICT) enabled change and innovation is critical in supporting the delivery of the New Zealand Health Strategy and the Government ICT Strategy, underpinned by technology supporting transformational change in the way patients and care teams access health services.

By working collaboratively, the Alliance will deliver a platform to support improved information sharing that will enable new models of care and better decision-making. Well-designed systems will help the South Island to work smarter to reduce costs, support care pathways and give patients better, safer treatment. Greater reliance on technology requires effective management of investments, implementations and ongoing operations. Sustained investment in Information Technology is one of the ways to manage increasing demand within limited resources. The roadmap for ICT investment in the South Island has been well established over multiple years.

The South Island Data and Digital Health Strategy supports the principles on which the Information Services SLA was founded. This strategy supports the South Island's ability to innovate and respond to challenges more quickly and efficiently, enabling the design of a system that is smart, responsive and fit-for-purpose.

#### Workforce

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 South Island Workforce Development Hub (WDH) has identified five key activities including Māori staff recruitment and retention, sustainability of the rural maternity workforce, mental health and addiction workforce, skill sharing and skill delegation methodology (Calderdale Framework) and growing a sustainable rural workforce.

The WDH operates 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. In 2020/21 the WDH will build on the achievements of earlier years, continuing to work with participating clinicians and health managers across the South Island.

The focus of our plan is to achieve workforce sustainability, best use of the health dollar and to support safe clinical practice. Implementing a Skill Sharing and Skill Delegation methodology aims for best use of resources and to grow and develop the Kaiawhina role and workforce. Growing a sustainable rural workforce aims to address rural inequities through developing the workforce to achieve both clinical and financial sustainability. It is envisaged that addressing equity for Māori through workforce initiatives will have a secondary benefit for Pacific people and other groups.

### **Hepatitis C**

The hepatitis C reference group is led by Canterbury DHB on behalf of the South Island region. Its role is to coordinate implementation of integrated assessment and treatment services for people with hepatitis C. Much progress has been made in the past year with South Island leading the way.

By working collaboratively, stakeholders across the five DHBs can achieve clinical consistency and service efficiencies in seeking to eliminate hepatitis C. This directly supports the South Island strategic goal of improving health for Māori and Pacific populations and those for whom other inequities exist such as people from a high-risk country; people that have ever been in prison, or been born to a mother with hepatitis C.

Activities include a range of public awareness campaigns, involvement in education sessions for primary health care providers and nurse co-ordination with primary care 'lookback programmes' - whereby reviewing previous laboratory results identifies patients either to be treated and/or those that require further testing. Activities also include collection of data from pilot hepatitis C testing programmes, and development of national secondary care treatment guidelines to support specialists to provide consistent treatment for more complex cases in smaller centres.

This plan is aligned with the World Health Organisation goal of eliminating hepatitis C by 2030.

### **Cardiac services**

The Cardiac Services workstream provides regional leadership across the South Island cardiac continuum of care with current focus on a South Island model of care, using data for information and ensuring efficient and sustainable pathways. Actions identified from monitoring chest pain pathways, ANZACS-QI module data, and addressing vulnerable cardiac workforce issues, directly addresses sustainability in seeking to achieve clinical and service efficiencies. This year, an additional emphasis is being placed on patients with atrial fibrillation, in conjunction with the stroke services workstream.

Pathways enable timely care at the right place. DHBs and St John staff working collaboratively have agreed regional pathways with local variations to allow for available resources. This includes patient transfer services between hospitals which is improving efficiency for meeting ANZACS QI targets. The STEMI pathway, linked to on-call cardiologists, also ensures patients are quickly transported to, or receive, the right care.

These actions directly support the South Island strategic goals in improving quality safety and experience of care for people and progressing toward the best value being utilised for public health resources.

### **Stroke services**

The Stroke Service workstream is a team of stroke service clinicians and managers from the five DHBs who are working together to improve the health outcomes for people who have experienced stroke, to maximise their potential to lead self-managing and independent lives and reduce the recurrence of stroke.



Priorities under national activity include collection and collation of national stroke measures data, acute stroke telehealth service, supporting early active rehabilitation services, atrial fibrillation and alignment of prevention programmes.

The combined actions of South Island stroke services' activities seek to provide an integrated and coordinated approach to stroke in the South Island. Embedding the telehealth service will ensure greater clinical efficiencies and improved sustainability. Improved data collection enables greater understanding of disparities and informs actions to improve outcomes and efficiencies. These activities directly support South Island goals in improving quality, safety and experience of care and improved and equitable health across all population groups.

### **Implementation of the New Zealand Framework for Dementia Care**

The Health of Older People service level alliance (HOPSLA) provides expertise and guidance on delivery of service to the South Island population over 65 years old (or those close in age and need). The vision is to provide best health care and healthy ageing across the South Island.

Dementia is a key HOPSLA priority with planning formulated at the Alliance's regional annual workshop. Dementia is a growing priority in our communities with a large cohort of people expected to need services in coming years, because of an ageing population.

This work will have a direct impact on developing a sustainable response to enable services that support the person with dementia at the individual level, community level and population. It is intended that gaps in services and level of need identified will inform future planning and lead to sustainable and financially fiscal outcomes at various levels of the health system in the South Island. These activities directly support the three strategic goals of the Alliance.

## **5.2 Delivery of Regional Priorities**

Our work programmes have developed their work plans through the lens of the updated priority focus areas. Where possible, existing activity has been reviewed to align with these priorities as part of each work programme's work plan.

Further activity undertaken by each work programme is not listed in the implementation work plan summaries but remains in each programme's ongoing work plan as part of the Alliance programme.

Some content has been modified in response to the unique and unprecedented challenges of the COVID-19 pandemic and a review of activities.

Overviews of the work programmes are summarised narratively in [appendix 2](#).



## Appendix 1: Implementation Work Plan Summaries

Note: the requirements of the Ministry of Health Regional Service Plan Guidelines have been integrated into the wider Alliance work programmes' plans and identified as 'NATIONAL' to support quarterly reporting requirements.

\*Short term: 6/12 - 1 year  
Medium term: 2 - 4 years  
Long term: 5 - 10 years  
(Quarter due for short term only)

1 First 1000 days - <i>Giving all children the best possible start</i>					
Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
<b>1.1 Develop partnerships and programmes that support the best possible start for children</b>	a) (New) Development of First 1000 Days Strategy <i>(Project Co-ordination to be supported from current SIAPO child health facilitation resources.)</i>	Medium	All Children in the South Island have the best possible start. Strategy completed and distributed.	Reducing inequity in the First 1000 days will be a strong focus of the strategy.	Child Health SLA (CH SLA)
	b) (New) Lead initiatives to grow capability and achieve a more integrated regional Child Development Services model. <i>(Additional MOH funding confirmed, LOA Dec 2019 – 30 June 2023)</i>	Long	Timely and equitable access to CDS services across the SI, with an increase in capacity and regional collaboration.	CDS providers meet the needs of Māori children and whānau	CH SLA
	c) Improve provision of Kaupapa Māori parenting and pregnancy approaches across the Sth Island eg Hapū Wānanga. Commitment to re-orientation of current investment in Parenting and Pregnancy Programmes to support increasing Kaupapa Māori service provision across the South Island. Work with DHBs to ensure all SI Māori women have access to Kaupapa Māori programmes. Undertake a stock take of existing programmes. Support an action plan with DHBs that builds capacity of existing Kaupapa Māori programmes.	Medium	Development of the option of Kaupapa Māori parenting programmes across the South Island which has a focus on improving maternal health outcomes for Māori pēpi and their whānau in the areas of breast feeding, quit smoking, immunisation, handling baby with care, Safe Sleep etc	Accessibility of Kaupapa Māori parenting and pregnancy courses as measured by participation rates and waiting lists. (EOA)	CH SLA
	d) Promote Kaupapa Māori approaches, across the Sth Island. - Pilot Hauora Direct, a 360-degree health warrant assessment, intervention and referral tool sub-regionally.	Medium	Improve health sector performance in Māori health priority areas for Māori children and their whānau.	Supports working towards equity in all child health priority areas.	CH SLA
	e) Advise Infant Emotional and Mental Wellbeing working group and the Werry Centre project on the needs of people identified under Supporting Parents Healthy Children (SPHC).	Medium	MHASLA facilitate and advise for the First 1000 Days approach	Te Rau Ora sit on the SPHC steering group	MHASLA
<b>1.2 Develop approaches that support infant social and emotional wellbeing</b>	a) Undertake Te Pa Harakeke: Nurturing Care in the First 1000 Days work programme. Actions include Workforce development, education and promotion, service delivery and design and equity.	Short / Medium	Work programme actions finalised. All children have the best possible health, starting before birth.	Supports the most vulnerable babies including Māori pepi and whānau. (EOA)	CH SLA
	b) E-Prosafe enhancements through engagement with lead DHB (CDHB) to develop governance of E-Prosafe and business rules and	Long	E-Prosafe tool information available across the SI.	Child protection issues disproportionately impact	CH SLA

1 First 1000 days - *Giving all children the best possible start*

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
<b>1.3 Protect vulnerable children from family violence</b>	to consider wider use including in primary care (Links to Data into Information priority).			Māori children; targeted action reduces inequality. (EOA)	
	a) Convene a joint SI Child Protection Forum for Clinicians and FVIP Teams	Short Q4	Staff gain confidence in identifying and managing child protection issues and working across disciplines and DHBs.	Child protection issues disproportionately impact Māori children; targeted action reduces inequities.	CH SLA / WCTO
<b>1.4 Strengthen enabling functions to support outcomes for the best possible start for children</b>	a) Structured implementation of regional telehealth strategy in Paediatric clinical specialty. More widespread implementation is indicated.	Medium / Long	Telehealth successfully implemented in paediatric specialty.	Equitable access to telehealth, for all patients.	Telehealth workstream
	b) Develop a strategy to recruit and retain midwives in rural settings in conjunction with rural workforce	Medium / Long	Sustainable rural maternity service supported by a full complement of rural midwives.	Increased number of Māori midwives in the rural workforce. (EOA)	Workforce Development Hub (WDH)



Objective	Activity / Action		Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
2 Ageing Population – Supporting people to live well and stay well as they age.						
Dementia						
2.1 Facilitate dementia activities that contribute to improving outcomes for the ageing	a) Facilitate public health messages promoting brain health throughout life Work with PHP to highlight ‘5 Ways to Wellbeing’ health messages. (NZ Framework: Living well).	National	Medium	People read the information then access Alzheimer’s NZ website for more information	TBA	HOPSLA / PHP
	b) Facilitate equitable community services and education for people with dementia, plus their family/whānau/carers. Identify models that work for different ethnicities, locations and disabilities. Includes day care- (NZ Framework: Person centred and people directed approach).	National	Medium	Clients: Increased feeling of support and advice, how to navigate the system. DHBs: Increased contracting to ensure more equitable access. NGOs: Improved data that shows how long people stay linked with NGO.	Identify model/s that specifically address equity for Māori (EOA)	HOPSLA
	c) Develop toolkit for establishing community dementia services that support living well.		Short Q2	NGOs and non- health community services will have a guide for how to establish groups. Clients and their carers maintain dignity and independence.	Improved range of options that meet the needs of the people living in their community	HOPSLA
	d) Facilitate primary care to develop an improved understanding of their service and the added value of a timely diagnosis and care planning. (NZ Framework Assessment, diagnosis and ongoing support (Subject to funding at a national level)	National	Medium	PHOs and DHBs: Improved confidence to diagnose, have difficult conversations and document diagnosis and referrals. Clients: Improved process for assessment, diagnosis and referral.	Ethnicity data to address equitable progress TBA (EOA).	HOPSLA
	e) Facilitate secondary care to provide dementia friendly and delirium preventing best practice environments and linkages with primary care and community services. (NZ Framework: meeting challenges to maximise wellbeing)	National	Short Q4	Clients: Hospital admission is at equitable levels compared to others. DHB: Shorter stays in hospital with more focused secondary care service delivery.	TBA	HOPSLA
	f) Investigate feasibility/ logistics of multidisciplinary care for people with dementia nearing the end of their life.	National	Medium / Long	TBA	TBA	HOPSLA / PCW

Objective	Activity / Action		Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group	
Reducing Acute Demand							
2.2 Facilitate cardiac initiatives that contribute to reducing acute demand and supports national initiatives.	a)	Implement SI Cardiac Model of Care Plan. Includes data management, consistent governance across DHBs, technology, inter-sectoral from primary to tertiary care	Medium	DHBs improve access for all patients to cardiac services and tests.	Develop plans to promote equity of cardiac outcomes across ethnicities and geographical areas	Cardiac workstream	
	b)	Implement out-of-hospital STEMI pathways to ensure a consistent approach, in conjunction with St John.	Short Q2	HealthPathways on-line and accessed across the primary, secondary and tertiary sector.	Equitable access for all SI people.	Cardiac workstream	
	c)	Audit and review existing chest pain pathways annually.	Annually	Refinement of chest pain pathways based on new evidence, where appropriate.	Review how Māori, Pacific and rural people are using the pathway. (EOA)	Cardiac workstream	
	d)	Address vulnerable cardiac workforces at a regional level with Workforce Development Hub (WDH) and recommend actions to achieve workforce sustainability. Initial focus on cardiac physiologists.	National	Short Q3	Develop plan to address cardiac physiologist’s workforce. Support cardiac physiology professional leaders with regional network plans.	Workforce actions taken to address equity matters identified in data analysis.	Cardiac workstream / WDH
	e)	(New) Collaborate across networks to address Atrial Fibrillation for priority populations	National	Short Q3	Improved outcomes for priority populations, including, Māori, Pacific and people living in areas of high Deprivation.	Improved outcomes for Māori, Pacific and people living in areas of high Deprivation. (EOA)	Cardiac workstream
	f)	(New) Develop plans (with stroke services) to promote equity of cardiac outcomes across ethnicities and geographical areas.	National	TBA	Improved outcomes across ethnicities and geographical areas.	Improved outcomes for Māori, Pacific and people living in areas of high deprivation. (EOA)	Cardiac workstream
2.3 Facilitate stroke activities that contribute to reducing acute demand and supports national initiatives.	a)	Implement the SI Acute Stroke Services Plan by identifying service improvement and planning required by each DHB to achieve sustainability. Includes access to acute stroke telehealth and development of clot retrieval service.	National	Short Q4	Telestroke is embedded in 7 spoke centres and hub. Sustainable service improvement is identified and achieved.	All stroke patients are managed equitably as a time critical emergency.	Stroke services workstream
	b)	Evaluation of the service Acute Stroke Telehealth service (hub and spoke sites) 6 months post.	National	Short Q4	Will inform further work and the addition of other telestroke spoke centres	Equity of telestroke service across SI.	Stroke services workstream



Objective	Activity / Action		Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
	c) Implement 'Code Stroke' - a rapid treatment pathway to minimise onset to needle time. Includes standardised thrombolysis education and mock simulation exercises.	National	Short Q4	Standardised thrombolysis education is available across the SI. Contributes to improving the delivery of 24/7 acute stroke intervention services.	Equity of telestroke service across SI.	Stroke services workstream
	d) Facilitate implementation of SI clot retrieval service for suitable patients according to agreed parameters. Agree longer term, sustainable service plan.	National	Medium	A sustainable SI Clot Retrieval service is agreed and implemented.	A sustainable and equitable SI Clot Retrieval service.	Stroke services workstream
	e) Develop plans across the Cardiac and Stroke Clinical Networks to work together on Atrial Fibrillation to improve outcomes for priority populations. Supports prevention strategies.	National	Short / medium	Work with Cardiac Workstream to explore an integrated outcome.	Atrial fibrillation outcomes improved for Māori, Pacific and people living in areas of high deprivation.	Stroke workstream / Cardiac workstream
	f) Support DHBs to promote the FAST message strategy locally, that aligns with National Stroke Network guidance	National	Medium	Uptake of message is reflected in prevention outcomes	Prevention plans / programmes include specific action for Māori and Pacific people. (EOA)	Stroke workstream
	g) Support embedment of acute stroke destination policies including transport protocol to the most appropriate stroke hospital and to clot retrieval centre. Explore the use of Paramedic Acute Stroke Treatment Assessment (PASTA) tool.		Short Q4 / Medium	Protocols are agreed and understood. PASTA facilitates fast track to advanced imaging.	Equitable access for all SI people.	Stroke services workstream
	h) (New) Support DHBs to increase intensity of rehabilitation therapy		Short / medium	Stroke teams deliver at least one hour of physical therapy and 45 minutes other treatment	TBA	Stroke workstream
	i) Facilitate community and early discharge team to have sufficient staffing for ongoing rehabilitation. Includes uptake of electronic audit tool.		Short Q4 / Medium	Stroke rehabilitation teams have dedicated time specifically allocated to stroke rehabilitation	Audit findings identify appropriate approaches for Māori & Pacific people (EOA)	Stroke workstream
<b>2.4 Facilitate improvements for those that are dying</b>	a) Improve out-of-hospital access to palliative support in the community (including aged care) to reduce preventable hospital transfers/admissions. Includes addressing after-hours medical support and medication access.		Medium	Palliative patients in the community receive appropriate care, 24 hours a day.	Equity of access for rural and low decile populations. Cultural preferences for place of care honoured.	Palliative Care workstream (PCW)
	b) (New) Carer support in end-stage Dementia in collaboration with HOPSLA, support those caring for people in end-stage dementia.		Medium	Support the work of HOPSLA to improve care of those with dementia.	Inclusion of competencies for working with Māori patients and cultural diversity.	PCW / HOPSLA
	c) South Island Model of Palliative Care: Use information gathered from the specialist and primary palliative care		Long	Consistent, equitable and quality palliative care services are available.	Consult with Māori.	PCW

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
	surveys (SIA, 2018) to promote regionally consistent model of care and access to resources for all services.				
<b>Advance Care Planning</b>					
<b>2.5 Support ACP implementation with robust policy and guidance</b>	a) Achieve Advance Care Planning (ACP) regional consistency that benefits all 5 DHBs through development of common IT/IS formats and system, common policies and measures.	Medium	A full electronic ACP system is available in each DHB to support staff and people that becomes 'business as usual'.	Specific strategies to ensure Māori enabled to use ACP	ACP Coord
	b) Develop a regional process to record guidance (called Regional Medical Care Guidance in CDHB) - medically led process beneficial for people who lack capacity to complete an ACP. Includes development of a regional document and electronic template for documentation in HCS/HealthONE.	Medium	Consistent process across the SI for recording medical guidance for those who lack capacity to complete an ACP. MCG Booklet, SI Health Pathway and SI electronic MCG available on HCS/H1	Specific strategies to ensure Māori enabled to use Medical guidance for those who lack capacity to complete an ACP. (EOA)	ACP Coord
<b>2.6 Support electronic ACP implementation</b>	a) Facilitate DHBs to implement electronic progress notes for ACP to capture important patient conversations that may not otherwise progress to an ACP.	Short Q4	SI Electronic ACP progress notes on HCS/H1 for all DHBs.	Specific strategies to ensure Māori enabled to use ACP (EOA)	ACP Coord
	b) Bridge the paper/electronic system by developing mechanisms until all providers can access HCS/Health One.	Short Q2 / medium	Consistent process for linking providers who are unable to access HCS.	Specific strategies to ensure Māori enabled to use ACP	ACP Coord
<b>2.7 Support consistent and equitable ACP implementation for all South Islanders</b>	a) Finalise ACP pathway with South Island Māori health teams in conjunction with National ACP guideline (being developed now)		Pathway for Māori developed	Pathway for Māori developed (EOA)	ACP Coord
	b) Implement Te Ara Whakapiri consistently: Principles and guidance for the last days of life. Develop the appropriate documentation and supporting education package to Support implementation in settings including hospices, ARC and primary care.	Medium	Consistent and quality care pathway in the last days of life across the South Island.	Enables cultural preferences to be identified and honoured at end of life. (EOA)	Palliative Care workstream



\*Short term: 6/12 - 1 year  
 Medium term: 2 - 4 years  
 Long term: 5 - 10 years  
 (Quarter due for short term only)

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
<b>3 Mental Health and Addictions - Supporting mental wellbeing with a responsive and equitable system</b>					
<b>3.1 Facilitate mental health outcomes by building on recommendations of the government inquiry</b>	a) Support the direction and identify priorities and initiatives to respond to recommendations of <i>He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction</i> . MHASLA will contribute to the work where regional collaboration can assist SI DHBs	Short Q4	Priorities identified, and action commenced	TBC by MoH RFP process	MHASLA
<b>3.2 Support equity in mental health with improved cultural competency</b>	a) Establish SI Cultural Safety Group to inform the sector	Short Q4	Urgency of need is identified for national providers	Cultural competency training and resources address equity for the SI workforce. (EOA)	MHASLA
<b>3.3 Strengthen workforce initiatives to support mental health outcomes</b>	a) Refresh SI MHA Workforce Strategic Plan. Advise on SI workforce planning and development locally, regionally, nationally and inter-sectorally including: <ul style="list-style-type: none"> <li>• Translation and implementation of new initiatives across SI</li> <li>• Mentoring project</li> <li>• Supervision review</li> <li>• Support worker training (Level 4)</li> <li>• Peer workforce</li> <li>• MHA literacy and capability of wider workforce</li> <li>• Range of delivery options accessible to SI MHA services</li> </ul>	Medium / Long	<ul style="list-style-type: none"> <li>• SI Strategy completed</li> <li>• Planning and development responsive to local info &amp; events</li> <li>• Enhanced collaboration at local, regional and national level</li> <li>• Training and career pathways enhanced</li> <li>• Increased productivity of workforce as able to more optimal task/working at scope</li> <li>• Workforce models adopted to meet local and regional need</li> </ul>	Te Rau Ora sit on the Workforce Development Steering Group  Consumer representation on steering group  Roles/ tasks management guided by tangata whai ora	MHASLA / WDH
	b) Peer support - working together around effective provision of peer workforce development	Long TBA	Recognition of the utility of the role Oversight of how the roles are developing	Focus on Cultural Competence/Safety	MHASLA
<b>3.4 Improve suicide Prevention (NEW)</b>	a) Assist the Suicide Prevention / Postvention Coordinators and District Health Board Mental Health and Addiction services.	Long	Identify cross-boundary contacts with Suicide Prevention / Postvention Coordinators and explore an MoU with other agencies.	Focus on the phenomenon of suicide among Māori	MHASLA
<b>3.5 Facilitate advance directives (NEW)</b>	a) Share information and raise awareness of advance directive activities in the South Island.	Long	Raised awareness of advance directive activities in the South Island.	All DHBs aware of similar activity	MHASLA
<b>3.6 Strengthen further enabling functions to</b>	a) Deliver eMental Health functionality. Includes agreed direction, development of implementation business case and solution following agreed regional roll-out. (Also 5.4.b)	Long	SI Mental Health services have access to an integrated whole of system eMental Health solution.	Focus on equitable access and outcomes for Māori and Pacific Islanders.	ISSLA

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
<b>support mental health outcomes</b>	b) Implement telehealth strategy in Mental Health and Addictions in a structured way; more widespread implementation required.	Medium / Long	Telehealth successfully implemented.	Equitable access to telehealth will be investigated, ensuring equity of access and choice.	Telehealth SLA
	c) Collaborate with Health Quality and Safety Commission on national work by HQSC MHAQI team for Quality Improvement and learning from Adverse Events.	Medium	SI sector informed re MHAQI developments.	MHAQI projects have an equity focus informed by consumer, whānau and Māori advisory groups.	MHASLA
<b>3.7 Strengthen response to addictions</b>	a) Review and identify challenges and service need for alcohol and addictions in older people. Collaborate with Public Health Partnership to link with national Safe Alcohol use programmes.	Medium/long	Identify and respond to next steps in safe alcohol and other drug use in older people.	Consider equity focus in next steps.	HOPSLA
	b) Implement Alcohol and Other Drugs training	Medium	Training and maintenance of Substance Addiction Compulsory Assessment and Treatment Act (SACAT) Authorised Officer, and Authorised Specialist skills	Mana enhancement is evident in practice.	MHASLA
<b>3.8 Improve inter-sectorial engagement</b>	a) Identify opportunities for enhanced regional intersectoral working and alliances e.g. working with regional intersectoral leads appointed within MSD.	Short Q4	High level strategic links enhance opportunities to address wider issues that impact on MHA	Establish strategic links	MHASLA

NOTE: Further information, activities and deliverables will be identified and confirmed according to Government decisions arising from *He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction*.



The COVID-19 pandemic has had a severe impact on Public Health services. The response has required Public Health Units to prioritise the delivery of front-line health protection services. The Alliance's Public Health Partnership is currently considering a pause in much of its work requiring public health staff participation, outlined in the plan for 'Community Health and Wellbeing' below. The work plan will be redeveloped to best respond to the challenges and opportunities in the new environment with any alternative work ensuring it relates to the Covid-19 response. Discussions for this including consideration of the public health recommendations of the *Health and Disability System Review* (June 2020) are commencing in July 2020.

4 Community Health and Wellbeing - <i>Influencing the social determinants of health to improve wellbeing</i>						
Ministry Expectations of DHBs	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Minister's Planning Priority	Responsible group
<b>4.1 Give practical effect to He Korowai Oranga – the Māori Health Strategy</b>	a) Agree and action local and regional work for development after exploring commonalities across the SI PHUs, which give practical effect to He Korowai Oranga.	Short / Medium	Local and regional initiatives which give practical effect to He Korowai Oranga.	Focus on He Korowai Oranga.	Achieving health equity and wellbeing for Māori through the Māori Health Action Plan.	Public Health Partnership (PHP)
	b) Work in partnership with Te Herenga Hauora to improve equity and support DHBs to be health promoting health organisations.	Short / Medium	Improved environments that are supportive of health and well-being.	Equity is at the core of this work as unhealthy environments have a disproportionately negative impact on Māori and other disadvantaged groups		PHP
<b>4.2 Improving sustainability</b>	a) Actively support the broad implementation of regional aspects of the Environmental Sustainability Position Statement in SI DHBs	Medium	Improved environments that are supportive of health and wellbeing.	Equity is at the core of this work as unhealthy environments have a disproportionately negative impact on Māori.	Improving wellbeing through prevention.	PHP
<b>4.3 Improve Cross-Sectorial Collaboration including Health in All Policies</b>	a) Promote Health in All Policies to health and non-health entities (i.e. the HiAP approach) through the provision of public health and community development expertise and leadership.	Long	Cross-sector support for the development of equitable cultural, physical and social environments that are supportive of health and wellbeing.	Equity is at the core of this work as unhealthy environments have a disproportionately negative impact on Māori.	Improving wellbeing through prevention.	PHP
<b>4.4 Improve Collaboration with Sector Partners</b>	a) Contribute a public health perspective to the SI Child Health SLA's Te Pa Harakeke Infant: Parent Relationship Working Group.	Long	Improved long-term population mental health and well-being.	Strong equity focus as Māori children/ whānau are disproportionately negatively impacted by this issue.	Improving child wellbeing / mental wellbeing / wellbeing through prevention.	PHP
	b) Provide public health expertise to South Island "boost brain health" dementia prevention initiatives through working with the Health of the Older Person SLA's Dementia Working Group.	Short / medium	Improved long-term population mental health and wellbeing. Improved environments that are supportive of health and wellbeing.	Equity is a priority of the Working Group.	Improving mental wellbeing. Improving wellbeing through prevention.	PHP / HOPSLA



4 Community Health and Wellbeing - <i>Influencing the social determinants of health to improve wellbeing</i>						
Ministry Expectations of DHBs	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Minister's Planning Priority	Responsible group
<b>4.5 Improve Environmental and Border Health</b>	a) Develop regionally aligned workforce development initiatives specifically for health protection services.	Medium	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. (EOA)	Better population health outcomes supported by a strong and equitable public health and disability system.	PHP
<b>4.6 Facilitate Regional Response to Communicable Diseases</b>	a) Align health protection communicable disease management protocols from the three PHUs to strengthen regional consistency.	Medium	More effective outbreak management hence improved population health and wellbeing.	Analysis of data for Māori and Pacific.	Better population health outcomes supported by a strong and equitable public health and disability system.	PHP
	b) Develop regionally aligned information systems for health protection services.	Medium	Shared access to common IT systems for health protection across the South Island.	Analysis of data for Māori and Pacific.		
<b>4.7 Improve uptake of Healthy Food and Drink</b>	a) Aligned implementation and development of the Healthy Active Learning programme, including collective learning and joint action/s as agreed.	Short/ Medium	Effective delivery of the Healthy Active Learning programme by South Island PHUs.	Strong equity focus as Māori are disproportionately negatively impacted by this issue.	Improving wellbeing through prevention.	PHP
<b>4.8 Achieve Smokefree population by 2025</b>	a) Collective learning from efforts to develop vaping as a tool to stop smoking.	Short/ Medium	Well-informed approaches by SI PHUs towards vaping issues.	Strong equity focus as Māori are disproportionately negatively impacted by this issue.	Improving wellbeing through prevention.	PHP
	b) Explore activities as they arise relating to Government decisions regarding vaping.	TBA	Aligned approaches by SI PHUs in response to Government decisions regarding vaping		Improving wellbeing through prevention.	PHP
<b>4.9 Improve Sexual Health</b>	a) Developing and implementing aligned actions from the National Syphilis Action Plan across South Island PHUs.	Long	Reduced incidence of syphilis in the South Island.	Equity issues will be recognised and addressed.	Reduced incidence of syphilis in the South Island.	PHP

Note: The Public Health Partnership has chosen to focus their key objectives on the Ministry of Health Expectations of DHBs and align each activity with the Minister of Health's Planning Priorities for DHBs.

Objective	Activity / Action		TERM	Outcome	Equity focus or equitable Outcome Action (EOA)	Responsible group
5 Information into Action – Using data to inform effective decision-making and action						
5.1 Transform Service Delivery	a) Collaborate regionally and nationally, where appropriate including sharing learnings and other collateral	National	Long	Deliverable: Collaboration regionally and nationally sharing learning and other collateral. Outcome: Regional or national aligned responses/systems/solutions	Information systems and technology support initiatives that focus on delivering equitable access and outcomes.	ISSLA
	b) Digital initiatives leverage nationally approved standards and architecture - commit to leveraging approved standards and architecture in all digital initiatives	National	Long	Deliverable: Standards based systems are implemented. Outcome: Enables an integrated and inter-operable SI health system.	Information systems and technology support initiatives that focus on delivering equitable access and outcomes.	ISSLA
	c) Implement Regional Service Provider Index through alignment with HPI development. Note: Project underway, commenced Q2 2018/19		Long 2018/19 to Q4 2023/24	HPI upgrade completed and extensions built	Implementing a single source for provider identifiers for use across multiple systems. Will facilitate patient-to-service data, and ultimately improve patient safety for Māori and Pacific Islander outcomes.	ISSLA
			Long 2018/19 to Q4 2023/24	No. of applications integrated with RSPI Q4 2020/21		
			Long 2018/19 to Q4 2023/24	No. of applications integrated with RSPI		
	d) eMedicines Programme – Consolidated Medicines Management - Implement a consolidated view of an individual’s medications		Medium 2020/21 to Q4 2022/23	The SI has a consolidated view of an individual’s medications	A consolidated medicines view facilitates greater capability to monitor and analyse prescribing and dispensing information for specific population groups e.g. Māori and Pacific Islanders, by location, or within the region.	ISSLA
	e) Patient Information Care System (SI PICS): WCDHB, SCDHB & SDHB – replace legacy PAS solution/s with a single regional SIPICS instance		Long 2018/19 to Q4 2021/22	SIPICS implemented into WCDHB Q4 2020/21 and Go Live achieved	Improve quality around ethnicity data, for Māori and Pacific Islanders, in parts of the region. While, in part, this is process related, multiple PAS and separate instances of the same patient data have also contributed. Integration with the NHI web service also facilitates a greater level of quality around patient demographic data, including ethnicity, which can be captured at level 4.	ISSLA
			Long 2018/19 to Q4 2021/22	SIPICS implemented into SCDHB Q4 2020/21 and Go Live achieved		
			Long 2018/19 to Q4 2020/21	SIPICS implemented into SDHB Q2 2022/23 and Go Live achieved		
	f) Implement eReferrals programme – Electronic Triage of Referrals – eReferrals received		Long 2015/16 to Q1 2020/21	NMH receive and triage referrals electronically Q1 2020/21	eReferrals will enable a significant improvement in in-bound referral data,	ISSLA

Objective	Activity / Action	TERM	Outcome	Equity focus or equitable Outcome Action (EOA)	Responsible group
<b>5 Information into Action – Using data to inform effective decision-making and action</b>					
	through the RMS module in HCS with triage functionality	Long 2018/19 to Q4 2020/21	SCDHB receive and triage referrals electronically Q4 2020/21	rather than paper-based process. These data will be valuable when reviewing equity for Māori and Pacific Islanders, and enable greater capability to analyse Referral sources, Reasons for referral/ presenting condition(s), Referred to service, Referral outcome (accepted/ declined)	
		Long 2015/16 to Q4 2020/21	SDHB receive and triage referrals electronically Q4 2020/21		
	g) Implement eReferrals Programme – Create eRequests within the hospital. Provide the ability to deliver electronic requests inter and intra hospital including out to the community, private and ACC providers.	Long 2017/18 to Q4 2021/22	SI Create eRequests business case approved Q2 2020/21	eReferrals will enable a significant improvement in in-bound referral data, rather than paper-based process. These data will be valuable when reviewing equity for Māori and Pacific Islanders, and enable greater capability to analyse Referral sources, Reasons for referral/ presenting condition(s), Referred to service, Referral outcome (accepted/ declined)	ISSLA
		Long 2017/18 to Q4 2021/22	No. of SI DHB inter and intra hospital referrals sent electronically Q4 2020/21		
		Long 2017/18 to Q4 2021/22	SI DHB Inter and intra hospital referrals sent electronically		
	h) Develop common recording in patient management systems for oral health. Align current patient and treatment codes between the DHBs to enable consistency of data for planning and reporting.	Medium	A set of agreed treatment codes and referral codes. Work with community dental (school dental services) for whole of system common data.	n/a	Hospital Oral health services
	i) Convene an E-growth charts working group to provide governance of the system. Further development of the application - development and release of Version 3.	Medium/ Long	Development of E-growth charts. Measure: Utilisation of E-growth charts in each DHB in the 0-18 age group	Child healthy weight issues disproportionately impact on Māori children, targeted action reduces inequities.	Child Health SLA
	j) Adopt and implement diabetes patient management system in partnership with DHBs for children with Type 1 Diabetes. Enables identical data extraction and benchmarking across DHBs.	Medium/ Long	Working group convened and work programme agreed.	Includes equitable outcomes for Māori and Pacific Islanders.	Child Health SLA

Objective	Activity / Action	TERM	Outcome	Equity focus or equitable Outcome Action (EOA)	Responsible group
<b>5 Information into Action – Using data to inform effective decision-making and action</b>					
	k) Support implementation of the National Radiation Oncology Plan. Review and evaluate the consistency of treatment for specific tumour streams. Reduce unwarranted variation and maximise available capacity. <i>(Also, item 8.1.e)</i>	Medium	Reduction in unwarranted variation of practice in fractionation in radiation oncology. Maximising of machine and clinical capacity in SI.	Patients will receive the same radiation fractionation regardless of where they receive treatment.	Southern Cancer Network
	l) Complete Phase II of implementation of MOSAIQ in SI hospitals, NMDHB cancer services and CDHB haematology. <i>(Also, Item 8.1.f)</i>	Short Q4	Single radiation oncology, medical oncology and haematology patient care system in the South Island	MOSAIQ will enable easier identification of inequities.	Southern Cancer Network
<b>5.2 Improve decision-making through access to data</b>	a) <b>ICT Investment Portfolio Reporting:</b> The SI DHBs, via the Chief Information Officers, will submit quarterly ICT Investment Portfolio Reporting to Data and Digital to support decision-making.	Long	Deliverable: South Island CIOs submit quarterly ICT investment reports. Outcome: Aligning investment in technology	Information systems and technology support initiatives that focus on delivering equitable access and outcomes.	ISSLA (South Island Chief Information Officers)
	c) <b>Improved usability:</b> Enable SI DHBs to: <ul style="list-style-type: none"> <li>Integrate data into workflow</li> <li>Customise views of data</li> <li>Provide an interface that provides meaningful context for the patient journey</li> </ul> Automate availability of information and data from multiple sources processes.	Medium 2019/20 to Q4 2021/22	SI DHBs enable to integrate and customise data views into workflow to provide a contextual meaningful interface for the patient journey from multiple sources.	Information systems and technology enable, contribute and support initiatives that have a focus of delivering equitable access and outcomes for Māori and Pacific Islanders including: Shared clinical information, and access to better quality, standardised, consistent and comparable datasets.	ISSLA
	d) <b>Interoperable systems:</b> Enable SI DHBS to have: <ul style="list-style-type: none"> <li>Availability of information and data from multiple sources</li> <li>Real-time exchange of information between systems</li> <li>Reduce reliance on exchange of static copies of information e.g. discharge summaries as PDF's</li> </ul>	Medium 2019/20 to Q4 2021/22	SI DHBS enabled to improve clinical focus between systems which includes the ability to capture and reuse information where practical in real time		ISSLA
	e) Progress common <b>SI Trauma Dataset</b> through recording non-major admitted trauma cases in a consistent manner.	Ongoing	Consistent and complete data recorded	n/a	Major Trauma workstream
	f) <b>VOICES</b> (Views of informal carers' evaluation of services) survey of bereaved families to enable	Short Q2	Next steps identified to improve quality and consistency of services in the last three months of life.	Analysis of data for Māori.	Palliative Care workstream

Objective	Activity / Action	TERM	Outcome	Equity focus or equitable Outcome Action (EOA)	Responsible group
<b>5 Information into Action – Using data to inform effective decision-making and action</b>					
	assessment of the perceived quality of care for patients in the final three months of life.				
	g) <b>Palliative Care</b> information systems: Monitor and evaluate the capability of information systems and services to support the delivery of efficient, effective and safe transfer of patient information between providers.		Patients' information is accessible by the right service at the right time, regardless of their care setting	Ability to collect and analyse data for Māori. Care preferences are articulated and honoured.	Palliative Care workstream
	h) Establish a <b>Telehealth</b> regional steering group to develop a work plan and support consistent regional implementation.	Short Q2 2020/21	Implementation of the Telehealth strategy in all South Island DHBs.		ISSLA / Telehealth SLA
	i) Telehealth - National Non-Admitted Patient Collection (NNPAC) codes are integrated into Regional Patient Administration Systems (PMS). Codes assist in the collection of DHB outpatient activity data via each DHB PMS.	Long 2020/21 – Q4 20/22	Codes are input into PMS to gauge use of telehealth.	Data will inform on equity of access issues within DHBs.	ISSLA / Telehealth SLA
	j) Collation of Health Workforce data to support planning - workforce data from available data sources.	Short Q4 / Long	Workforce data set available for service planning	Māori workforce data is a specific part of the data set.	Workforce Development Hub
	k) Facilitate DHBs to provide accurate and timely capture of stroke data, and regularly review outcomes including equity of access.	Short Q4	SI DHBs will supply SS13 data to MOH and to SI Region.	All measures will be reported for Māori, identifying disparities in service access and outcomes.	Stroke Services Workstream
<b>5.3 Empower Clinicians</b>	a) <b>Workforce capability:</b> Building clinical data capability across the SI workforce, not limiting the focus to developing pathways for Clinical Informatics Lead, but whole of workforce.	Long 2019/20 to Q4 2024/25	A capable workforce is achieved including pathways for Clinical Informatics Lead.	Deliver equitable access and outcomes for Māori and Pacific Islanders including: Shared clinical information and access to better quality, standardised, consistent and comparable datasets.	ISSLA
	b) <b>ePharmacy</b> - Consolidated Pharmacy Management - Implement a consolidated view of an individual's medications.	Short Q1 2020/21	Replace end of live ePharmacy software for SDHB and SCDHB.	A consolidated medicines view facilitates greater capability to monitor and analyse prescribing and dispensing information for specific population groups e.g. Māori and Pacific Islanders, by location, or within the region.	ISSLA



Objective	Activity / Action	TERM	Outcome	Equity focus or equitable Outcome Action (EOA)	Responsible group
<b>5 Information into Action – Using data to inform effective decision-making and action</b>					
<b>5.4 Improve Digital Processes for Engaging Patients</b>	a) <b>Digital Patient experience:</b> Provide consumers with access to health information via electronic means improving accessibility. Develop digital Health literacy and capability.	Long 2019/20 to Q4 2024/25	Improved digital health literacy and capability for consumers.	Delivering equitable access and outcomes for Māori and Pacific Islanders including: Shared clinical information; access to better quality, standardised, consistent and comparable datasets that will enable disparities to be more easily identified and responded to.	ISSLA
	b) <b>eMental Health:</b> Deliver continued enhancement of regional system capabilities to support Mental Health and Addiction service requirements <i>(Also Item 3.6.a)</i>	Long 2016/17 to Q4 2020/21	Business led identification of regional service delivery requirements and processes that the system(s) needs to support. <i>(In the case of agreement not being reached these requirements maybe developed outside of this process by individual DHBs)</i>	Information systems and technology enable, contribute and support initiatives that have a focus of delivering equitable access and outcomes for Māori and Pacific Islanders including: 1. Shared clinical information available “at the right time, right place to the right person” 2. Access to better quality, standardised, consistent and comparable datasets that will enable disparities to be more easily identified and responded to where need is indicated.	ISSLA
		Long 2016/17 to Q4 2020/21	Agreed and confirmed regional requirements are assessed and options for solutions are considered.		
		Long 2016/17 to Q4 2020/21	Agreed solutions are prioritised for development, based on business need and development complexity/capacity. Solutions are implemented, when ready, within standard application release cycles.		

Objective	Activity / Action		TERM	Outcome / deliverable	Equity focus or equitable Outcome Action (EOA)	Responsible group
6 Workforce Development and Re-design - <i>Evolving the workforce to meet changing population needs</i>						
<p><b>Workforce Planning (value &amp; high performance; one team; closer to home)</b></p> <p>To build and align the capacity and capability of the health workforce to deliver new models of care and priorities outlined in the refreshed New Zealand Health Strategy.</p> <p>To support increased opportunities to learn in inter-professional settings.</p> <p>To improve the sustainability of the workforces particularly those deemed vulnerable.</p>						
6.1 Plan and grow sustainable workforces	a) Grow a sustainable rural maternity workforce (to support the First 1000 days). Develop a strategy to recruit and retain midwives including Māori midwives in rural settings, with the SI DHB midwifery leaders.	National	Medium / Long	<ul style="list-style-type: none"><li>Improved recruitment and retention of the rural midwifery workforce</li></ul>	Increased number of Māori and rural midwives in the workforce	WFD
	b) Develop Mental Health & Addiction Workforce Strategic Plan. Advise on SI workforce planning and development locally, regionally, nationally and inter-sectorally. Translation and implementation of new initiatives across SI <ul style="list-style-type: none"><li>Mentoring project</li><li>Supervision review</li><li>Support worker training (Level 4)</li><li>Peer workforce</li><li>MHA literacy and capability of wider workforce</li><li>Range of delivery options accessible to SI MHA services</li></ul>	National	Medium / Long	<ul style="list-style-type: none"><li>Strategy completed</li><li>Planning and development responsive to local information and events</li><li>Enhanced collaboration at local, regional and national levels</li><li>Training and career pathways enhanced</li><li>Increased productivity of workforce; more optimal task/working at scope</li><li>Workforce models adopted to meet local and regional need</li></ul>	<ul style="list-style-type: none"><li>Te Rau Ora on steering group</li><li>Consumer representation on steering group</li><li>Roles/ tasks management guided by tangata whai ora needs rather than workforce roles</li></ul>	WFD / MHASLA
	c) New graduate doctors (PGY1s) (NZ citizens and permanent residents) employment in the South Island. Support DHBs to integrate the increased number of PGY1s (NZ citizens and permanent residents) into the workforce for 2020 graduates		Short Q2	The South Island’s allocation of PGY1s are employed by the DHBs		WFD
	d) Implement a Skill Sharing & Skill Delegation methodology (Calderdale Framework). Collaboration with Central & Northern regions to evaluate projects.	National	Short / Medium	<ul style="list-style-type: none"><li>Facilitator training is completed</li><li>Evaluation incorporated into planning</li><li>Positively impact on patient outcomes</li><li>CTIs allocated credit for unit standards in the Level 3/4 qualification.</li></ul>		WFD

Objective	Activity / Action	TERM	Outcome / deliverable	Equity focus or equitable Outcome Action (EOA)	Responsible group
<b>6 Workforce Development and Re-design - <i>Evolving the workforce to meet changing population needs</i></b>					
	e) Implementation of a South Island AHS&T Career Framework.	Medium	Regional career framework in place		WFD
	f) Growing a sustainable rural workforce: Rural Hospital Medicine (RHM) Training. Development of a regional approach to clinical placements for RHM trainees in collaboration with Division of Rural Hospital Medicine, Royal NZ College of General Practitioners.	Short Q4	Improved training pathway coordination to support timely completion of training		WFD
	g) Workforce redesign support for the Child Development Service (CDS), led by the Child Health SLA. Collaborate with Child Development project group to support the redesign of the CDS workforce to increase capability and capacity.	Medium / Long	A workforce fit for purpose that is efficient and effective	Increased access for Māori & Pacific	WFD
	h) <b>Dermatology:</b> Plan, prioritise and implement the SI Dermatology Model of Care	Medium	Sustainable, equitable dermatology services that match capacity and demand	Address high impact on Māori and Pacific.	AOG / Sustainable services
	i) <b>Vascular:</b> Pilot and evaluate a complex endovascular MDM; work with SI DHBs to manage workforce implications and achieve sustainable services, including virtual services	Long	Sustainable, equitable vascular services	Address equity impact for Māori	AOG / Sustainable services
	j) <b>Maxillofacial:</b> Work with SI DHBs to manage workforce implications and achieve sustainable services, including virtual services	Medium	Sustainable, equitable maxillofacial services	Address higher percentage of cleft lip and palate in Māori population	AOG / Sustainable services
	k) <b>Trauma</b> Nurse Coordinators (TNCs) training and development needs are supported.		TNCs are equipped with the knowledge and skills they need.		Major Trauma workstream
	l) <b>Palliative Care:</b> Growing palliative care skills in the allied health workforce. Continue to support work to develop pathways for allied health to grow their palliative care skills in both general and specialist palliative care settings	Short Q4	A framework to prepare and support allied health professionals to deliver palliative care.	Inclusion of competencies for working with Māori patients and cultural diversity.	Palliative Care workstream
	m) <b>Medical Imaging:</b> Finalise strategy to achieve a regional radiology system, that includes developing a workforce strategy.	Medium	A regional radiology system with workforce reflecting regional structure.		Medical Imaging workstream

Objective	Activity / Action		TERM	Outcome / deliverable	Equity focus or equitable Outcome Action (EOA)	Responsible group
6 Workforce Development and Re-design - <i>Evolving the workforce to meet changing population needs</i>						
Workforce Diversity						
To support the growth and retention of the Māori workforce to better reflect the South Island population (equity; value & high performance, one team)						
6.2 Workforce reflects the population	a) Increase Māori staff recruitment and retention. Evaluate the experiences of the Māori DHB workforce.	National	Short Q1	Strategies are identified to develop, support and retain the Māori Health Workforce	Health is a responsive, attractive and supportive place for the emerging Māori workforce to work in (i.e. Māori staff thrive). (EOA)	WFD
	b)Co-design a strategy with actions to build and support the Māori DHB workforce	National	Medium / Long	Strategies are identified and implemented to develop, support and retain the Māori Health Workforce		WFD
Workforce Enablers						
Optimise enablers to support the health workforce (value & high performance, smart system)						
6.3 Optimise enablers to support the workforce	a) National coordination NZ Instance of Lippincott (Clinical Procedures). The South Island and 11 North Island DHBs work in partnership to implement a framework for the management of New Zealand instance.		Long	The Lippincott Clinical Procedures are relevant to the NZ health context.	Māori health providers are supported to access Lippincott	WFD
	b) Shared eLearning content: <b>National:</b> Work with the sector, which is using similar technology, to collaborate on alignment of design, content sharing & learning community activities. <b>Regional:</b> Outcome of Deloitte's review of healthLearn (South Island Platform)		Short Q4 / Medium	An agreed single learning module (to avoid unnecessary duplication of effort)	TBA	WFD
Workforce Data and Intelligence						
To improve workforce data and intelligence in collaboration with Health Workforce and DHBSS						
6.4 Improve workforce data and intelligence	a) Health Workforce data is available to support planning Collation of workforce data from available data sources.		Short / Medium	Workforce Data set available for service planning.	Māori workforce data is a specific part of the data set	WFD

Objective	Activity /Action		Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
<b>7 Hepatitis C</b>						
<b>7.1 Facilitate education, awareness and referral</b>	a) Raise community and general practice team awareness and education of the hepatitis C virus (HCV) and risk factors for infection; includes encouraging hepatitis C champions and collaboration with primary and secondary care.	National	Medium	Increased community and primary care awareness of HCV and collaboration across primary and secondary services.	Awareness and education includes specific focus and material for Māori and Pacific people.	Hepatitis C SI Regional Workstream (CDHB led)
<b>7.2 Facilitate testing, access and follow up</b>	a) Facilitate provision of testing of individuals at risk and identify those diagnosed with possible and active infection who could benefit from new treatments but may have been lost to follow up. Includes community-based access to testing and care that could include Liver Elastography scans services.	National	Short Q2 / Medium	At risk individuals are tested, those lost to follow-up identified.	Testing and lookback programme includes focus on Māori and other groups.	Hepatitis C SI Regional Workstream (CDHB led)
	b) Facilitate DHBs to develop a plan to engage with clients identified as 'treatment naïve' through the 2nd phase of the laboratory tests lookback programme.	National	Medium	DHB plans developed.	Plans address equity for Māori and other groups.	Hepatitis C SI Regional Workstream (CDHB led)
<b>7.3 Review clinical pathway</b>	a) Regularly review local pathways.	National	Medium	Pathways reviewed as appropriate following national guideline changes to testing and treatment.	Pathways to be reviewed to enable equity focus on at risk populations.	Hepatitis C Clinicians and GP Liaison
<b>7.4 Improve equity focus in populations who are at increased risk</b>	a) Facilitate DHB services to ensure specific at-risk populations are reached.	National	Short Q2 / Medium	At risk populations are tested, managed and treated.	Equity focus in reaching at- risk populations engage Māori and Pacific people, where relevant. (EOA)	Hepatitis C SI Regional Workstream (CDHB led)
<b>7.5 Enable primary care to deliver treatment</b>	a) Facilitate primary care to provide the majority of treatment services for individuals with hepatitis C.	National	Medium	Collaboration with secondary care enables primary care to deliver treatment.	Primary care collaborative outcomes are inclusive of focus on equity.	Hepatitis C SI Regional Workstream (CDHB led)
	b) Identify and address barriers to primary care prescribing within each DHB. Includes developing a primary care champion's network.	National	Medium Short Q4	A primary care champion's network is established. Pharmac reports reflect the increase in GP prescribing throughout the region.		MOH /Pharmac
<b>7.6 Facilitate accountability with timely reporting</b>	a) Narrative quarterly reporting on progress of key actions. b) Six-monthly reporting on measure of number of people diagnosed.	National	Short Q1-Q4 Short Q2, Q4	Narrative report each quarter and six-monthly report on diagnoses.	Reporting by ethnicity including Māori and Pacific people.	Hepatitis C SI Regional Workstream

\*Short term: 6/12 - 1 year  
 Medium term: 2 - 4 years  
 Long term: 5 - 10 years  
 (Quarter due for short term only)

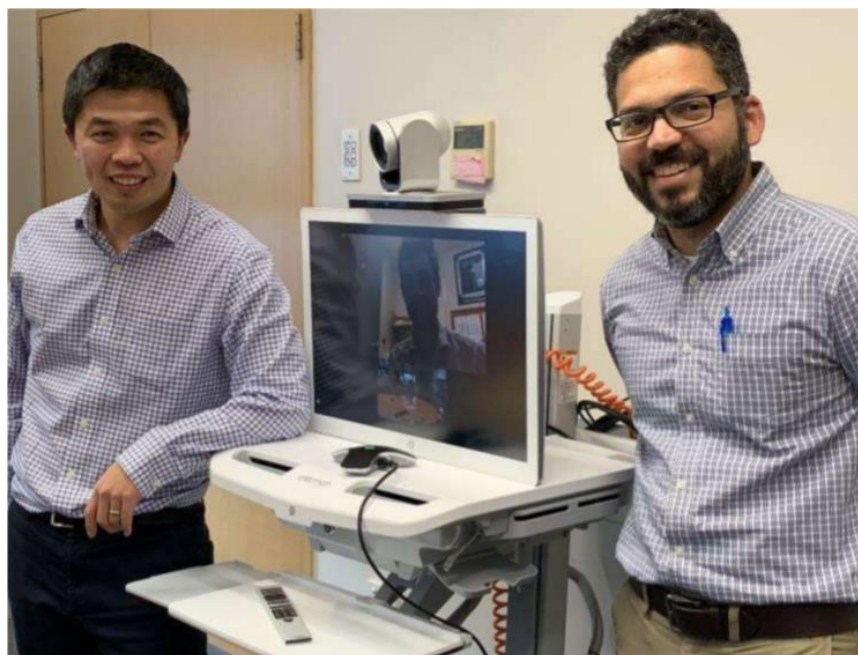
Objective	Activity / Action	TERM	Outcome/ deliverable	Equity focus / outcome	Responsible group
<b>8 Cancer Services – Southern Regional Hub, Te Aho o Te Kahu, Cancer Control Agency</b>					
From 2020/21 the Southern Cancer Network will be a hub within Te Aho o Te Kahu, Cancer Control Agency. Its work programme is focused on progressive South Island wide implementation of clinical and operational systems that support the development of a patient-centred 'South Island system of cancer care'					
<b>Community Health and Wellbeing</b>					
<b>8.1 Improve pathways for cancer patients</b>	a) <b>Increase early detection of lung cancer.</b> In anticipation of national direction on early detection of lung cancer, SCN has facilitated the establishment of a South Island Lung Cancer Working Group. A workplan, is broadly expected to include: <ul style="list-style-type: none"> <li>Review of lung cancer pathways and system capacity, particularly focusing on appropriateness for Māori and the transition from primary to secondary care.</li> <li>Implementation of the national Early Lung Cancer Guidance and toolkit in partnership with consumers and Māori.</li> </ul> <i>(supporting Cancer Action Plan Outcome 4 – better cancer survival and Outcome 2 – equitable outcomes)</i>	Short Q4	1. Verified the suitability of pathways and identify potential improvements  2. Primary care are better able to identify those at high risk of lung cancer and refer appropriately to secondary services  3. Māori are more aware of symptoms of lung cancer and what to do about it	Māori are more likely to have lung cancer and have poorer outcomes, partly due to later diagnosis. This activity supports Māori to be diagnosed earlier, reducing inequity of outcomes	SCN
	b) <b>Improve support and transition for people who have recently completed cancer treatment</b> to reduce reliance on specialist care services. Working with the South Island Consumer Group, DHBs and NGOs to: <ul style="list-style-type: none"> <li>improve accessibility of support available</li> <li>smooth the transition of patients at the end of their treatment</li> <li>strengthen relationships and process with NGOs</li> </ul> <i>(supporting Cancer Action Plan Outcome 4 – better supportive care)</i>	Short Q4		Further work required to understand specific needs of Māori and ensure any initiative is culturally appropriate Patient reported satisfaction with post-treatment care/transition	SCN



Objective	Description	TERM	Outcome/ deliverable	Equity focus / Equitable Outcome Action (EOA)	Responsible group
	<b>c) Develop and implement of the South Island Multidisciplinary Meeting System (SIMMS) including workflows.</b> Complete remaining implementation of MDMs (funding approved) and transition to business as usual through: <ul style="list-style-type: none"> <li>Support for South Island alignment of workflows, and MDM support processes including mobile VC linkages</li> <li>Oversee and embed agile software processes, audit, QA and monitoring of SIMMS</li> <li>Undertake long term planning for SIMMS resourcing and future requirements</li> <li>Develop local and regional reporting from SIMMS via an electronic MDM dashboard</li> <li>Continue to facilitate MDM Governance Group and MDM Change request group</li> </ul> <i>(supporting Cancer Action Plan Outcome 1 – consistent modern care)</i>	Medium Q1/ Q4	SIMMS is embedded and sustainable as a tool to support high quality decision making and care, with processes in place to extract reporting.	Greater equity and consistency of care through: patients can be referred using SIMMS to the appropriate MDM from any DHB location across the SI  Mobile VC linkages enable clinicians at remote sites to present their patients and engage directly with MDM specialists	SCN
	<b>d) Facilitate planning for radiation oncology capacity and consideration of South Island models of care.</b> Explore the feasibility/business planning for linac capacity options identified by the SI radiation Oncology Partnership Group. <i>(supporting Cancer Action Plan Outcome 1 – consistent modern care)</i>	Short Q3/Q4	SI DHBs able to draw on robust data supported by a collective South Island view and contemporary models of care and considering various scenarios for the development of business cases for linear accelerators.	Plans for increased linear accelerator capacity, and future models, will improve access for patients outside Christchurch and Dunedin.	SCN
<b>Information into Action</b>					
<b>8.1 Improve pathways for cancer patients (contd.)</b>	<b>a) Facilitate implementation of the National Radiation Oncology plan</b> <ul style="list-style-type: none"> <li>Reviewing and evaluating the consistency of treatment for specific tumour streams within radiation oncology</li> <li>Implementing strategies to reduce unwarranted variation and maximise available capacity</li> </ul> <i>(supporting Cancer Action Plan Outcome 1 – consistent modern care)</i>	Medium / Ongoing	1.Reduction in unwarranted variation of practice with regard to fractionation in radiation oncology  2.Maximising of machine and clinical capacity in South Island	Improve consistency of care across the South Island. Patients will receive the same radiation fractionation regardless of where in the South island they receive treatment.	SCN
	<b>b)Implement Phase II of MOSAIQ in South Island hospitals</b> in NMDHB cancer services and CDHB haematology <i>(supporting Cancer Action Plan Outcome 1 – consistent modern care)</i>	Medium Up to Q4 20/21	Single radiation oncology, medical oncology and haematology patient care system in the South Island	MOSAIQ will enable easier identification of inequities and support consistency of care	SCN

8.2 Facilitate DHBs to implement national priorities	<b>a) Facilitate DHBs to achieve the 31-day and 62-day cancer waiting time measures, including providing quarterly reporting to DHBs</b> including information sharing, collaboration and streamlining of cancer pathways. Provide DHBs with quarterly reporting and process mapping to understand where breaches are occurring. Continue to improve dashboards.  <i>(supporting Cancer Action Plan Outcome 1 – consistent modern care, and Outcome 2 – equitable outcomes)</i>	Ongoing	Outcome: Achievement across all South Island DHBs of 90% and 85% for the 62-day and 31-day cancer waiting time measures, respectively.	Breach analysis by ethnicity is included in quarterly reporting by SCN, including reason for delay, primary site, treatment modality and DHB of domicile as well as treatment, to identify areas for service improvement.	SCN
	<b>b) Facilitate DHBs preparation and implementation of the national bowel screening programme.</b> Help DHBs manage the impact of BSP implementation on delivery of cancer care and treatment where the programme has an impact on the volume of patients.  <i>(supporting Cancer Action Plan Outcome 4 – better cancer survival)</i>	Ongoing	Outcome: South Island DHBs manage the impact of increased volume of patients diagnosed with cancer through the programme	Facilitate particular emphasis of achieving equitable participation for Māori and Pasifika	SCN / AOG Sustainable Services
8.3 Facilitate key groups with secretariat / administrative services	<b>a) Support Te Waipounamu Māori Leadership Group for Cancer as a partner in improving equity of access and outcomes for Māori affected by cancer.</b> Act as secretariat and provide support to develop and implement a workplan in alignment with SCN quality improvement activities.  <i>(supporting the overarching principle of being equity-led, and outcomes across the Cancer Action Plan, with focus on Outcome 2 – equity)</i>	Ongoing	Outcome: Gives Māori voice and advice over priority setting, development and implementation of the SCN workplan, supporting improved equity of access and outcomes for Māori affected by cancer. (EOA)		SCN
	<b>b) Improve the experience and quality of care for people with cancer.</b> Act as secretariat and facilitate to develop and implement a workplan in alignment with SCN quality improvement activities.  <i>(supporting the overarching principle of person and whānau centred care, and outcomes across the Cancer Action Plan)</i>	Ongoing	Outcome: Gives consumer voice and perspective in priority setting, development and implementation of the SCN workplan, supporting improved experience and quality of care for people with cancer.		SCN
	<b>c) Support the South Island Cancer Psychosocial and Supportive Care Initiative.</b> Act as secretariat support for stakeholders to provide strategic oversight for the initiative.  <i>(supporting Cancer Action Plan Outcome 4 – better supportive care)</i>	Ongoing	Outcome: a well governed, regionally connected and supported Psychological and Social Support Service.		SCN
8.4 Facilitate key national initiatives	<b>a) Systemic Anti-Cancer Therapy (SACT) project Phase II (Data definitions) (MOH funded contract with SCN)</b>	Short to Oct-2020	<ul style="list-style-type: none"> <li>Developing nationally agreed definitions</li> <li>Development of national library of SACT regimens (similar to eviQ)</li> </ul>	National alignment of SACT regimen definitions provides the foundation for consistent data capture and	SCN

	Support for the regimen standardisation phase of the development of a Systemic Anti-Cancer Therapy NZ dataset to address existing information gaps in monitoring systemic anti-cancer therapy (SACT) variation, quality, access and performance in New Zealand. <i>(supporting Cancer Action Plan Outcome 1 – consistent modern care)</i>		<ul style="list-style-type: none"> <li>Alignment of local e-prescribing (and ideally paper) systems</li> </ul> Project will be handed over to Ministry of Health October 2020	meaningful analysis in later project stages. This will enable national comparison and investigation of unwarranted variation and inequities.	
	<b>b) Impact assessment of PHARMAC funding additional cancer drugs</b> Facilitate DHBs providing newly funded cancer drugs by assessing the impact on services that administering the drug will have. A proactive approach aligned to Pharmac consultation processes to allow lead in time to manage the impact of implementation for DHB services. <i>(supporting Cancer Action Plan Outcome 1 – consistent modern care)</i>				SCN



\*Short term: 6/12 - 1 year  
 Medium term: 2 - 4 years  
 Long term: 5 - 10 years  
 (Quarter due for short term only)

Objective	Activity / Action	Term	Outcome / deliverable	Equity focus or Equitable Outcome Focus	Responsible group
<b>9 Activity not listed elsewhere</b>					
<b>9.1 Improve services to become sustainable</b>	<b>a) Intensive Care Services</b> Develop, and implement a SI model of critical care service delivery engaging SI DHBs, CCDHB and MOH to optimise capability and capacity	Medium	Planned, networked sustainable, accessible intensive care services.	Critical Care Strategy inclusion.	AOG / Sustainable services
	<b>b) Ophthalmology Collaborative</b> Work with SI DHBs within the national collaborative, sharing initiatives and identifying directions that will achieve equitable access to eye health services	Medium	Sustainable, equitable eye health services that match capacity and demand	Undertake cost barrier analysis	AOG / Sustainable services
	<b>c) HealthPathways</b> Recommend clinically consistent community and hospital HealthPathways for localisation/adoption across the SI as required (potentially including Transgender Pathways)	Long	Sustainable, equitable, clinically consistent health services that match capacity and demand	Maori and Pacific providers are well-connected with the health system	AOG / Sustainable services
<b>9.2 Facilitate activities that contribute to reducing acute demand</b>	a) Implement appropriate destination policies to take into account local variations (some components with St John not completed from 2019/20)	Short Q3	Destination policies agreed and implemented across the region		Major Trauma workstream
	b) Consider Frailty Scoring as a further tool for determining the severity of trauma (some components not completed from 2019/20)	Short Q2	Prepare recommendations for consideration at regional and national level	Impact of ethnicity implications taken into consideration	Major Trauma workstream



## Appendix 2: Work Programme Overviews

### Cardiac Services

*‘South Island people enjoy quality of life and are prevented from dying prematurely from heart disease’*

The Cardiac Services Workstream provides regional leadership across the South Island Cardiac continuum of care with current focus on:

1. Completing a South Island Model of Care to cover service quality and improvement, preparing for increasing demand and staying healthy in the community.
2. Using data for information, including understanding and addressing matters of access and equity
3. Ensuring efficient and sustainable pathways
4. Supporting workforce development
5. Supporting national initiatives

### Child Health

The Child Health SLA (CHSLA) has been formed to improve the health outcomes for children and young people of Te Waipounamu. The current plan builds on previous activity whilst developing new programmes of work to support the South Island priorities of the First 1000 Days and equity.

The CHSLA will continue to focus on projects aimed at ensuring that all children have the best possible start and will co-ordinate the cross alliance First 1000 Days work-programme. Working in partnership with Te Herenga Hauora the CHSLA aims to deliver projects specifically targeted at improving outcomes for Māori and vulnerable children in our communities.

### Health of Older People

The Health of Older People SLA (HOPSLA) provides expertise and guidance around delivery of service to the South Island population over 65 (or those close in age and need). The vision is to provide best health care and healthy ageing across the South Island.

Five key focus areas set the direction of this work plan:

- Dementia
- Comprehensive Clinical Assessment (InterRAI)
- Restorative Care
- Advance Care Planning
- Delirium

### Hospital Oral Health Services

Actions for the plan are derivatives of the Hospital Oral Health Strategy “*Working towards an integrated South Island Service Model*”, as endorsed by the alliance Operational Group (AOG) in 2018 and developed by the South Island Hospital Oral Health Services.

### Major Trauma Services

*‘More patients survive major trauma and recover with a good quality of life’*

The South Island Major Trauma Workstream provides regional leadership across the Major Trauma continuum of care. The region will work with the national network to expand opportunities now that

the national business case has been approved and recommendations are available from the review of New Zealand trauma services by the Royal Australasian College of Surgeons. Focus will be on:

- Using data for information
- Encouraging the formation of Trauma Services through connected and co-ordinated care for the patient as they journey through the hospital
- Supporting the workforce
- Quality improvement across the trauma system, to create a system that learns and evolves
- Improving equity of access and outcomes across the region

## Mental Health and Addictions

The Mental Health and Addictions Service Level Alliance (MHASLA) provides advice, guidance and direction to the South Island mental health sector and oversees the development of regional strategic planning.

In achieving their vision, the MHASLA also considers and prioritises recommendations from the Mental Health sector.

Further information, activities and deliverables will be identified and confirmed according to Government decisions arising from *He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction*. Mental Health and Addictions is also a Priority Focus Area in this Plan.

## Palliative Care

***‘High quality, person centred, palliative and end of life care available to all people of the South Island according to need and irrespective of location’.***

The Palliative Care Workstream continues to progress work in several key areas across the South Island:

- South Island model of palliative care
- Paediatric palliative care
- Information systems
- Framework for allied health professionals
- ePrescribing
- Te Ara Whakapiri: Principles and guidance for the last days of life
- Carer support in end-stage Dementia
- VOICES (Views of informal carers’ evaluation of services) survey

New projects are planned in the following areas:

- After-hours access to palliative support in the community
- Palliative and end-of-life care education
- Palliative Care Outcomes Measures
- Compassionate Communities

## Public Health Partnership

***‘A connected and equitable South Island health and social system that supports all people to be well and healthy’.***

The South Island Public Health Partnership has been formed to:

- Maximize the collective impact of working together to improve the health and wellbeing of the South Island population with a particular focus on equity and improving Māori health outcomes.



- Facilitate effective and efficient regional and local delivery of Ministry-funded Public Health Unit (PHU) services.
- Improve the interface and support between PHUs and other parts of the health system.
- Embed a South Island way of working that enhances joined-up work.

Three key focus areas set the direction of the annual plan: collective impact and partnerships; facilitating a health promoting health system, and South Island Public Health Unit strategic and operational alignment.

### Southern Regional Hub, Te Aho o Te Kahu, Cancer Control Agency

A workplan has been drafted that focusses on the natural next steps for work already underway, ensuring alignment with the outcomes sought in the New Zealand Cancer Action Plan. For 2020/21 Southern Cancer Network (SCN) becomes a regional hub within Te Aho o Te Kahu, Cancer Control Agency. As further development of priorities and work programmes under the umbrella of the Cancer Control Agency occur, it is expected this workplan will be modified and expanded, particularly relating to the goals of the cancer plan that have not been reflected in cancer network workplans to date.

The focus remains on providing equitable, seamless, patient-centred care for people and whānau affected by cancer across the South Island. This is delivered through the progressive South Island wide implementation of clinical and operational systems that support the development of a patient centred 'South Island system of cancer care', recognising that the national cancer network implementation may result in this approach being revised.

In line with the New Zealand Cancer Action Plan values and outcomes, the main drivers of the 2020/21 workplan remain improving:

- equity of access and outcomes for Māori with cancer
- pathways to enable more timely access to diagnosis and treatment
- consistency and quality of care

The workplan is based on a foundation of core functions and relationships that enable:

- improving equity for Māori. The Southern Regional Hub partners with Te Waipounamu Māori Leadership Group who provide advice and expertise on planning and implementation. The Group's own work programme priorities focuses on enablers that support improving equity, including embedding use of equity assessment tools; ethnicity data collection and visibility; cultural competency; sharing innovation and supporting local service improvement initiatives; and co-design/giving Māori voice
- giving consumers a voice in improving patient experiences. The Southern Regional Hub partners with the South Island Cancer Consumer Group.
- development of clinical leadership and linking clinical and operational leaders across the region (through Clinical and Operational Leads Group; Faster Cancer Treatment Leads Group; Cancer Psychological and Social Support Steering Group; Radiation Oncology Partnership Group and the Cancer MDM Governance group)
- these partnerships are highly valued and inform all aspects of our work. With experience in 2019/20 in using "co-design", drawing on the methodologies gained through the HQSC Partners in Care programme for several pilot projects, The Southern Regional Hub seeks to further embed co-design/co-development as a foundation of our service improvement work.

Key activities, each of which work to embed equity in a measurable and monitorable way, include: further development, implementation and enhancement of the South Island Multidisciplinary Meeting System and alignment of MDM workflows; capacity planning for radiation oncology; whole of system approach to improving early detection of lung cancer; completion of rollout of MOSAIQ; support for post-treatment care, and the regimen standardisation phase of the national project on Systemic Anti-Cancer Therapy.

## Stroke Services

The Stroke Services Workstream is a team of stroke service clinicians and managers from the five South Island DHBs who are working together to improve the health outcomes for people who have experienced stroke, to maximise their potential to lead self-managing and independent lives and reduce the recurrence of stroke.

The focus is on ensuring equitable, consistent acute and rehabilitation referral and management pathways are achieved across the region, and that South Island health professionals have good access to continuing stroke specific education. For 2020-21 stroke services form part of national priorities to improve prevention programmes, telestroke and clot retrieval services, rehabilitation and support of isolated workforces.

## Sudden Unexpected Death in Infancy (SUDI) Prevention

This South Island regional programme forms part of the National SUDI Prevention Programme. The Ministry of Health's National Sudden Unexpected Death in Infancy (SUDI) Prevention Programme (NSPP), aims to reduce the SUDI rate from 0.7 to 0.1 in every 1,000 births by 2025 with equity across all ethnicities.

DHBs are required to prioritise the provision of safe sleep devices and increased stop smoking support for women who smoke during the antenatal and postnatal periods. Close working with Child Health SLA and Well Child Tamariki Ora (WCTO) will ensure improved outcomes.

## Sustainable Services

The South Island General Managers Planning & Funding, Operational General Managers, Chief Medical Officers, Directors of Nursing and Directors of Allied Health, as second tier executives, are responsible in their DHBs, and across the South Island, for sustainably planning and improving the health system, clinically, operationally and financially. Together, as the South Island Alliance Operational Group, they take a system approach and:

1. Analyse the capacity and demand for SI health services, with a particular focus on identifying vulnerable services and priorities for investment and disinvestment.
2. Support integrated working across the SI DHBs to address and resolve operational challenges that will benefit from a shared approach
3. Develop, monitor and review a plan(s) to ensure services are operationally sustainable
4. Work with the Alliance structure, workforce and information management groups to ensure the appropriate operationalisation of strategies.

Current focus includes: Ophthalmology, Dermatology, Intensive Care services, and workforce implications for Maxillofacial and Vascular services.

The formation of this Group is a recommendation of the Telehealth Strategy. The National Telehealth Stocktake, led by the MoH, was to be completed by February 2019. It was agreed to bring the two actions together, for the Governance/Oversight Group to summarise the findings and present to Alliance Leadership Team.

## Well Child Tamariki Ora

The South Island Well Child Tamariki Ora Quality Improvement project aims to enhance and support the national Well Child Tamariki Ora programme. The focus is on quality improvement, leading to better outcomes for our children. We aim to explore change and transformation in child health and inspire fresh thought, new ways of solving old problems, new ways of realising potential, and new ways of making effective change happen.

## 2.1 Enabler Work Programmes

### Information Services

Information Technology provides the platform to support improved information sharing that enables new models of care and better decision making. Well-designed Information Technology systems will help the South Island to work smarter to reduce costs, support care pathways and give patients better, safer treatment. Greater reliance on technology requires effective management of Information Technology investments, implementations and ongoing operations. Sustained investment in Information Technology is one of the ways to manage increasing demand with limited resources.

The Information Services, Service Level Alliance (IS SLA) programme of work is supporting the vision of enabling clinicians and health providers to have access to health information where and when they need it supporting clinical decision making at the point of care. Across the South Island we are working to actively implement well-designed, easy to use solutions, we are developing these in consultation with our clinical leaders to support clinical workflow requirements, linked to smarter, safer health care delivery.

The IS SLA recognise that for information sharing and integrated services to work well it takes a team approach across the whole of the health system. As a core component of the alliance model we are clinically driven and supported by strong leadership and work in partnership with patients and vendors. The IS SLA also recognise their role in enabling other activities and outcomes, such as improved data collection and analysis through consistent platforms like SI PICS and HSC. These regional platforms support DHBs to undertake better decision support processes and enable improved data collection and contribution to national initiatives such as National Patient Flow.

The Ministry of Health have identified that the delivery of ICT enabled change and innovation is critical in supporting the delivery of the New Zealand Health Strategy and the Government ICT Strategy, underpinned by technology supporting transformational change in the way patients and care teams access health services.

### Telehealth

Telehealth will operate as a sub-group under the Information Services SLA (ISSLA) and a work group will be established by the soon to be engaged Regional Telehealth Coordinator role. The South Island Telehealth Strategy was previously developed from 2017-2019 by a development work group that has since been dis-established.

## Medical Imaging (Radiology)

The workstream is establishing a multi-year work plan that will work toward delivering equitable access to robust quality radiology services for clinicians involved in both emergency, acute and planned care services to ensure optimal outcomes for patients. The strategic aim of the plan is to outline a pathway for DHB radiology services to progress their shared vision of delivering patient-centred, quality, right time diagnostic and interventional imaging services across the South Island.

## Workforce Development Hub

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.

In 2019/20 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. As specified in the national regional requirements, 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.
- Improving the sustainability of the workforce, with a specific focus on the rural and midwifery workforces.
- Supporting the implementation of the South Island mental health & addictions workforce strategy.
- Building and aligning the capability of the workforce to deliver models of care and priorities outlined in the New Zealand Health Strategy, specifically by implementing a skill sharing and skill delegation framework.
- Optimising enablers to support the health workforce, particularly in relation to online clinical procedures and eLearning at both a regional and national level.
- Improving workforce data and intelligence in collaboration with the Health Workforce Directorate and TAS.
- Supporting the Mental Health & Addiction SLA in the implementation of the South Island Mental Health & Addictions workforce strategy. Health Workforce Identified Priorities:
  - Increasing Māori staff recruitment and retention in DHBs
  - Rural Midwifery Workforce (supporting first 1000 days priority focus area)
  - Work with the Mental Health and addiction SLA to build capacity and capability in the Mental Health & Addiction Workforce
  - Implementing a Skill Sharing & Skill Delegation methodology (Calderdale Framework)
  - Workforce redesign support for the Child Development Service (CDS), led by the Child Health SLA



## Appendix 3: Leadership and Operations

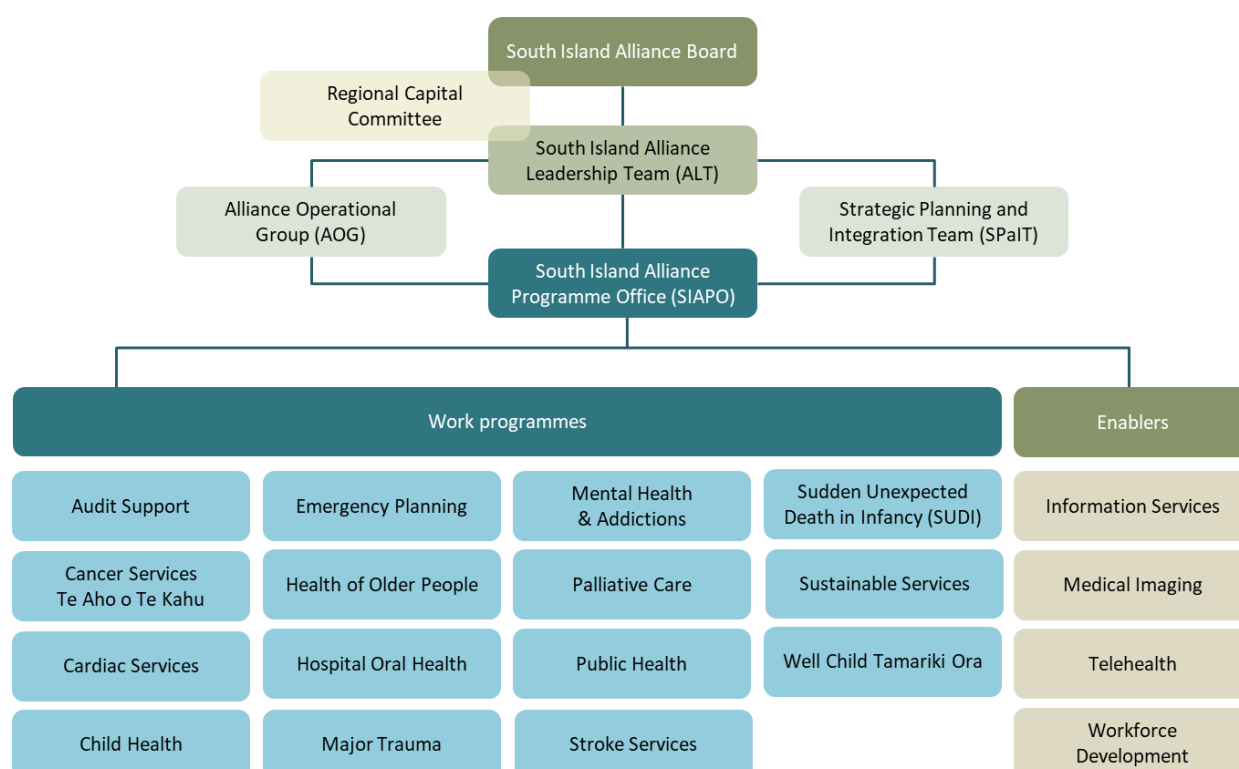
Strong governance, a robust organisational structure, clinical leadership, risk management, prioritisation methodologies and good planning and coordination all play a role in the effective functioning of the Alliance and working toward our vision and goals.

### 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 the following:

- **Alliance Board** (Chairs of the five South Island DHBs) oversees the strategic focus, governs and monitors overall performance of the Alliance.
- **Alliance Leadership Team** (the South Island DHB chief executives) prioritises 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.
- **Strategic Planning and Integration Team** (SPaIT) – a multi-disciplinary group of leaders spanning primary care, public health, medical, nursing, allied health, Māori health and planning and funding. SPaIT supports a whole of system strategic approach, ensuring activities align with regional and national priorities. SPaIT addresses strategies within the Plan with a focus from the current year up to ten years.
- **South Island Alliance Operational Group** (SIAOG) – a formalised group made up of general managers planning and funding, operational hospital managers, chief medical officers, directors of nursing and allied health. Provides operational oversight, intelligence and decision-making, including resource allocation.

### 3.2 South Island Alliance Organisational Structure



**Figure 7: Organisational structure**

Last updated July 2020

### 3.3 South Island Alliance Programme Office

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

### 3.4 Work Programmes

Our work programmes include service level alliances (SLAs) and workstreams that define and deliver their workplans and provide overarching programme and project governance. They draw on wide representation from across the region and the health system, including health professionals, managers, funders, health care providers and consumers.

Each SLA and workstream is clinically-led and has a DHB chief executive or senior executive sponsor. Sponsors support the group, where necessary help manage risks and provide a point of escalation for the resolution of issues.

Some SLAs and workstreams have their own government mandated work programme with funding and reporting linked directly to the Ministry of Health. These include Southern Cancer Network (SCN), Public Health Partnership (PHP), Well Child Tamariki Ora (WCTO) and Sudden Unexpected Death in Infancy (SUDI) programmes.

Our work programmes that include SLAs, workstreams and additional regional activity are illustrated in **figure 7** above. A summary of the current activity of each work programme is provided in **appendix 1**.

### 3.5 Consumer Engagement

The Alliance engages strongly with consumers in accordance with the vision for sustainable South Island health and disability system – best for people, best for system. Most work programmes with a clinical focus have consumer representation, many independently and some representing consumer organisations.

### 3.6 Clinical Leadership

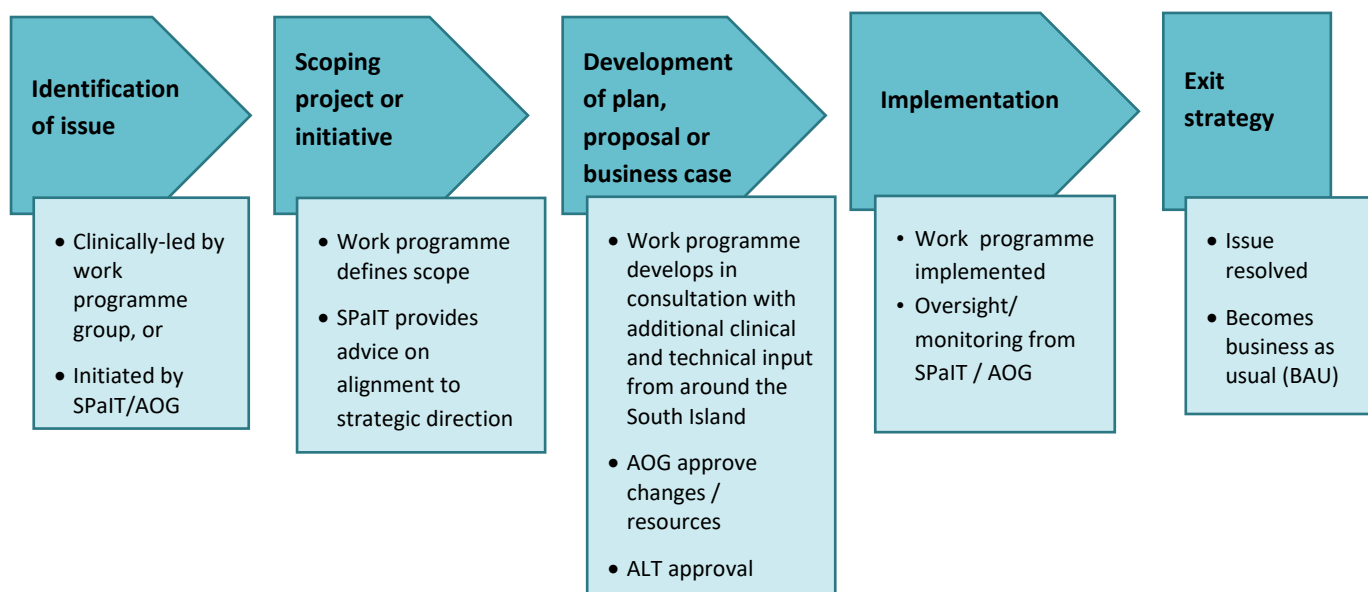
The participation and leadership of clinical health professionals from across the health system and health disciplines is integral to all Alliance decision making.

Clinical leaders, in conjunction with senior managers, have driven the South Island approach to collaboration and determined the priority focus areas for the region. As members of Alliance leadership groups, clinical leaders make decisions on all stages of regional initiatives from confirming the scope to final implementation, including decisions around resource allocation. As both chairs and members of our work programmes, clinical leaders define workplans and are accountable for implementing them.

The Alliance is conscious of its responsibility to develop clinical leadership including succession planning, and supports regular rotation of group membership in order to foster emerging leaders and bring new ideas to the group. Each group is required to consider its skill mix, with the clear expectation that a broad range of disciplines is reflected. The Alliance continues to engage with the primary care at organisational and programme level to ensure inclusivity of the primary health perspective.



The typical course a programme of work would involve or be driven by clinical leaders is illustrated in **figure 8**, noting there is variance in the way in which regional initiatives develop.



**Figure 8: Clinical Leadership and programme development**

### 3.7 Regional Funding and Approval

The South Island Alliance Programme Office manages the operational budget for the Programme Office activities, including facilitation for the regional planning activities as outlined in the South Island Health Services Plan. The five South Island DHBs fund the Programme Office on a PBFF basis. Costings of specific initiatives cannot easily be quantified as the nature of Alliance activity is collaboration and partnerships of DHB and other organisations' goodwill within their existing resources.

The region is acutely aware of the fiscal constraints impacting health services and the need to focus on innovation, service integration, improved efficiency and reduced waste to support provision of high-quality care. Proposals for regional activity must clearly identify the value proposition for patients and/or the system, including how it will address equity.

All work undertaken by the South Island Alliance must align with the goals and principles of the plan and address one or more of the eight South Island Alliance outcomes. Initiatives must also align with one or more of the six priority focus areas.

As the workplans are developed and endorsed, resource requirements are identified. Where possible implementation is undertaken by staff within the DHB services or the Alliance programme office. Where this is not an option the people resource is included in the budget bid process as outlined below.

The budget bid process is undertaken with the South Island General Managers Planning and Funding. This allows bids to be prioritised against national, regional and local priorities. Bids are identified that are supported subject to the DHB funding package and, where requested, for significant and /or multi-year investments, a fully costed proposal or business case. A final recommendation to the Alliance Leadership Team is made when the DHB funding package is known and the GMs Planning & Funding have endorsed the recommendations.

Regional activity that needs project or capital funding for Information Services and other capital investments involves review by appropriate senior DHB executives relative to the subject matter and DHB decision paths. A recommendation is then made to the South Island Alliance Leadership Team or Regional Capital Committee for approval. The threshold for Regional Capital Committee review and approval is for projects greater than \$500,000.

### 3.8 Developing and Prioritising our Work

In 2018 we reviewed our structures and processes to ensure decision-making is occurring in the right place, with the right people involved and with a streamlined path to implementation identified. This process was further refined during 2019/20.

The new approach directs planning activity through a priority scoring process to initially determine its priority in the wider Alliance context, further supporting resource allocation decisions. The method covers strategic value, equity considerations, feasibility and relativity to 'best for people / best for system'.

Meeting these criteria, activities are further developed by the relevant group in collaboration with their stakeholders. This work-up, using further Alliance tools, allows the project to be framed and decisions made by the work programme group with parameters including objectives, timelines, measures, workforce consultation, equity considerations and exit strategy.

### 3.9 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.

#### 3.9.1 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 internal population movement, resulting in pockets of high population growth such as 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 for the current year has been modified, recognising the unique challenges for health services in responding to the pandemic during 2020.

**Earthquake recovery**

The Canterbury earthquakes of 2010-11 caused significant and catastrophic disruption. Repair and redevelopment have gained momentum in the years since but the capacity of the Canterbury health system will continue to be significantly influenced by ongoing factors for a number of years. This includes prolonged levels of peoples' stress, anxiety and mental health adjustment, sub-standard living arrangements exacerbating chronic illness; and shifts in population. Damage to health infrastructure was extensive and repair strategies have had a significant impact.

The earthquakes in Kaikoura in 2016 and around Seddon added further impact on Canterbury and the Nelson Marlborough region. These communities have required ongoing support. The psychosocial recovery needs of the communities may continue and change over the coming years.

**Christchurch terrorist attack**

This event in March 2019 had significant impacts on the Christchurch community, New Zealand and internationally. New Zealand remained on high terror threat alert for several weeks. The health system in Canterbury responded appropriately however ongoing community recovery from trauma has occurred. 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.

**Infrastructure redevelopment**

The details related to specific infrastructure development reside within each individual DHB's Annual Plan and are summarised in [section 4.3](#). Redevelopment encompasses assessment of models of care, service development and delivery and concomitant risks that could be posed for the Alliance with any significant change to services intended. This is to be addressed in 2020-21 with a comprehensive programme of regional development planning.

**3.10 South Island Alliance Decision-making**

The South Island Alliance approach to decision making is guided by the vision, objectives, principles and Priority Focus Areas. Decision making is detailed along with the process for resolving disputes, in the South Island collective decision-making principles below.

As a region we acknowledge that each DHB has different drivers and circumstances but are committed to ensuring equity of outcomes for South Island people. It is acknowledged that there may be areas within the scope of the activities of the Alliance where a particular DHB either may wish to, fully or partially, take a separate path from the Alliance activities.

The Charter outlines that each Board can choose not to take up a regional activity at the time of commencing however, once agreed, the Board will be bound to operate within the scope and decision-making criteria agreed. Any DHB intending to exercise this right will do so in good faith and will consult the other South Island DHBs before exercising this right.

### 3.10.1 Escalation Pathway

The Alliance operates with escalation pathways as follows:

#### Strategic:

- Strategic Planning and Integration Team (SPaIT)
  - Covers decision making and escalation of challenges, issues and decisions relating to strategic direction and intent.
  - Alliance work programmes provide:
    - reports on strategy development and objectives for review
    - updates on performance against strategic objectives, including successes, challenges, delays and associated risks
  - The escalation pathway is to the Alliance Leadership Team, but on occasion referral can be made to the South Island Alliance Operational Group (SIAOG) to seek operational intelligence, advice and decision making in mitigation of challenges and risks to projects and strategies.

#### Operational:

- South Island Alliance Operational group (SIAOG)
  - The escalation pathway is to the Alliance Leadership Team (South Island DHB CEOs)
  - Alliance work programmes provide:
    - reports on operational delivery of projects and programmes that require input from the senior DHB representatives with mandate and authority to make operational decisions
    - information supporting regional service delivery decisions
  - The escalation pathway is to the Alliance Leadership team.

#### Executive:

- Alliance Leadership (South Island DHB CEOs) to Alliance Board (South Island DHB Chairs)

#### Governance:

- Alliance Board (South Island DHB Chairs) to Shareholding Minister.

### 3.10.2 South Island Alliance Collective Decision-making Principles

- The parties will be proactive to ensure that decisions required are made in a timely manner. Where delays in decision making are unacceptable to any of the DHBs, they can trigger escalation.
- Decisions will be taken at the lowest level that meets individual DHBs delegated authority policy requirements, and escalation will only be used if agreement cannot be reached after reasonable attempts to resolve disagreement.
- Where decisions are required of the Chief Executive Group and beyond, documentation will include detailed cost benefit analysis and an impact analysis which demonstrates both the collective and individual DHB impacts. Evidence that the South Island CFO's have supported the cost benefit analysis, and that the relevant Senior Leadership (such as GMs Planning and Funding, COOs, HR, CMOs, DONs, DAHs etc.) have supported the robustness of the impact analysis and recommendations will be included in the papers.
- As much advance notice of decision-making requirements will be given as possible. This is particularly pertinent where the decisions are significant, or it is reasonably foreseeable that there will be either divergent views or significant stakeholder interest. Advance notice will be considered as a part of the relevant groups planning processes.

- Where a decision is required to be made, this will be noted through the appropriate agenda, together with supporting papers, distributed with no less than five working days' notice, unless shorter notice is supported unanimously by the parties making the decision.
- Decisions will be by consensus.
- In the event that a DHB is unable to attend the meeting, either through the substantive member or an alternate, the relevant DHB will either appoint a proxy or they will subsequently confer with the Chair of the meeting to determine whether they can support the consensus reached by the attending parties
- It is noted that each DHB has slightly different delegations policies, and because of this, time needs to be provided in any planning process to allow significant decisions to be taken back through individual DHB internal processes. This will be accommodated in planning processes.
- Where consensus agreement cannot be reached, the relevant group will agree to either:
  - Seek independent input or mediation to attempt to resolve any disagreement, or
  - Escalate the matter through the escalation pathway noted below. Key determinants behind whether independent input/mediation/escalation will be used are the relevant group views as to:
    - Likelihood of successful resolution of the disagreement in a timely manner; and/or
    - Whether time constraints permit delay.
    - Where agreement cannot be reached, the parties will document their perspective of the matter to ensure the party or parties to whom the matter has been escalated are fully informed of the difference of views.
    - Where independent input or mediation is chosen, the District Health Boards will appoint the independent adviser / mediator by consensus decision. In the event that consensus is not reached the Director General or nominee will be the default mediator.



## Appendix 4: Alliance Group Membership

Updated July 2020

### Strategic Planning and Integration Team

Name	Date commenced	Title	Organisation
Anna Wheeler (Interim Chair)	March 2019	Associate Director of Nursing and Midwifery	SCDHB
Carolyn Gullery		Executive Director, Planning and Funding and Decision Support	CDHB / WCDHB
Nigel Millar		Chief Medical Officer	SDHB
Dr Jacqui Lunday Johnstone OBE	Sept 2019	Executive Director of Allied Health, Scientific and Technical	CDHB / WCDHB
Daniel Williams		Community and Public Health Physician	CDHB
Ditre Tamatea	March 2019	General Manager, Māori Health and Vulnerable Populations	NMDHB
Dr Lorna Martin	March 2020	Chair, Waitaha PHO	PHO
Mark Leggett	2017	General Manager, SI Alliance Programme Office	SIAPO
Keith Todd (in attendance)	2019	SI Alliance Programme Director	SIAPO
Kate Rawlings (in attendance)	2019	SI Alliance Workforce Development Hub Programme Director	SIAPO
John Carson (in attendance)	Jan 2019	Secretariat, Planning Coordinator SI Alliance Programme Office	SIAPO

### Alliance Operational Group

Oversees the programmes of work related to SLAs and workstreams, Southern Cancer Network, Workforce, Information Services SLA, Hospital Oral Health, Medical Imaging and Sustainable Services.

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	NMDHB
Keith Todd	2019	Facilitator, SI Alliance Programme Director	SIAPO
Carolyn Gullery	2017	Executive Director, Planning Funding and Decision Support	CDHB/WCDHB
Lisa Gestro	2018	Executive Director, Strategy, Primary & Community	SDHB
Jason Power	2017	Director, Corporate Services	SCDHB
Lexie O'Shea	2017	General Manager, Clinical Services	NMDHB
Pauline Clark	2017	General Manager, Christchurch Hospital	CDHB
Mary Gordon	2018	Executive Director of Nursing	CDHB
Dan Coward	2017	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
Sue Nightingale	2019	Chief Medical Officer	CDHB
Nick Baker	2017	Chief Medical Officer	NMDHB
Graham Roper	2020	Chief Medical Officer	WCDHB
Renee Templeton	2018	Director of Allied Health; DAH representative	SCDHB
Jacqui Lunday Johnstone	2020	Executive Director of Allied Health, Scientific and Technical	CDHB / WCDHB
Mark Leggett	2017	General Manager, SI Alliance Programme Office	SIAPO



## Service Level Alliances (SLA) and Workstreams

SLA	Name	Date commenced	Title	Organisation
<b>Southern Regional Hub, Te Aho o Te Kahu, Cancer Control Agency</b>	Ralph La Salle (Interim Chair)	March 2017	Planning & Funding (Team Leader Secondary Care)	CDHB
	David Meates (Sponsor)	2013	CEO	CDHB
	Nicholas Glubb	Aug 2017	Southern Cancer Network Manager	SIAPO
	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
	John MacDonald	Sept 2018	Chair	SI Cancer Consumer Group
	Lexie O'Shea	Sept 2017	GM Clinical Services	NMDHB
	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

SLA	Name	Date commenced	Title	Organisation
<b>Child Health</b>	Dr Clare Doocey (Chair)	2011	Paediatrician, Chief of Child Health	CDHB
	Dr Peter Bramley (Sponsor)	May 2018	CEO	NMDHB
	Stephanie Read	Jan 2019	Facilitator	SIAPO
	Peter McIlroy	Dec 2016	Head of Dept., Paediatrics	NMDHB
	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
	Liza Edmonds	2017	Paediatrician	SDHB
	Ian Shaw	2017	Paediatrician	SDHB
	Wayne Turp	2011	Project Specialist, Planning and Funding	CDHB
	Jeanine Tamati-Elliffe	April 2019	Māori Representative	n/a
	Ditre Tamatea	Nov 2018	General Manager, Māori Health and Vulnerable Populations	NMDHB
	Emma Jeffery	June 2019	Consumer	
	Donna Ellen	Aug 2017	Community Support Manager	Pegasus Health (Charitable) Ltd
	Turid Peters	Nov 2019	Allied Health Representative	SIAPO
	Marijke Dryfhout	Feb 2020	SI WCTO Project	SIAPO
	vacant		SI SUDI Project	SIAPO

<b>Health of Older People</b>	Anna Carey (Chair)	July 2020	Clinical Improvement Manager, Aged Residential Care Provider	Summerset Groups Holdings (ARRC)
	Chris Fleming (Sponsor)		CEO	SDHB
	Alison Young	Sept 2019	Facilitator	SIAPO
	Sharon Adler	Oct 2018	HOP Portfolio Manager Planning & Funding	SDHB
	Carole Kerr	May 2019	Psycho-geriatric nurse	NMDHB
	Dr John Bulow	Dec 2017	GP Aged Residential Care	SDHB
	Margaret O'Connor	March 2018	Nurse Practitioner	SDHB
	Karen Kennedy		Community Pharmacist, Primary and Community Services	SCDHB
	Mere Wallace	May 2020	Anglican Māori Diocese of Te Waiponamu	Canterbury
	Ann Armstrong	May 2016	Consumer	Nelson
	Janette Balfe	Oct 2018	Clinical Manager, Allied Health	CDHB
<b>Palliative Care</b>	Dr David Butler (Chair)	Nov 2016	Clinical Lead Otago Hospice	Otago
	Chris Fleming (Sponsor)	Feb 2019	CEO	SDHB
	Jo Hathaway	Nov 2018	Facilitator	SIAPO
	Dr Kate Grundy	Aug 2014	Palliative Medicine Physician	CDHB
	Faye Gilles	Aug 2016	Clinical Nurse Manager Hospice South Canterbury	South Canterbury
	Katrina Braxton	Feb 2019	Clinical Services Manager	WellSouth
	vacant		Pharmacist	
	vacant		General Practitioner	
	Sally Fleming	Jul 2019	Clinical Nurse Specialist / Nurse Practitioner intern	Otago Hospice
	Jo Truscott	Aug 2019	Clinical Nurse Specialist, Paediatric Palliative Care	Nurse Maude
	Jane Rollings	Aug 2014	Service Manager	Nurse Maude
	Theona Ireton	Dec 2014	Kaitiaki Oncology / Surgical Services	CDHB
	Christine Cuff	Jul 2018	Consumer representative	Hokitika
<b>Mental Health and Addiction Services</b>	Diane Black (Co-chair)	May 2016	Consumer Advisor	SCDHB
	Dr Evan Mason (Co-chair)	Dec 2017	Consultant Psychiatrist	SDHB
	Nigel Trainor (Sponsor)	2015	CEO	SCDHB
	Martin Kane		Facilitator	SIAPO
	Deirdre Richardson	May 2019	Workforce Development Facilitator	SIAPO
	Alfred Dell'Ario	2011	Consultant Psychiatrist	CDHB/WCDHB
	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	NMDHB
	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 Leafé	June 2017	AOD Advisor	Independent
	Sandy Dawson	Aug 2016	Family Advisor	ABLE-Invercargill
	Steve Bayne	Oct 2017	Service Manager	SDHB
	Kaye Johnston	Feb 2018	Service Manager	CDHB
	Michael McIlhone	Oct 2017	Primary Care	Pegasus Health
	John Edmond (Chair)	May 2016	Cardiologist	SDHB

<b>Cardiac Services</b>	David Meates (Sponsor)		CEO	CDHB
	Alan Lloyd		Facilitator	SIAPO
	Rob Hallinan	Sept 2016	Service Manager	CDHB
	Rachael Byars	2015	Physician and Clinical Leader	SDHB
	Garry Nixon	2015	Medical Officer	Dunstan Hospital
	Tammy Pegg	May 2017	Cardiologist	NMDHB
	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
	Orla Fowden	Mar 2020	Right Care Advisor, South Island	St John
	Nina Stupples	Apr 2018	Rural GP/Medical Officer	WCDHB
<b>Major Trauma</b>	Dr Mike Hunter (Chair)	July 2014	Clinical Leader ICU	SDHB
	David Meates (Sponsor)		CEO	CDHB
	Alan Lloyd		Facilitator	SIAPO
	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
	Orla Fowden	Mar 2020	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	NMDHB
	Melissa Evans	Feb 2017	Trauma Nurse Coordinator	CDHB
	Rebecca Coats	June 2017	Trauma Nurse Coordinator	SDHB
	Lance Elder	Feb 2019	Solution Architect	SDHB
			Service Manager	
<b>Stroke Services</b>	Dr John Fink (Chair)	2011	Clinical Director, Neurology	CDHB
	Chris Fleming (Sponsor)		CEO	SDHB
	Jane Large	2013	Facilitator	SIAPO
	Dr Wendy Busby	2011	Consultant Physician & Geriatrician	SDHB
	vacant		Lead Stroke Physician	
	vacant		Allied health/ LSN or LSP	
	Clare Jamieson	2011	Occupational Therapist	CDHB
	Julian Waller	2011	Stroke Clinical Nurse Specialist	SCDHB
	Dr Suzanne Busch	2011	Geriatrician, General Physician	NMDHB
	Dr Carl Hanger	2011	Stroke Rehabilitation Consultant & Geriatrician	CDHB
	Sarah Pullinger	2018	Planning and Funding	CDHB
	Mary Griffith	2017	Clinical Nurse Specialist - Stroke	CDHB

<b>South Island Public Health Partnership</b>	Evon Currie (Chair)	2010	General Manager, Community & Public Health	CDHB, WCDHB, SCDHB
	Cathy O'Malley (Sponsor)	2016	General Manager Strategy and Planning	NMDHB
	Ruth Teasdale	2015	Facilitator	SIAPO
	Dr Stephen Bridgman	2017	Clinical Director, Public Health	NMDHB
	Peter Burt	2017	Portfolio Manager	MoH
	Peter Burton	2010	Public Health Service Manager	NMDHB
	Lynette Finnie	2014	Service Manager, Public Health Services	SDHB
	Andrew Forsyth	2017	Team Leader, Public Health Group	MoH
	Dr Susan Jack	2018	Acting Clinical Director/Medical Officer of Health	SDHB
	Dr Ramon Pink	2010	Clinical Director, Medical Officer of Health, and Māori Public Health Portfolio	CDHB
	Gilbert Taurua	2019	Chief Māori Health Strategy and Improvement Officer	SDHB
<b>Hospital Oral Health Workstream</b>	Lester Settle (Chair)	2016	Clinical Director Hospital Oral Health	CDHB
	Matthew Wood		Workstream Co-ordinator	SIAPO
	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	NMDHB
	Dr Ronald R Schwass	2016	Clinical Director Faculty of Dentistry	Otago School of Dentistry
	Jason Power	2017	Director, Corporate Services	SCDHB
	Toni McKilop	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
<b>Well Child Tamariki Ora (WCTO)</b>	vacant (Chair)			
	Marijke Dryfhout	Mar 2020	Facilitator	SIAPO
	Donna Addidle	Jun 2019	Service Manager Women Child and Youth	NMDHB
	Lydia Mains	Aug 2019	Site Manager Mothers and Babies Champion	Te Piki Oranga
	Jenni Stephenson	May 2016	Planning and Funding	WCDHB
	Bex Tidball	Aug 2019	Midwife	NZCOM
	Bridget Lester	May 2016	Child Health Portfolio Manager	CDHB
	vacant		Consumer	
	Kerry Marshall	Nov 2016	Communities and Communicable Diseases Team Manager	CDHB
	Lisa Kahu	May 2016	Kaiawhina Plunket	Te Tai O Marokura
	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
	Andrew Kelly	May 2020	Paediatrician	SDHB

## Enabler Service Level Alliances and Workstreams

SLA	Name	Date commenced	Title	Organisation
<b>Information Services</b>	Gabe Rijpma (Chair)	2018	CEO, Aceso	Independent
	Nigel Trainor (Sponsor)	2014	CEO	SCDHB
	Paul Goddard	2012	Portfolio Director, Information Services	SIAPO
	Sonya Morice	2015	IS SLA Regional Portfolio Manager	SIAPO
	Bev Nicolls	2014	Community Based Services Directorate / General Practitioner	NMH & Stoke Medical Centre
	vacant		Allied Health Scientific and Technical	
	John Beveridge	2011	Nurse Consultant	CDHB
	Nigel Millar	2011	Chief Medical Officer	SDHB
	vacant		RMO/SRO	
	vacant		Nursing	
	Stella Ward	2011	Chief Digital Officer	CDHB/WCDHB
	Patrick Ng	2014	Executive Director, Specialist Services	SDHB
	Carolyn Gullery	2011	General Manager, Planning and Funding	CDHB & WCDHB
	Peter Gent	2012	General Practitioner	Mornington Health Centre
	Kyle Ford	2018	Chief Information Officer	WellSouth Primary Health Network

SLA	Name	Date commenced	Title	Organisation
<b>South Island Workforce Development Hub</b>	Mary Gordon (Chair)	2014	Executive Director of Nursing	CDHB
	David Meates (Sponsor)	2012	CEO	CDHB
	Kate Rawlings	2012	Programme Director	SIAPO
	Kathryn Goodyear	2012	Facilitator	SIAPO
	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
	Pam Kiesanowski	2015	Director of Nursing and Midwifery	NMDHB
	Trish Casey	2019	General Manager People & Capability	NMDHB
<b>Medical Imaging Workstream</b>	Nathan Taylor	2017	Radiology Services Manager	SCDHB
	Matthew Wood	2017	Workstream Co-ordinator	SIAPO
	Jess Ettma	2017	Radiology Operations Manager	NMDHB
	Sharyn McDonald	2017	Chief of Radiology	CDHB
	Rebecca Harris	2017	Radiologist Team Leader	NMDHB
	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