NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

Waitemata District Health Board
Best Care for Everyone

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

COUNTIES MANUKAU HEALTH

Northern Region Health Plan 2017/18

November 2017

Foreword

This is our seventh regional plan. Over recent years we have seen demonstrable improvements in our health services. More patients are getting better access to care and care which is more consistent and better integrated across the region. These gains are as a result of partnerships between hospital, primary and community providers. Our mature clinical networks ensure successful innovations are shared and adopted more quickly across the region. Our clinical leaders are engaged in driving strategic service change. These improvements give us the confidence that we are focussing on the right things to really make a difference for our population.

This year we continue to highlight child health, healthy ageing and equity for particular attention. In addition, we place a strong focus upon the Northern Region Long Term Investment Plan. Our intent through this is to further align District Health Board Information Systems and capital plans.

We will also continue to work in the direction set by the District Health Board Chairs that our Region will promote rational regional service distribution to:

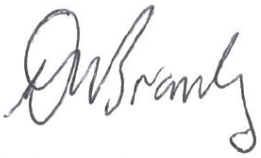
- Strengthen the Northern Region overall
- Create the opportunity for certain services to be delivered locally
- Not destabilise any particular District Health Board

We will significantly increase the focus on health outcomes as well as the continuous drive for quality improvement, while providing much greater value for money. We will put patients and community much more explicitly at the heart of what we do and why we do it.

There will be a specific focus on the three metro Auckland District Health Boards working together much more closely as an integrated system. Each of the three metro Auckland DHBs will continue to operate with its own Board but there will be changes to both our approach and priorities as we develop an operating model that supports a more integrated system across metro Auckland.

Many of our focus areas will require greater integration across the community-hospital interface. As in prior years, our Alliance Partners will remain critical to the successful delivery of the Northern Region Health Plan.

Our Regional Governance Group is committed to the regional process and applauds the gains made so far. We are proud of the work and dedication shown by our clinical networks and clinical leaders and commit our ongoing support to them as we work to achieve the ambitious targets set for 2017/18.



Dale Bramley
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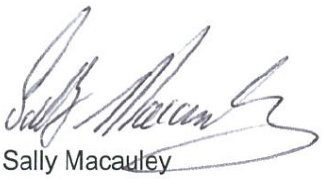

Sally Macauley
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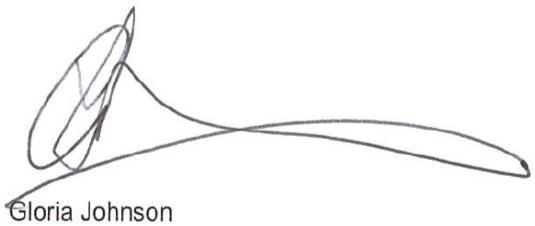

Gloria Johnson
Acting Chief Executive
Counties Manukau Health

Office of Hon Dr David Clark

MP for Dunedin North
Minister of Health
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Dr Dale Bramley
Lead Chief Executive for Northern region district health boards
Waitemata District Health Board
Private Bag 93503
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21 DEC 2017

Dear Dr Bramley

Northern Region 2017/18 Regional Service Plan

I appreciate the significant work that is involved in preparing the RSP and thank you for your effort. To formalise ongoing accountability and to provide surety, I have approved and signed the 2017/18 Northern Regional Service Plan (RSP).

I understand that your RSP includes a strong focus on the information technology (IT) and health workforce enablers, and that you will be working with the Ministry to progress all your regional IT activities. Your regional workforce activities are aligned to the district health boards (DHB) annual plans, and I expect that alignment between the plans will continue to be strengthened.

I encourage the Northern region DHBs to continue working regionally to support more effective use of clinical and financial resources, while strengthening your focus on my priorities of public provision of health services, improving access to primary care, reducing inequalities and improving mental health services.

Please note that 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. 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.

Please ensure that a copy of this letter is attached to the copies of your signed RSP held by each DHB Board and to all copies that are made available to the public. Thank you again for your leadership and efforts to deliver high quality and equitable health outcomes for your population.

I look forward to working with you in the future.

Yours sincerely

Dear Dale
I note some of the individual DHB plans have not yet been finalised, but sign this off in the expectation that it will occur early in the New Year.
Best wishes,
David.

Hon Dr David Clark
Minister of Health

cc DHB Chairs and Chief Executives in the Northern region

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Introduction

A whole of system approach is the key strategic platform driving change

The Northern Region Health Plan is intended to improve health outcomes and reduce inequalities for the 1.87 million people living in the Northern Region.

It places emphasis upon selected actions that will be progressed in a joined up manner across the four District Health Boards (DHBs) in our Region. These are actions that it makes sense to progress once, in a collaborative and consistent manner, rather than independently by each DHB. This plan outlines a series of initiatives for the next year with a particular focus on those actions we expect to deliver in each quarter of 2017/18.

The Northern Region Health Plan has been developed under our regional governance structure, with significant contributions from the Region's clinical networks, clinical governance groups and other regional workgroups. It represents the thinking of clinicians and managers from both our hospital and community settings.

This plan is founded upon working together as a region to provide health care that makes best use of available resources, is sustainable, and improves access to services.

The Northern Region Context

We are New Zealand's largest and fastest growing region.

Population growth will continue to be significant in the population we need to serve over the next 20 years

- According to 'medium' growth forecasts, approximately 587,650 extra people are expected to be living in the Northern Region in the next 20 years. This represents 64% of the expected total national growth.
- If the highest growth forecasts are correct, then the population will exceed 2.6m over 30 years, this equates to an extra 864,000 people in our Region.

The changing demographic mix will place additional demands upon our health services

The impact of the growing population is made more complex by accompanying demographic shifts.

- 19% of our total population is projected to be over 65 by 2037/38 (increasing from 240,000 to 456,000) and the population over 75 is expected to be more than double from 25,000 to 65,000
- Older people currently occupy 42% of hospital beds, and account for 80% of our projected additional bed demand by 2035/36. This will have a large impact on Northland DHB, which has the fastest growing ageing population, and Waitemata DHB which will have the biggest overall increase in aged population from 84,000 to 160,000
- The Asian population is expected to increase from 24% to 32% of our Region's total population.

There has been varied growth in healthcare demand and supply across different settings over the past five years, during which the regional population grew by 9.3% (151,000):

- Inpatient discharges grew by 15% to 374,000 per annum (acute grew 9%, elective grew 11%)
- Bed days increased by 4.7% to 1.1m per annum
- Operating procedure episodes grew by 6.5%
- Outpatient contacts grew by 8.5% (since 2011/12)
- General Practitioner consultations grew by 14%
- The number of GPs grew by 12% (149) since 2009/10

Health outcomes vary considerably across the region by geography, ethnicity and deprivation

Overall, health outcomes in the Northern Region are generally better than the New Zealand average and improving. Life expectancy continues to increase and mortality rates from cardiovascular disease and cancer are declining. However:

- There are significant inequalities and ill health linked to ethnicity and deprivation, particularly for our Māori and Pacific populations.

- There is also a significant burden of preventable ill health. 20% (1,800) of all deaths in the Northern Region are potentially amenable through healthcare intervention. Cardiovascular disease and cancer account for the largest number of amenable deaths (700 and 437 respectively).
- A number of key diseases are the major drivers of ill health and account for 76% of all health loss and 39% of all bed use in the Region. This is expected to continue to be the case in the future. Nationally, these drivers are; neuropsychiatric disorders, cancers, cardiovascular diseases (including diabetes), musculoskeletal disorders, and chronic lung, liver and kidney disease.

Significant capital investment will be required

Overall, our facilities are dated, with significant deferred and delayed maintenance being common across the region. We have many references that facilities are not 'fit for purpose' with regard to current models of care. 5.4% of building facilities and physical infrastructure are rated as being in 'very poor' condition. This increases to 18.4% if we add in assets in 'poor' as well as 'very poor' condition.

Additional capacity will be required to meet the growth in demand. If the 'status quo' hospital service delivery continues, there will be a requirement for significant investment in physical hospital infrastructure. By 2035, we will require additional hospital capacity in our Region to accommodate:[1]

- 61% growth affecting inpatient bed demand (approximately 2,170 more beds)
- 39% growth in theatre and procedure room episode requirements (this equates to approximately 39 theatres and four day stay endoscopy rooms)
- 54% growth in outpatient visit requirements (1,020,000 outpatient contacts)

Meeting the expectations set by the previous Minister of Health

The Northern Region operates as part of the national health system. The recently finalised New Zealand Health Strategy 2016 provides a vision to guide the future provision of health services. There are five strategic themes to the national strategy:

- People Powered
- Care Closer to Home
- High Value and Performance
- One Team
- Smart System

Key expectations for the public health service in 2017/18 as set by the previous Minister of Health are:

- That new initiative work will align to the five themes of the New Zealand Health Strategy 2016 and that outcomes will be clearly linked to the intent of the Strategy, whist also maintaining a focus on Māori Health outcomes and health equity
- Fiscal discipline / management of the health portfolio to ensure budgeting and operation within allocated funding. This includes seeking efficiency gains
- Support for cross agency work to support vulnerable families that deliver outcomes for children and young people and work to achieve cross sector goals in relation to the Government's Better Public Services and other initiatives including:
    - The prior Prime Ministers Youth Mental Health Project
    - The Childhood Obesity Plan
    - The Living Well with Diabetes Plan
- Achieving and improving performance against the national health targets;

1 Note: These are indicative numbers only and will continue to be updated as the modelling approach is refined.

particularly the Faster Cancer Treatment health target as a priority.

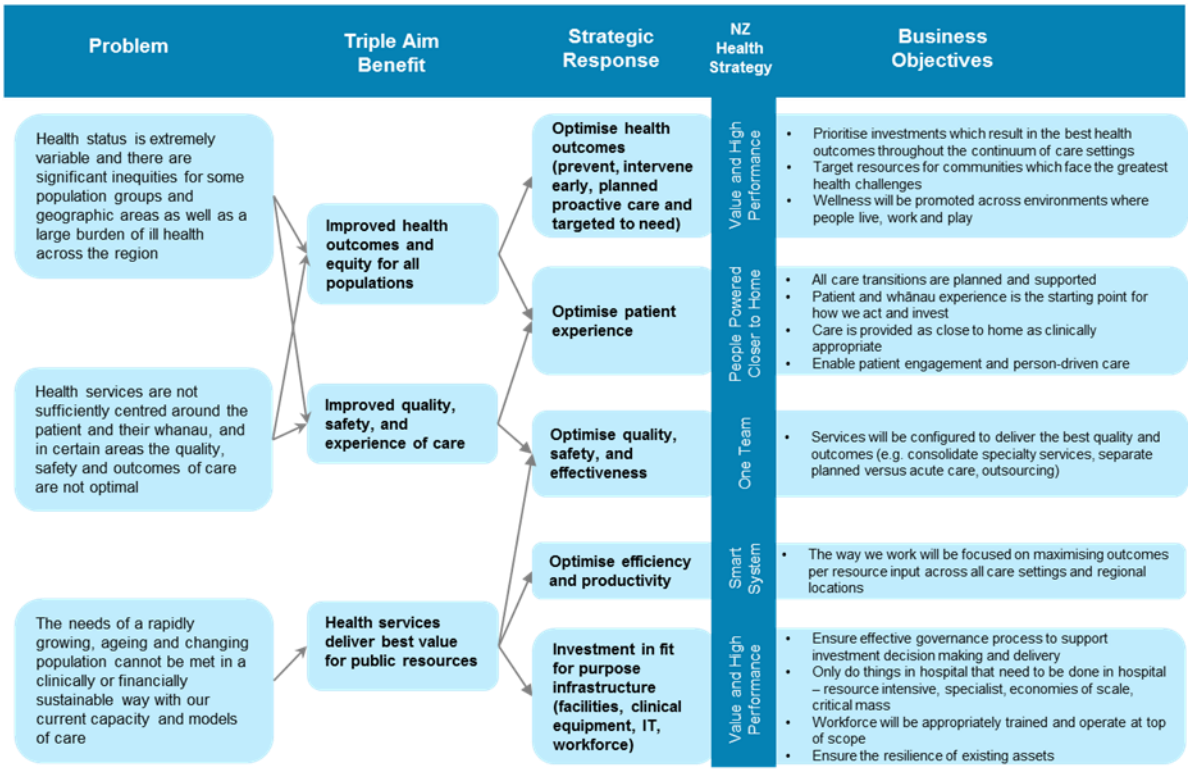
The previous Minister of Health also articulated a strong emphasis for:

- A focus on providing care in the community and care closer to home especially for the management of long term conditions
- Longer term strategic planning (ten year horizon)
- Working in a regional context
- Implementation of the Healthy Ageing Strategy
- Integration of health care to better prevent and manage long term conditions and to provide services and care in the best ways to meet local needs
- The importance of clinician engagement and leadership in delivery of high quality health care services.

Our Direction

Our Region's vision as detailed in the Northern Region Charter is well aligned to the vision and themes outlined in the New Zealand Health Strategy 2016 as well as the expectations set by the previous Minister of Health.

The Northern Region Intervention Logic provides the framework for alignment of actions across national, regional and local environments. The structure of our regional clinical networks ensures close alignment between the regional and DHB annual planning processes.



Northern Region Focus in 2017/18

We are committed to achieving our Top 10 targets

This plan recognises our diverse, growing and ageing population who differ in their ability to attain or maintain good health for many reasons. This plan has an emphasis on actions to improve health and equity for all populations, in addition to actions being focused on improving the quality and experience of care and financial sustainability.

We are committed to achieving ten targets which will measure our success in achieving our priority goals.

Top-10 Patient Focused Regional Commitments for 2017/18

1. Achieve and maintain the National Health Targets
2. Continue to reduce sudden unexplained death in infants (SUDI) to ≤ 0.4 SUDI deaths per 1,000 Māori live births
3. 75% of clients receiving long term Home Based Support Services have an interRAI clinical assessment within the previous 24 months
4. 85% of patients receive their first cancer treatment or other management within 31 days from decision to treat
5. Reduce the Diligent123
6. age of trauma patients transferred to more than one hospital for definitive care from the baseline of 23%
7. 80% of patients presenting with ST elevation myocardial infarction (STEMI) referred for percutaneous coronary intervention (PCI) will be treated within 120 minutes
8. 80% of diabetes patients have good or acceptable glycaemic control (HbA1c≤64)
9. 80% of discharges from adult mental health services receive post discharge community care (within seven days)
10. 80% of patients who have a stroke are treated in a stroke unit
11. Reduce unintended teen pregnancies

As a region we will focus on a small number of areas where we can make a real difference

We will maintain our targeted approach with specific initiatives to improve health outcomes for our most vulnerable populations.

Each of our networks has identified priorities for action that will support achievement of the New Zealand Health Strategy 2016 and the Northern Region's Strategic objectives underpinned by the New Zealand Triple Aim. There will be a particular regional emphasis to achieve gains in:

- Child Health
- Health Ageing.

We will also prioritise equity issues through our regional clinical network mechanisms. Māori health equity and accelerating Māori health gain is a priority for this strategy and the Region is committed to working collaboratively with the Māori health teams to achieve this. We recognise and respect the special relationship between Māori and the Crown through the Treaty of Waitangi. In the health and disability sector, this involves working to the principles of partnership, participation and protection.

We will leverage the strength of our clinical networks to achieve national targets, enhance outcomes, develop new models of care, and drive process consistency for:

- Cancer
- Cardiovascular Disease
- Diabetes
- Major Trauma
- Mental Health and Addictions
- Stroke
- Youth Health

The Region will continue to progress and transition to business as usual, regional service changes that have been initiated in previous years, namely:

- Implementation of a Supra Regional Eating Disorders Services (EDS) Hub
- Sexual Health Services
- Transgender Services
- Hyperacute Stroke
- Local Oncology Service Delivery

This plan also recognises that our workforce is our most valuable asset; we will continue to support them to provide care that is of high quality and meets the

needs and expectations of our community. We recognise the need to reshape the workforce to ensure that we have a culturally and professionally diverse workforce that is equipped with the skills and tools required to deliver integrated care across the continuum to our growing and changing population.

Our focus areas for 2017/18 have been set in advance of the Northern Region Long Term Investment Plan (NRLTIP) being completed. On completion of this work we will review our current regional plan to ensure it aligns with the priority areas identified in the NRLTIP.

Governance and Leadership

System wide engagement and alignment of goals with strong governance underpins delivery of the Regional Health Plan

Delivery of the initiatives outlined in this Regional Health Plan requires strong governance and the participation of a wide range of stakeholders and organisations. We will continue to work with our primary care Alliance Partners, primary care and community representatives who participate in our clinical networks and other regional workgroups to ensure alignment of plans and actions.

Leadership will ensure an integrated approach to the delivery of services and close alignment of different organisation's goals. Broadly, this means that:

- DHBs will continue to take the lead in assessing the health needs of their populations and funding services to meet their needs. They will continue to deliver predominantly hospital and community specialist services. DHBs will also support whole of system planning and integration in partnership with locality groups, primary care alliances, and non-government organisations [NGOs]. DHBs also have a role providing oversight of the regional work program
- Regional clinical networks will drive strategic and tactical planning with regard to specific areas of their clinical subject matter expertise and will deliver, and support others to deliver, the priority regional initiatives as outlined in this plan. The networks will monitor key performance measures
- The three District Strategic Alliances that have been established to strengthen relationships with primary care and enhance service delivery integration are critical to the delivery of the Regional Health Plan. They will be a key mechanism to drive changes to clinical practice in primary care and across the community setting. This will include delivering a greater breadth of services locally and supporting high-needs patients to prevent acute and unplanned admissions, and for older people to live independently
- The Northern Regional Alliance will lead the delivery of the health service, and workforce regional activities as outlined in this plan
- healthAlliance will lead the work associated with enhancements to delivery of core Information and Communication Technology [ICT] systems as outlined in this plan.

Commitment to Achieving Better Outcomes for Our Population

Region wide engagement and commitment to this plan

The Region is committed to this plan. Implementation requires strong leadership and confidence across all sectors and regional agencies. The Region's leading clinicians have prioritised those Regional Health Plan initiatives where significant gains can be made, and which are feasible to achieve and measure.

The level of commitment shown to this plan from the four DHBs and our primary care and community partners gives us confidence that we can embed the changes required across all levels of our health system. To realise our goals we will continue to develop new and established relationships particularly across primary, community and hospital services. Our aim is to achieve a level of integration which is both meaningful and productive.

At a regional level, we will be measuring our performance and monitoring progress against the activities that have been committed to as part of this plan.

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1. Introduction

A whole of system collaboration provides the platform for change

The Purpose of the Northern Region Health Plan

The Northern Region Health Plan is intended to improve health outcomes and reduce disparities for the 1.87 million people living in the Northern Region. It provides an overall framework for regional work and demonstrates how the Government's objectives and the Region's priorities will be met during 2017/18 and beyond.

The intent of the regional plan is to emphasise selected actions that will be progressed collaboratively across the four District Health Boards (DHBs) in our Region.

The plan has been developed under our regional governance structure with significant contribution from the Region's clinical networks, clinical governance groups and other regional work groups.

This Northern Region Health Plan represents the thinking of clinicians and managers from both our hospital and community settings. The plan is founded upon working together as a region to provide health care that makes best use of available resources, is sustainable, and improves access to services.

Under the New Zealand Public Health and Disability Amendment Bill (2010), Regional Service Plans are the medium term (5 - 10 years) accountability documents for DHBs. Regional Service Plans are designed to provide a mechanism for DHBs to document regional collaboration efforts and to align service and capacity planning in a deliberate way.

We will focus on the areas where we can make a real difference

The Planning Approach

The directions and actions set out in this plan have been agreed as priorities by a wide range of key stakeholders.

In our planning process we have placed particular emphasis upon ensuring clinical and management engagement, and the engagement of senior executive leadership. We have leveraged our relationships and contact points with a broad range of stakeholders across DHBs, our clinical networks, primary care alliance partnerships, non-government organisations (NGOs) and hospital services, to develop and deliver on our regional plan.

A list of people who have particularly assisted with the development of this plan is included in Appendix 1.

This plan intentionally does not attempt to address every challenge related to service delivery across our Region. Rather we have identified areas to address which are of significant concern to our Region, due to issues such as clinical or financial sustainability, inequalities, and high and changing demand.

We have selected areas of focus where:

- We believe we can make a real difference in patient outcomes by collaborative work as a regional health system
- The Region particularly wants to see improvement in current service arrangements and working regionally will enable this to happen
- Our Region hopes to improve value for money or to achieve productivity gains by working across services and organisations with the aim being to maximise health outcomes from the resources we have available into the future.

We have a history of delivering on our Regional Health Plan

This is the seventh regional plan. Over past years we have seen demonstrable improvements in our health services, with more patients getting better access to care, and care which is more consistent, safer and efficient.

Our 2016/17 Achievements

Regional achievement of 2016/17 National Health Targets:

- Electives volume schedule largely achieved
- Emergency Department (ED) wait time: Around 95% of patients seen within 6 hours (target 95%)
- Primary smoke free: Around 88% of smokers offered help to quit (target 90%)
- Maternity smoke free: Around 94% of pregnant smokers offered help to quit (target 90%)
- Immunisation: Around 93% of eight month olds and two year olds are fully immunised (target 95%)
- Raising healthy kids: Around 94% of obese children identified in the Before School Check (B4SC) will be offered a referral for assessment and intervention (target 95% by Dec 2017)
- Faster Cancer treatment: Around 85% of cancer patients receiving their first treatment within 62 days of being referred with high suspicion of cancer (target 85%).

Progress in the Top 10 regional commitments:

- There has been a regional action plan since 2012 that has seen a 41% reduction in sudden unexplained death in infants (SUDI)
- Over 80% of long term home based support service (HBSS) clients have received an interRAI clinical assessment within the previous 24 months (Goal 75%)
- Over 87% of patients receive their first cancer treatment or other management within 31 days from decision to treat (Goal 85%)
- Progress has been made towards the goal of 30% of bowel investigations being computed tomography colonography (CTC)
- Patients presenting with ST elevation myocardial infarction (STEMI) referred for percutaneous coronary intervention (PCI) are treated within 120 minutes have exceeded the target (Goal 80%)
- Around 72% of diabetes patients have good or acceptable glycaemic control (HbA1c≤64) (Goal 80%)
- 92% of the eligible population will have had their cardiovascular disease (CVD) risk assessed (Goal 90%)
- Around 67% of adult mental health discharges were contacted within seven days (Goal 90%)
- Around 84% of patients who have a stroke are treated in a stroke unit (Goal 80%)
- In the 12 months from June 2015 to June 2016, the rate of teen terminations per 1,000 eligible female population has dropped from 6.6 to 5.1, equivalent to 23% decrease.

Other regional achievements:

- The Cancer Network has completed regional pathways for priority gynaecology cancers
- The Cancer Network has drafted regional models of care for bowel and breast cancer patients
- The Cancer Network has completed a review of Haematology activity coding
- The Child Health Clinical Network developed a home visiting program that will help reduce unintentional injury in and around the home
- An ‘Integrated Mentorship Programme’ was developed to support nurses in primary care to up skill in diabetes management

- Major Trauma Inter-hospital Transfer Guidelines fully implemented across the region
- Regional trauma symposium held with around 100 attendees, hosted by Ko Awatea
- The Youth Health Network developed Regional Standards for Quality Care for Adolescents and Young Adults in Secondary or Tertiary Care which have been endorsed for implementation across the DHBs
- Community Cardiac Arrest project selected a preferred phone app to enable bystander cardiopulmonary resuscitation (CPR) and to identify automated external defibrillator (AED) locations; work is underway in collaboration with St John Ambulance to implement this.
- Equality issues have been identified in all clinical network groups through a representative partnership with DHB Planning and funding, Māori, Pacific and Asian/Middle Eastern, Latin American and African (MELAA) Health Teams
- Placements have been confirmed for the second cohort of trainees in the Graduate Management Development Programme in 2017
- Use of eReferrals and eTriage continue to increase
- Work has commenced on a Regional Long Term Investment Plan.

2. The Northern Region Context

Our Region faces significant growth in population and also a changing demographic mix. Health outcomes are extremely variable and vary across the region by geography, ethnicity and deprivation.

Planning affordable, financially sustainable and clinically viable services to improve outcomes and reduce disparities in our Region is paramount. We recognise that significant changes in what we do and how we do it are required to:

- Meet the growing demand from population and demographic change,
- Improve outcomes and help address inequalities,
- Ensure our assets are 'fit for use'
- Ensure we have workforce capacity and capability; aligned to the future health system needs.

Our Population

We expect significant growth in the population we need to serve over the next 20 years

The total population of the Northern Region is 1.87m people.

Our population is growing, ageing and becoming more culturally diverse.

We are New Zealand's largest and fastest growing region.

- According to 'medium' growth forecasts, approximately 540,000 extra people are expected to be living in the Northern Region in the next 20 years.
- If the highest growth forecasts are correct, then the population will be around 2.5m over 20 years, this equates to 606,000 extra people in our Region.

Around 39% of the New Zealand population lives in the Northern Region and 58% of the country's growth will be in the Northern Region. This is largely driven by high net migration, and predominately impacts the metro DHBs. In these DHBs overseas born residents comprise 41 - 46% of the resident population.

The population includes urban and rural populations with particularly high levels of deprivation in Northland and Counties Manukau. Our population is diverse particularly in Counties Manukau where 62% of the resident population is Asian (25%), Pacific (21%) or Māori (16%).

Figure 1: Northern Region Population Summary

	NDHB	WDHB	ADHB	CMDHB	Northern Region
Population size 15/16	169,000	583,000	498,000	528,000	1,778,000
% Growth to 2035/36*	8%	33%	33%	30%	2,311,000
	183,000	779,000	664,000	685,000	
% Rural 2013	43%	6%	0%	7%	8%
Current (age 65+)	33,200	82,400	56,700	62,000	234,300
	19%	14%	11%	11%	13%
Current (age 85+)	3,180	9,370	6,730	5,630	24,910
	1.9%	1.6%	1.3%	1.1%	1.4%
2035/36 (age 65+)	54,700	154,600	108,000	122,200	439,500
	30%	20%	16%	18%	19%
2035/36 (age 85+)	8,330	25,590	15,670	15,540	65,130
	4.3%	3.2%	2.3%	2.3%	2.8%
Overseas born	23%	41%	46%	43%	41%
Deprivation	37%	8%	19%	36%	22%
% Maori**	35%	10%	8%	16%	14%
% Pacific**	2%	7%	11%	21%	12%
% Asian	3%	21%	30%	24%	23%

Demographic Shift

Changing demographic mix will place additional demands upon our health services

The impact of the growing population is made more complex by accompanying demographic shifts.

- 19% of our total population is projected to be over 65 by 2037/38 (increasing from 240,000 to 456,000) and the population over 75 is expected to more than double from 25,000 to 65,000
- Older people currently occupy 42% of hospital beds, and account for 80% of our projected additional bed demand by 2035/36. This will have a large impact on Northland DHB, which has the fastest growing ageing population, and Waitemata DHB which will have the biggest overall increase in aged population from 84,000 to 160,,000
- The Asian population is expected to increase from 24% to 32% of our Region's total population.

There is considerable variation in the population profile of the four DHBs, of note:

Models of care need to meet local population needs

Northland DHB is characterised by:

- A large geographical area
- High proportion of Māori
- Social deprivation across much of its district
- Comparatively large proportion of its population living in remote rural areas.

Waitemata DHB is characterised by:

- A medium sized geographical area
- Proportion of Māori in line with New Zealand average
- New immigrants
- Areas of deprivation
- Areas of high population concentration and conversely significant rural population.

Auckland DHB is characterised by:

- A small geographical area
- Proportion of Māori in line with New Zealand average
- Large numbers of new immigrants, especially Asian
- Areas of high population concentration.

Counties Manukau is characterised by

- A medium sized geographical area
- High proportion of Maori; the second largest Maori population in New Zealand
- Significant proportion of people living in areas of high socioeconomic deprivation; the largest absolute number in New Zealand
- Large numbers of new immigrants, especially from the Pacific Islands
- Large numbers of Asian peoples, both new immigrant and New Zealand born
- Areas of high population concentration and conversely significant rural population.

Health Outcomes

Health outcomes are high but vary across the region by geography, ethnicity and deprivation

Overall, health outcomes in the Northern Region are high and improving, life expectancy continues to increase and mortality rates from cardiovascular disease and cancer decline. However:

- There are significant inequalities and ill health linked to ethnicity and deprivation, particularly for our Māori and Pacific populations
- There is also a significant burden of preventable ill health. 20% (1,800) of all deaths in the Northern Region are potentially amenable through

healthcare intervention. Cardiovascular disease and cancer account for the largest number of amenable deaths (700 and 437 respectively)

- A number of key diseases are the major drivers of ill health (76% of all health loss) and health care utilisation (39% of all bed use in the Region). This is expected to continue to be the case in the future. Nationally, these drivers are; neuropsychiatric disorders, cancers, cardiovascular diseases (including diabetes), musculoskeletal disorders, and chronic lung, liver and kidney disease.

Aligning Service Delivery to Achieve Health Gain

Planning affordable and financially sustainable services for our region is paramount

There is evidence of varying growth in demand and supply across different settings over the past five years, during which time the regional population grew by 9.3% (153,000):

- Inpatient discharges grew by 15% to 374,000 per annum (acute grew 9%, elective grew 11%)
- Bed-days increased by 4.7% to 1.1million per annum
- Operating procedure episodes grew by 6.5%
- Outpatient contacts grew by 8.5% (since 2011/12)
- General Practitioner (GP) consultations grew by 14% (since 2009)
- The number of GPs grew by 12% (149) since 2009

We must implement new service delivery approaches to ensure the affordability and sustainability of the services we deliver. We must focus on innovation, service integration, improved efficiency and reduced waste to allow ongoing provision of high quality care and improve health outcomes.

Our workforce is ageing. We need new models to improve productivity and to share capability and resources across our Region's health sector, including the private sector.

Our Region is committed to developing plans that map out the best pathway forward to deliver affordable and sustainable services to a growing population with varied and increasing health needs.

Regional Challenges

Our four DHBs individually have specific challenges that require focused attention at a local level. This Northern Region Health Plan reflects the common challenges and outlines the goals in those instances where it makes sense to work collectively as a region to affect change.

The Northern Region has three priority 'Problem Statements' that summarise the challenges we face

Three priority regional 'Problem Statements' summarise the many challenges that our Region faces. These problem statements have been informed by the regional environment factors that provide the context for our Region. Aligning effort to address these problem statements sets a strategic direction for our Region that will be reflected not only in this Northern Region Health Plan, but also in our other regional plans.

The Northern Region's three priority 'Problem Statements' comprise:

1. Health status is extremely variable and there are significant inequities for some population groups and geographic areas as well as a large burden of ill health across the region
2. Health services are not sufficiently centred around the patient and their whānau, and in certain areas the quality, safety and outcomes of care are not optimal
3. The needs of a rapidly growing, ageing and changing population cannot be met in a clinically or financially sustainable way with our current capacity and models of care.

These problems statements shape our strategic direction.

3. Our Strategic Direction

Our Region's Strategic Direction reflects two strategic frameworks. It:

- Is aligned to the vision and themes outlined in the New Zealand Health Strategy 2016.
- Demonstrates our Region's strong commitment to the New Zealand Triple Aim, as detailed in the Northern Region Charter.

Implementation of the New Zealand Health Strategy

We are committed to the New Zealand Health Strategy

The New Zealand Health Strategy 2016 provides the health sector with a clear strategic direction and road map to ensure delivery of integrated health services. The Northern Region DHBs are committed to working together so that "All New Zealanders live well, stay well, get well". To achieve this we must realise gains against each of the five strategic themes.

Figure 2: New Zealand Health Strategy 2016 Themes

A summary of the 2017/18 Northern Region actions which support achievement of the New Zealand Health Strategy 2016 can be found in Appendix 2. The Clinical Network Implementation Plans and Enabler Implementation Plans which detail these actions can be found in Appendix 3 and 4.

We aim to drive improvement in individual outcomes, improvement in population health and increased efficiency and productivity

Northern Region Charter and New Zealand Triple Aim

Our Region has a strong commitment to the New Zealand Triple Aim, as detailed in the Northern Region Charter. This places a simultaneous emphasis upon achieving improved outcomes for: the individual; the population; and the health system.

The Northern Region Charter states that everything we do must aim to:

- Improve health outcomes and reduce inequalities in health outcomes for our population groups
- Support services aimed at delivering improvements in outcomes for Māori, Pacific and high needs families/whānau
- Ensure our eligible populations have affordable access to a strong public health and disability system which provides excellent care
- Enable the component parts of the health and disability system to operate effectively together as a more unified system while recognising and leveraging the unique capabilities of the different providers
- Plan public health and disability services to reflect the models of care and service configurations most likely to sustain a high quality health service across the region into the future
- Effectively apply information technology, workforce, and facilities to create the right level and mix of public capacity. These, along with the private capacity available in the Region, can meet demand in a sustainable manner over the medium and longer term
- Ensure the ongoing clinical and financial sustainability of the public health and disability system by:
    - Effectively engaging clinicians and the wider healthcare workforce in decision making, service design and leadership of change
    - Deliver the health and disability system that our populations need within a long term sustainable funding allocation
    - Effectively engage with our service users, their families and whānau to play a greater role in staying healthy and managing their healthcare needs
- Optimise the use of regional resources and capability by standardising processes and systems and reducing duplication, particularly in back office functions
- Leverage the strengths of each DHB while recognising the context of working with four individual DHBs
- Honour our commitments to The Treaty of Waitangi and our memorandum of understanding with Iwi.

Other Expectations Impacting on Our Regional Direction

The Northern Region Health Plan also needs to take account of expectations that are set by:

- The previous Minister of Health's 'Letter of Expectations'
- Te Tiriti o Waitangi

The Previous Minister of Health's Letter of Expectations Dec 2016

In addition to the long term strategic direction, our Northern Region Health Plan needs to align with the expectations set by the previous Minister of Health for the coming year.

The previous Minister's Expectations sets some clear priorities

The previous Government's key expectations for the public health service in 2017/18 are:

- That new initiative work will align to the 5 themes of the New Zealand Health Strategy 2016 and that outcomes will be clearly linked to the intent of the Strategy, whist also maintaining a focus on Māori Health outcomes and health equity
- Fiscal discipline / management of the health portfolio to ensure budgeting and operation within allocated funding. This includes seeking efficiency gains
- Support for cross agency work to support vulnerable families and that delivers outcome for children and young people and work to achieve cross sector goals in relation to the Government's Better Public Services and other initiatives including:
    - The prior Prime Ministers Youth Mental Health Project
    - The Childhood Obesity Plan
    - The Living Well with Diabetes Plan
- Achieving and improving performance against the national health targets; particularly the Faster Cancer Treatment health target as a priority.

The Previous Minister also articulated a strong emphasis for:

- A focus on providing care in the community and care closer to home especially for the management of long term conditions
- Longer term strategic planning (ten year horizon)
- Working in a regional context
- Implementation of the Healthy Ageing Strategy
- Integration of health care to better prevent and manage long term conditions and to provide services and care in the best ways to meet local needs
- The importance of clinician engagement and leadership in delivery of high quality health care services.

From December 2016 Letter of Expectations 2017/18

Te Tiriti o Waitangi Statement

We are committed to Te Tiriti o Waitangi

The Northern Region DHBs recognise and respect Te Tiriti o Waitangi as the founding document of New Zealand. Te Tiriti o Waitangi encapsulates the fundamental relationship between the Crown and Iwi. It provides a framework for Māori development, health and wellbeing. The New Zealand Public Health and Disability Act 2000 requires DHBs to establish and maintain processes to enable Māori to participate in, and contribute towards, strategies to improve Māori health outcomes.

Te Tiriti o Waitangi serves as a conceptual and consistent framework for Māori health gain across the health sector and the articles of Te Tiriti provide four domains under which Māori health priorities for the Northern Region DHBs can be established, monitored and developed. The framework recognises that all activities have an obligation to honour the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

Article 1 – Kawanatanga (governance) is equated to health systems performance. That is, measures that provide some gauge of the DHBs' provision of structures and systems that are necessary to facilitate Māori health gain and reduce inequalities. It provides for active partnerships with manawhenua at a governance level.

Article 2 – Tino Rangatiratanga (self-determination) is in this context concerned with opportunities for Māori leadership, engagement, and participation in relation to DHB's activities.

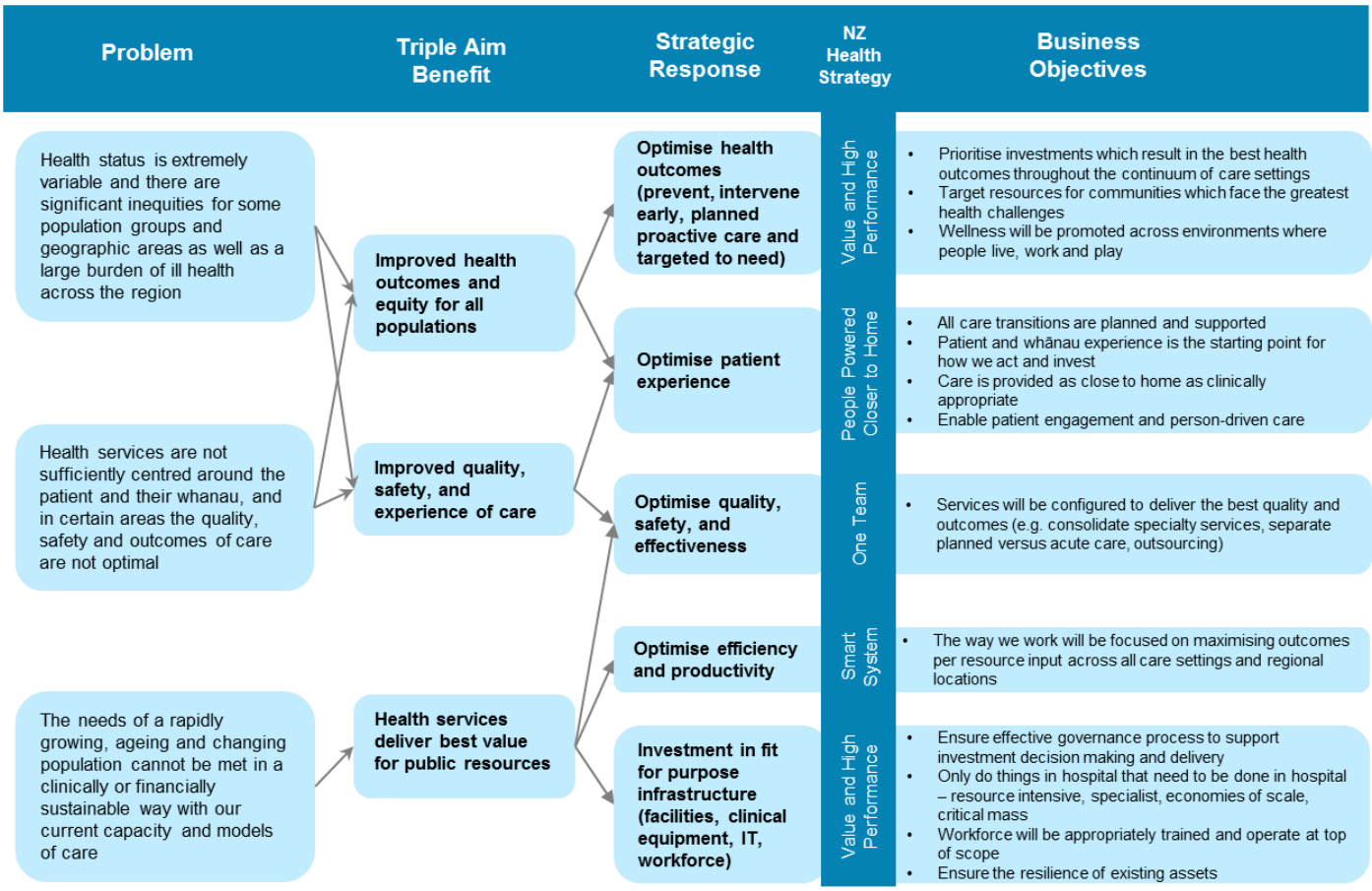
Article 3 – Oritetanga (equity) is concerned with achieving health equity, and therefore with priorities that can be directly linked to reducing systematic inequities in determinants of health, health outcomes and health service utilisation.

Article 4 – Te Ritenga (right to beliefs and values) guarantees Māori the right to practice their own spiritual beliefs, rites and tikanga in any context they wish to do so. Therefore, the DHB has a Tiriti obligation to honour the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

Regional Intervention Logic

Our regional intervention logic builds from the regional problem statements within the strategic context set by the national and regional strategic direction. The intervention logic mapped out by this approach identifies areas of focus, expressed as 'strategic responses' and 'business objectives', these set a direction for the whole of the Northern Region. (See Figure 3 overleaf).

Figure 3: Northern Region Intervention Logic



Line of Sight

Clear line of sight across local, regional and national objectives.

The Northern Region Intervention Logic provides the framework for alignment of actions across national, regional and local environments.

The structure of our regional clinical networks ensures close alignment between the regional and DHB annual planning processes. This ensures that the regional plan places emphasis on those areas where the networks consider that most gain can be achieved by taking a regional approach, within the context of national expectations.

Regional alignment is achieved through:

- Regional networks being led by senior clinicians from the four DHBs
- Involvement of planning and funding managers, and hospital, primary and community clinicians in each of the clinical networks who contribute to both local and regional planning
- Focused planning discussions in the networks regarding regional and local priorities for action
- Identification of any potential Information Systems (IS), workforce, capital or operational impacts that may result from regional actions
- Consideration of all applicable local, regional and national plans and strategies to ensure that planned activities are informed and have a measurable outcomes focus
- Engagement of senior executive leadership across the four DHBs.

In this plan we indicate the linkages across the regional program of work to demonstrate how the elements in our health system contribute to achieving regional objectives. These linkages can be clearly seen in the Northern Region Intervention Logic framework and implementation plans. We will continue to be cognisant of the need for alignment within our planning processes as we progress work across our region, and across the full

continuum of care, to ensure that there is a clear line of sight across local, regional and national objectives.

Our Intervention Logic framework drives the Northern Region Health Plan regional interventions. Our plan will:

- Meet the expectations set by the previous Minister
- Achieve gains in each of the System Level Measures
- Demonstrate our contribution towards achieving the Northern Region Intervention Logic objectives (which reflect the New Zealand Health Strategy 2016 and the New Zealand Triple Aim)

This Northern Region Health Plan outlines those actions that the DHBs of the Northern Region intend to progress in a 'joined up' manner to achieve gain in the areas highlighted in the Regional Intervention Logic.

The population growth, changing demographics and wide differences between our populations mean that our health services need to adapt and develop new service delivery models to best meet the local population needs. We need to:

- Reduce disparities so that there is equity in health outcomes across all population groups
- Focus on health conditions associated with high need and health disparity, improving the patient journey through the health system and addressing issues relating to improving patient outcomes
- Focus on prevention and management of long-term conditions to reduce the burden of cancer, heart disease and other avoidable long-term conditions
- Develop a healthcare system that is integrated across the continuum, including service delivery, and data and information flow between and across secondary, primary, community and other services
- Provide patient-centred care and care closer to home where patients, whānau and communities are at the centre of the health system and actively engaged as partners in their own care
- Continue to focus on quality of care and patient safety
- Plan for financial sustainability given the growth and increasing demand on services.

We will continue to focus on improving outcomes and reducing inequalities

We will maintain a targeted approach with specific initiatives to improve health outcomes for our most vulnerable populations.

In 2017/18 we will continue to support achievement of the National Health Targets with regional emphasis on achieving gains in:

- Child Health
- Healthy Ageing

In addition we will progress work to develop models of care, enhancing outcomes and working towards consistent processes for the following regional clinical networks:

- Cancer
- Cardiovascular Services
- Diabetes
- Electives
- Hepatitis C
- Major Trauma
- Mental Health and Addictions
- Stroke
- Youth Health

Equity will continue to be a priority for each clinical network and will involve identification of equality issues and implementing actions to address the gaps identified.

We are committed to developing sustainable services and improving outcomes for our population

The Northern Region will work collaboratively to focus on service improvement opportunities that:

- Improve outcomes and accelerating health gain across all population groups
- Optimise patient experience
- Optimise quality safety and effectiveness
- Optimise efficiency and productivity
- Ensure investment in 'fit for purpose' infrastructure

4. Northern Region Focus in 2017/18

The regional clinical networks are key mechanisms though which regional activities are identified, developed and implemented. The focus of the networks is to identify areas where the most gain can be achieved by working collaboratively.

We will build on past successes

Achieving National Health Targets

As a region, we have made significant progress towards meeting the National Health Targets. The National Health Targets for 2017/18 are shown in the table below, we will continue to focus on achieving them.

Figure 4: National Health Targets 2017/18

Health target	Target goal
Shorter stays in Emergency Departments	95% of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.
Improved access to elective surgery	Delivery against agreed elective volume schedule including minimum number of elective discharges by the Northern Region in 2017/18
Faster cancer treatment	90%of patients to receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.
Increased immunisation	95% of eight months olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time.
Better help for smokers to quit	• 90%of Primary Health Organisation (PHO) enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months • 90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking
Raising healthy kids	By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

Regional Targets for 2017/18

In addition we have identified Top-10 patient focused targets that we are committed to achieving in 2017/18.

Figure 5: Top-10 Regional Commitments for 2017/18

Top-10 Patient Focussed Regional Commitments for 2017/18
1. Achieve and maintain the National Health Targets
2. Continue to reduce sudden unexplained death in infants (SUDI) to ≤ 0.4 SUDI deaths per 1,000 Māori live births
3. 75% of clients receiving long term Home Based Support Services have an interRAI clinical assessment within the previous 24 months
4. 85% of patients receive their first cancer treatment or other management within 31 days from decision to treat
5. Reduce the percentage of trauma patients transferred to more than one hospital for definitive care from the baseline of 23%
6. 80% of patients presenting with ST elevation myocardial infarction (STEMI) referred for percutaneous coronary intervention (PCI) will be treated within 120 minutes
7. 80% of diabetes patients have good or acceptable glycaemic control (HbA1c≤64)
8. 80% of discharges from adult mental health services receive post discharge community care (within seven days)
9. 80% of patients who have a stroke are treated in a stroke unit
10. Reduce unintended teen pregnancies

Regional Clinical Networks and Service Delivery Priorities

Strong clinical leadership and the participation of our primary care partners will drive improvement

During 2017/18, we will continue to progress work across our Region and across the full continuum of care in relation to each of the priority areas. Some work will be best co-ordinated and delivered by local agencies, i.e. DHBs or Primary Health Organisation (PHO) Alliance Partners. Other work will be progressed by regional resources.

We will also focus on the specific performance targets each priority area has identified. These are designed to focus attention on the areas which really matter, and to demonstrate achievement of changes in patient outcomes.

Our clinical service priority areas have a focus on achieving gains by reducing disparities across our Region and achieving longer, healthier and more productive lives for our population. Our clinical networks have strong clinical leadership supported by contributing organisations (full membership of all clinical networks can be found in Appendix 1).

An overview of each priority work area is outlined below, commencing with the areas of particular emphasis for our Region during 2017/18.

Detailed implementation plans are provided in Appendix 3.

Child Health

Improving child health requires a focus on the wider determinants of health

Most children born or living in the Northern Region enjoy good health, but some do not, with the distribution of poor health marked by significant socio-economic and ethnic differences. Inequalities can be clearly seen across a range of measures.

The determinants of child health outcomes extend beyond the traditional boundaries of the heath sector. The health outcomes of our children are affected in a very real way by issues such as the quality of housing, maternal mental health, parental smoking, nutrition, income, employment status of caregivers, and urban design which challenge us to think more broadly about solutions. Problems such as overcrowded and unhealthy housing contribute to unacceptable rates of diseases such as respiratory infection, skin sepsis and rheumatic fever.

The Child Health plan for 2017/18 continues to focus on the themes that have been in place for a number of years now, namely:

- Knowing every child: enhancing systems of enrolment for effective engagement with universal healthcare
- Informing families: using consistent health promoting messages regionally
- Enabling clinical teams: to deliver health care to those with highest need through supporting models of care and evidence-based approaches
- Advocating for the child: through coordinated regional approach and active inter-sectoral relationships.

What we want to achieve

This year we aim to:

- Apply an equity lens across all child health themes
- Achieve greater consistency and quality of care for children through workforce development and systems improvements
- Support improvements in relation to the Government 'Childhood Obesity Plan' initiative
- Support the National Shaken Baby Syndrome Prevention Programme
- Implement the Northern Region SUDI action plan
- Work in collaboration with Accident Compensation Corporation (ACC) to implement a primary care pathway to manage childhood head injury and reduce the long term consequences.

Healthy Ageing

Implementing the Healthy Ageing Strategy will be our focus

The Northern Region is committed to supporting and achieving the vision of the Healthy Ageing Strategy 2016 which is to see that Older people live well, age well and have a respectful end of life in age-friendly communities, and that health equity is achieved, especially for Māori and Pacific Communities.

The Healthy Ageing Strategy is for older people, their families and their communities. Older people are by no means a homogenous population group. We don't become 'old' at any particular age or in the same way. Ageing is only partially associated with chronological ageing and it does not 'start' at 65. Some older people remain independent and competent, both physically and mentally, throughout their older years. Some enter their older years with long-term or chronic health conditions or disabilities, and their needs become more complex as they age. Others develop disabilities and become dependent as they age, due to cognitive and physical decline, and conditions such as dementia.

What we want to achieve

The regional objectives for 2017/18 are to:

- Strengthen dementia pathways to ensure that they are used consistently, supported by education and support for people living with dementia and their family, whānau and carers
- Proactively use InterRAI data, including ethnicity data to drive service improvement
- Work regionally and in collaboration with DHB Shared Services and the Ministry of Health to implement workforce activities in the Healthy Ageing Strategy 2016.

Cancer Services

Cancer is a significant and growing issue for our region

Cancer continues to be a leading cause of death for both males and females in New Zealand, accounting for nearly a third of all deaths. Cancer accounts for around 440 potentially amenable deaths annually and is one of the top five diseases contributing to ill health in the Northern Region. The impact on people diagnosed with cancer and their whānau can be devastating for months and sometimes years. A whole of system approach via tumour streams is improving access to services and waiting times for patients, with strong multidisciplinary expertise and standard care pathways.

Notwithstanding the success of our approaches to date, cancer remains a significant concern for our population and health services, largely due to:

- A population that is both ageing and growing - Northern Region cancer registrations are predicted to increase from 6,000 to 9,000 by 2030
- $295m per annum estimated cost for cancer care in this region, expected to rise nationally by $117million by 2030
- Sustainable delivery of faster cancer treatment goals and tumour stream pathways require innovative changes to models of care and reconfiguration of services accordingly.

What we want to achieve

The regional objectives for 2017/18 are:

- Achieve the Faster Cancer Treatment Health Target by delivering sustainable process and practice improvements that benefit all cancer services' patients
- Continue implementation of the Northern Region Cancer Strategic Plan 2015 – 2020 priorities
- Provide equitable breast and cervical screening rates for Māori, Pacific, and Asian women
- Investigate future models of care that align with the strategic themes of the New Zealand Health Strategy 2016, based on a regional Tumour Stream structure
- Establish the Northern Bowel Screening Regional Centre, and work to prepare DHBs for roll-out of the National Bowel Screening Programme
- Support the National Cancer Health Information Strategy.

Cardiovascular Services

We will focus on reducing variation in cardiac care

Cardiovascular Disease (CVD) is a significant disease nationally. There is variation in both access and timeliness of access to core cardiology assessment, investigation and management across the primary-secondary continuum. There are also variations in CVD outcomes by socio-economic status and ethnicity with the effect that some population groups do not meet accepted intervention rates and health outcomes.

CVD accounts for 700 of 1800 amenable deaths annually in the Northern Region and is in the top five diseases that drive ill health.

The Northern Region's Cardiac Clinical Network has identified the following issues with CVD management in the Northern Region.

- There is variation in both access and timeliness of access to core cardiology assessment, investigation and management across the primary-secondary continuum
- Variations in CVD outcomes by socio-economic status and ethnicity have been identified and our focus this year will be to work toward ensuring the groups above meet the accepted intervention rates and health outcomes.

What we want to achieve

This year our key actions will:

- Ensure current measures to meet Cardiac Surgery across the Region continue to be closely monitored to ensure the appropriate capacity is available
- Support implementation of better models of care to meet demand and improve better quality of care across the continuum
- Focus on heart failure including continuing to improve access to Echo and to develop the heart failure dynamic care pathway
- Complete the regional cardiac catheter lab options analysis and reach an agreed preferred option that will benefit the Region
- Ensure the Northern Region STEMI guidelines and pathways align with the New Zealand Out-of-Hospital STEMI pathway
- Support DHBs in the implementation and continued use of accelerated chest pain pathways.
- Introduce the three components of the Community Cardiac Arrest project
- Apply an equity lens across high risk populations to identify and reduce CVD related health disparities.

Diabetes

System wide integration is the key to improving outcomes for people living with diabetes

Diabetes is a chronic condition which impacts patients and their whānau over a lifetime. Prevalence rates are particularly high in Māori and Pacific Island peoples and outcomes are significantly worse in these groups.

Despite the greater awareness about the risk factors for Type 2 diabetes, adverse outcomes such as cardiovascular disease and kidney disease, blindness and amputations are still occurring. This can be reduced by proactive management which includes attention to lifestyle factors such as diet, weight, physical activity and smoking as well as good medical management which may include insulin.

What we want to achieve

The regional objectives for 2017/18 are to:

- Ensure that 90% of eligible patients have had a cardiovascular risk assessment in the last five years and that we track key targets for patients with diabetes
- Work towards the national targets for retinal screening
- Support the development of national standardised reports and coding for Diabetic Foot Risk Stratification and support the lower limb amputation audit
- Support diabetic self-management education (DSME) and lifestyle programmes with an emphasis on patient centred care
- Work with communities and primary care to identify and implement culturally appropriate and effective strategies to reduce diabetes related health disparities.

Elective Services

We have focussed on initiatives which have a universal impact across our

The DHBs continue to refine their systems and work towards sustainable achievement of the 120 day elective service performance indicator (ESPI) 2 and ESPI 5 targets. In addition, DHBs are working to increase the number of elective surgery cases completed to meet baseline and agreed additional volume requirements.

region

While the Northern Region DHBs have largely met their electives targets in previous years, it continues to be a challenge to do so consistently across all specialities and geographical areas. Constraints on capital funding limiting our ability to build additional capacity and variations in access to specialist clinical expertise, coupled with acute demand fluctuations regularly present barriers to our success. To be able to continue to meet our targets our DHBs have actively sought new ways to improve elective productivity within existing resources.

What we want to achieve

The regional objectives for 2017/18 are to:

- Maintain reduced waiting times for elective first specialist assessments (FSAs) and treatment
- Improve equity of access through implementation of electronic clinical prioritisation tools as they become available
- Identify where there are likely to be future workforce constraints.

Hepatitis C

Early intervention significantly reduces the long term impacts of Hepatitis C

There is an estimated Hepatitis C population of 20,000 plus in the Northern Region. It is anticipated that 50-60% are unaware of their Hepatitis C burden. Following a pilot conducted by the Hepatitis Foundation in 2014/15, the Ministry of Health implemented a contract with the Northern Region to redesign the Hepatitis C service delivery model.

In 2016/17 the Northern Region, agreed and implemented a single clinical pathway for Hepatitis C service delivery. This aligned with the advent of new PHARMAC funded treatment options for Hepatitis C (genotype one). Early focus was on those in higher risk communities through the Needle Exchange Program (NEX), Community Alcohol and Drug Services (CADS), and the Correction Department facilities as well as primary care settings that work with at risk people.

In 2017/18 the focus will be on consolidating diagnostic and treatment services in the community to enhance the awareness and diagnosis of those at risk.

What we want to achieve

The regional objectives for 2017/18 are:

- Consolidation of the delivery of integrated services across primary and secondary care
- Provision of information and support to PHOs to enable GP practices to provide optimal Hepatitis C care
- Raising community and GP awareness and education of the Hepatitis C virus and risk factors for infection
- Extending primary and secondary care services to provide improved assessment and follow up services (including fibro scanning) for people with Hepatitis C.

Major Trauma

Effective trauma care reduces the long-term impact from injury

Around 500 cases of major trauma and 4,200 of other trauma are admitted into Northern Region hospitals each year. Most cases are young males aged between 15-44 years, and Māori are over represented in the statistics. Our 9% mortality rate is similar to other jurisdictions but not as good as the best performers.

The Regional Trauma Network has established processes to review cases with a view to reducing clinical variation. With our programme of work we expect to see more patients survive, with reduced long-term impact from injury.

What we want to achieve

The regional objectives for 2017/18 are to:

- Use data from the New Zealand Major Trauma Registry to identify where we perform well and where we perform poorly, and work to address these issues
- Develop regional clinical guidelines applicable for small to large hospitals
- Implement the pre-hospital destination policies.

Mental Health and Addictions

The challenge in Mental Health and Addiction Services is to prepare the sector for the increased demand in high prevalence disorders

The global burden of disease indicates that mental health disorders will be among the top-three most common disorders in the next 10 to 15 years. The burden will be the highest in high-prevalence disorders such as depression, anxiety and substance abuse in the mild to moderate range of severity, which are primarily treated in primary care community settings. In response to better meeting the needs of this group, current national and regional strategies are being developed to enhance the support available to the primary and community providers.

All services are responding to increased demand in an environment of fiscal restraint. The Northern Region needs to develop strategies to ensure services are responsive to service users with high need/ low prevalence disorders and work with the wider sector to meet the needs of service users with less complex, more prevalent disorders.

Rising to the Challenge: The Mental Health and Addictions Service development plan 2012-2017 continues to guide the development of Mental Health and Addictions Services. The strategies in the regional plan are designed to meet the goals of Rising to the Challenge include:

- Improve mental health and wellbeing, physical health and social inclusion for people with mental illness and addiction issues
- Encourage more effective use of resources
- Enhance integration of mental health and addiction services
- Reduce disparities in health outcomes
- Improve access to and reducing waiting times.

What we want to achieve

The regional objectives for 2017/18 are to:

- Develop addiction service capacity and capability for implementing the Substance Abuse Compulsory Assessment and Treatment (SACAT) Bill
- Develop perinatal and maternal health acute service options as part of a service continuum
- Improve the physical health of people with low prevalence disorders
- Improve access to the range of eating disorder services
- Work regionally to implement the actions set out in the Mental Health and Addiction Workforce Action plan 2017-2021.

Stroke

The gain will be up to 100 additional, independent stroke survivors per year if consistent best practice care is applied

The burden of stroke is large and increasing worldwide, with notable disparities. The risk of death is very high, and for those individuals who survive a stroke, the resulting disability often has a major impact on their ability to work and live independently. This is despite the fact that stroke is largely preventable. Current New Zealand stroke statistics show:

- Stroke is the third largest killer (about 2,500 people every year), with around 10% of the deaths occurring in people under 65 years
- Daily, approximately 24 New Zealanders suffer a stroke (9,000 people per year), with a quarter occurring in people under 65 years
- Stroke is the major cause of serious adult disability in New Zealand, with an estimated 60,000 stroke survivors - many are disabled and need significant daily support
- On average, Māori and Pacific people suffer strokes 10 years younger,

and have worse outcomes when compared to New Zealand European.

Treatment for stroke has improved dramatically over the last 5-10 years, and if applied early enough, full recovery is possible for many patients. We can now measure performance for key stroke metrics including peer comparison by DHB and contrast against international benchmarks. Participation in national stroke initiatives has furthered understanding on the variation of care across the DHBs, and crucially, what is required to achieve optimal outcomes in the Region.

What we want to achieve

The regional objectives for 2017/18 are to:

- Improve timely access for patients presenting within the hyper-acute stage of stroke (<12 hours of onset)
- Maintain timely access to acute inpatient stroke services
- Improve timely access to rehabilitation services
- Improve health information to support clinical practice, measure key performance indicators and other reporting/analysis
- Further develop stroke leadership and collaboration
- Planning for a sustainable, adaptive and informed stroke workforce.

Youth Health

Young people need to be healthy, emotionally resilient and engaged in education

The Northern Region is committed to improving the health of young people within the region. Our key challenges mirror New Zealand's poor record in regard to rates of youth suicide, death from motor vehicle injuries, unintended pregnancy and drug and alcohol use which are among the highest in the Western world.

The distribution of poor health is marked by significant socio-economic and ethnic differences. Inequalities can be clearly seen across a range of measures.

The determinants of youth health outcomes extend beyond the traditional boundaries of the health sector. The health outcomes of our youth are affected by wider contexts comprising families, schools and communities, where issues such as poverty, disengagement from school and availability of alcohol are examples of risks which impact on the health and wellbeing of young people.

In 2017/18 we will continue to focus on raising awareness around the needs of young people and advocate for improvements in the upstream determinants of youth health. We will work closely with Mental Health and Addictions Network to support the delivery of key youth initiatives.

What we want to achieve

The regional objectives for 2017/18 are to:

- Begin implementation of the Standards for the Delivery of Care for Youth in to key secondary services used by youth
- Support primary care to deliver developmentally appropriate services
- Support performance improvement initiatives based on key performance indicator (KP)I data
- Support the development and achievement of Youth System Level measures.

Service Changes and Other Service Planning

Developing services to meet a dynamic and changing context

Health services are continually evolving. Having a strong regional focus has successfully reduced the number of services identified as 'vulnerable' in terms of workforce, capacity, and demand. We are continuing to focus on service planning and development to reflect the support given by DHB Chairs, clinical leaders and management to shape how services are structured and delivered in an environment of greater regional collaboration.

The region will continue to progress and transition to business as usual, regional service changes that have been initiated in previous years, namely:

- Transgender Services

Key service change initiatives that will be progressed in 2017/18 include:

- **Hyperacute Stroke** - The Northern Region Hyperacute Stroke Pathway involves the after-hours centralisation of hyperacute stroke services for the metropolitan Auckland region and a telestroke service in Northland. Phase 1 of the implementation will commence 1 July 2017 for a cohort of patients in West Auckland. It is anticipated the remaining patients at Waitemata DHB and all Counties Manukau DHB patients will commence using the Auckland City Hospital after-hours hyperacute service, starting 1 July 2018. Planning work is still in progress regarding the implementation plan for telestroke.
- **Local Oncology Service Delivery** – Work is nearing completion around a range of options for transitioning some high volume medical oncology service elements from the Northern Region tertiary centre (Auckland DHB), and into regional secondary and community based delivery. Locations/facilities to be considered are within Northland, Waitemata and Counties Manukau DHBs. Local Herceptin delivery has been initiated at Middlemore Hospital, and has been approved at Waitemata DHB. Timing for these changes will be dependent on the outcome of a programme business case which will take into account capacity constraints and the lead time associated with establishing local services

In 2017/18, key services that will be reviewed to determine the most appropriate future service delivery model regionally include:

- Head and Neck
- Oral health
- Cardiac Catheter Laboratory
- Endoscopic Retrograde Cholangiopancreatography (ERCP)

We will also continue to work in the direction set by the DHB Chairs that our region will promote rational regional service distribution to:

- Strengthen the region overall
- Create the opportunity for certain services to be delivered locally
- Not destabilise any particular DHB

Collaborative service development models

We will significantly increase the focus on health outcomes as well as the continuous drive for quality improvement, while providing much greater value for money. The latter is not simply to 'balance the books' but rather to create the essential capacity to further improve access to services, to better address health inequalities and to ease our transition into the rapidly approaching digital world.

There will be a specific focus on the three metro Auckland DHBs working together much more closely as an integrated system. Each of the three metro Auckland DHBs will continue to operate with its own Board but there will be changes to both our approach and priorities as we develop an operating model that supports a more integrated system across metro Auckland.

We will put patients and community much more explicitly at the heart of what we do and why we do it. To ensure we take complete advantage of this new opportunity and extract the full potential from the positive elements we already have, will require a concerted, highly collaborative effort by all of us and open and transparent decision making. As an integrated system is being developed the underlying decisions will be based on evidence that is objective and robust.

Our service planning and change agenda has been set in advance of the Northern Region Long Term Investment Plan (NRLTIP) being completed. Within the NRLTIP process four service areas (Cancer, electives, frail elderly and radiology) have been identified to provide 'deep dive' insights into the key investment challenges the region is facing. The objective of the deep dive case studies is to set out what work is currently undertaken where for whom and consider what alternate service delivery approaches might be considered in our region. The expectation is that these case studies will:

- Help assess Regional investment options in each of the four 'deep dive' focus areas
- Develop principles and frameworks that will have wider application in service and investment planning.

On completion of this work we will in Quarter 2, review our current regional plan to ensure it aligns with the priority areas identified in the NRLTIP.

Enablers

We will progressively strengthen our key enablers at both strategic and operational levels, this includes:

Aligning enablers to our future models of care is paramount

- Implementing enhanced and accessible Information Systems (IS) and Information Technology (IT) in all care settings to support the delivery of integrated models of care. As part of the regional informatics work the Region will revisit the regional strategy to clarify the development direction for key enabling information systems; cognisant of the national IT strategy.
- Being smarter about how we use our workforce such as supporting staff to work at full scope, developing new and hybrid roles to better manage rising demand and optimising capacity particularly for our vulnerable workforces. Our workforce and training hub will drive workforce development in the region; this will be aligned to the New Zealand Health Strategy 2016 and in collaboration with Health Workforce New Zealand.
- Planning facility developments to support changing models of care. Our capital investment mix will change in the future to support the integration of services and the management of patients in other care settings. Investment will still be required in different care settings. The Long Term Investment Planning process helps to define requirements.

Regional Information Systems

Health IT is a key enabler

Information systems are an underpinning foundation to the Northern Region's ability to deliver a collaborative whole of system approach to health service delivery.

A key clinical driver for our Region is to improve the continuity of care for patients across primary, secondary and tertiary care. This relies on consistent and reliable access to core clinical information for all involved in a patient's care.

Our information system developments are a key enabler for us to achieve our clinical and business objectives. It is recognised that eHealth plays an increasingly significant role in today's environment by enabling the delivery of high quality, timely and cost-effective health care.

Our vision and direction is detailed in our Regional Information Strategy (Manawa Tahi – One Heart)

One of the key focus areas for the Region is refreshing and updating the Regional Information Systems Strategic Plan (ISSP) within the Manawa Tahi programme. This document will supersede the Regional Information Strategy (RIS) 10-20 and will be the key governing artefact for regional IS investment for 2017/18 and beyond. The document will detail the future roadmap and target state architecture of IS investments in response to regional business objectives.

The Northern Region Information Systems Strategic Plan (ISSP) has incorporated learnings from the exploratory phase of the NEHR programme, utilising the information gathered by it to inform the domain work that will shape our future Regional Applications Roadmap. We are also working closely with the Ministry in regard to the work it is progressing around Digital 2020 and the National Electronic Health Record. An early priority for the region is the PAS replacement at ADHB. One of the domain work streams is leading the discussion around this. A first view of the initial Regional Applications Roadmap is expected in Quarter 3. At that stage the Northern Region should be in a position to provide an updated prioritised list of IT investment as part of the Quarter 3 reporting process 2017/18

The regional business objectives are strongly linked to the NZ Health Strategy 2016 strategic themes, namely: People powered, Closer to Home, Value and High Performance, One Team and Smart System.

Manawa Tahi will provide the strategic direction for information management, systems and services in the Northern Region from 2017/18. It supports the regional direction of working collaboratively with a greater level of regionally aligned information systems.

Manawa Tahi will provide the direction to strengthen e-Health capability across the Northern Region. It will be aligned to the Northern Region Long Term Investment Plan, Northern Region Health Plan and key national initiatives, such as the National Electronic Health Record, National Investment Programmes, common capabilities and Health Information standards.

Further detail regarding our 2017/18 direction and focus areas will become apparent as we complete the current phase in the coming months.

Ongoing investment in IT infrastructure and services

The Northern Region DHBs and healthAlliance (our shared services provider) are committed to working closely with the Digital Advisory Board to ensure that regional capital investment plans are aligned with national priorities and programmes of work.

In 2017/18 we will continue to work with our shared services provider to ensure that our investment in IT infrastructure and services is prioritised to address underlying service risks in the following areas:

- Infrastructure upgrades to keep licensing at formally supported levels
- Clinical and business systems upgrades to ensure systems can operate in these upgraded infrastructure environments for migration to the National Infrastructure Platform, whilst also improving resilience, security, system availability, access and data integrity
- Risk mitigation of the regional ageing PABX fleet
- Investment in regional mobility solutions
- Increased capacity and capability in our regional IT service, with a focus on responsiveness, programme delivery and value

A particular area of focus for 2017/18 will be the Digital Foundation Programme that will put in place the foundation needed to help us accelerate the Region's digital transformation. These changes are aimed at helping move healthAlliance (hA) and our DHBs into the digital realm. The three pillars of work underway include:

- Further development of the Enterprise Mobility Management platform that will enable staff across the region to safely and responsibly use smartphone, tablet devices and apps anytime, anywhere
- Implementing (subject to Business Case approval from Ministry Of Health) our Integration Engine which is needed to enable clinical

applications to work together seamlessly
- Planning is also underway to modernise our Data Management Framework, including our transitional and target high level reference architecture.

Information systems investment plan for 2017/18 aligned to national priorities

The Northern Region information systems investment plan for 2017/18 comprises the following on-going, multi-year programmes:

- Completion eReferrals Phase 3: Intra & Inter DHB Referrals
- ePrescribing and Administration (ePA)
- eOrders/eVitals for Radiology and Laboratory Services
- Hospital Patient Administration
- Access to integrated clinical records (primary and secondary services)
- Clinical Workstation
- Patient portal

Counties Manukau Health will continue to utilise the National Maternity System in community settings. Further roll out of the product will be put on hold until there is confidence that the system can reliably meet clinical requirements in an acute setting. Counties Manukau DHB clinicians will continue to work with the Ministry of Health to try to address these clinical requirements. The Northern Region has revised its plans to align with this decision, putting on hold implementation planning until there is a clear consensus that the product is fit for purpose in an acute setting.

The Region will continue to progress the Regional Instance National Child Health Information Platform Business Case.

The Region is committed to extending its Electronic Medical Record Adaption Model (EMRAM) capabilities, and is reflected in the key deliverables for priority programmes and projects in 2017/18.

The Region is committed to strengthening our regional commitment and alignment with an early focus on harmonisation and governance.

Appendix 4 provides detail of key deliverables for the priority programmes and projects for 2017/18.

Regional Workforce

Workforce is our biggest asset

The workforce is the health sector's most valuable resource, and our Region is committed to supporting its health workforce to provide care that is of high quality and meets the needs and expectations of our community.

The total combined workforce in the Northern Region DHBs is around 27,800[2] representing 36.6% of the total workforce across all DHBs and working in over 223 different types of jobs. Overall Māori represent an average of only 5% of our workforce across the region. The range of activities to grow our Māori workforce has been made more intentional with differential targets now set across a range of key clinical occupations. Pipelining the workforce from high school through tertiary and into employment will continue to require considerable attention.

Clarity on models of care and the impact of technology will be central to preparing and adapting our people to meet future health care demands. New models of care will also require us to deploy our workforce in different ways and in different settings, explore possibilities to establish innovative, blended and advanced practice roles, and to build capability across our unregulated, Kaiawhina workforce. This also includes developing a workforce that works

[2] DHB Shared Services. (2015). DHB Employed Workforce Quarterly Report 1 July to 30 September 2016.

across the whole system and understands integration and transition of care points.

In addition to medical, nursing, midwifery, allied health, scientific and technical staff and our Kaiawhina, we are also dependent on a large number of management and support staff to ensure that we deliver high quality, safe services in the most appropriate setting for our population. The Northern Region DHBs are working together to strengthen clinical leadership and establish a management development pathway to support and grow our own managers.

The Region has identified four workforce objectives which align our regional priorities, the New Zealand Health Strategy 2016 and local DHB activity. These are:

- Reshape the workforce to deliver innovative and integrated models of care in response to changing population needs.
- Accelerate our efforts in growing the capacity and capability of our Māori and Pacific health workforce.
- Strengthen collaboration across the integrated care continuum in support of care closer to home.
- Optimise the pipeline and improve the sustainability of priority workforces.

Accountability for the delivery of the workforce elements of the plan will be shared between the DHBs, the clinical networks (which work regionally) and the Northern Regional Alliance, which encompasses the Northern Region Workforce and Training Hub.

The workforce and training hub has an important role in supporting workforce development for all health workforces, both regulated and unregulated. The hub will also collaborate with the other regional training hubs and Health Workforce New Zealand (HWNZ) to share ideas and initiatives that can be rolled out to other professional groups and hubs. This will be achieved by participating in national and regional fora and continuing to work closely with our workforce partners at all levels.

Appendix 4 provides detail of key deliverables for the priorities for 2017/18.

The Northern Region has outlined a Long Term Investment Plan to outline investment priorities critical to delivery of future models of care

Facilities and Capital

The Northern Region commenced development of a Northern Region Long Term Investment Plan (NRLTIP) in September 2016. The Draft NRLTIP is expected for regional review and agreement during July – August 2017.

The purpose of the NRLTIP is to provide an integrated Northern Region investment plan to detail regionally prioritised investments over a 10 to 15 year timeframe within the context of a 25 year horizon. The NRLTIP sets the Northern Region strategic investment path and will support the Region to deliver optimal health gain for the Northern Region's population within available resources. This includes consideration of opportunities for integrated regional responses to shared problems.

The tactical detail of individual DHB investments will continue to be defined within the DHBs own long term investment plans, and by means of business cases, within the regionally agreed constraints and planning principles set by the NRLTIP.

The NRLTIP outlines investment priorities within three asset 'portfolios':

- Physical Infrastructure
- Clinical Equipment
- Information and Communication Technology [ICT].

The 2017 NRLTIP focuses most attention on the 'Physical Infrastructure' investment requirements facing our Region. The 'Clinical Equipment' and 'ICT' portfolio investment plans draw from relevant investment planning work (for example the Information Systems Strategic Plan (ISSP).

The NRLTIP work to date has identified three themes for investment in the

Northern Region:

- Fixing our current facilities to ensure they are fit for purpose. This includes the concepts of asset resilience, renewal and refurbishment
- Future proofing our capacity for expected demand. his recognises that there are lead times of 5 to 7 years for some asset developments and that these cannot be developed in crisis
- Accelerating model of care change programmes which includes enhancing levels of service and transformative change

The NRLTIP investment logic is strongly aligned with the strategic direction outlined in this Northern Region Health Plan. It directly reflects the Northern Regional Intervention Logic and Regional Business Objectives to ensure alignment of action plans.

The NRLTIP development process draws from the content of a wide range of regional plans. The planning process has ensured engagement with Northern Region health sector expertise in many regional forums and clinical groups, and a range of other agencies, including:

- Auckland City Council
- Auckland Transport
- The Treasury
- The Ministry of Health

The NRLTIP will include an Investment Planning Improvement Plan for the Northern Region; including actions to be progressed by the Region during 2017/18.

5. Health Equity

Equity

We are committed to achieving health equity for our population

The World Health Organisation defines equity as

> *"the absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically or geographically"*

Our Region is committed to improving health outcomes and access. We will have a focus on reducing gaps in health outcomes between different groups based on ethnicity, deprivation, age, gender, disability and location. This applies particularly to Māori and Pacific in our Region. We will also continue to progress initiatives to address the needs of other disadvantaged groups such as non-English speaking populations from Asian, Middle Eastern, Latin America and African groups (MELAA).

Our approach to improving health equality is guided by the NZ Triple Aim Framework and the Health Equity Assessment Tool (HEAT). HEAT aims to promote equity in health in New Zealand and consists of questions that cover four stages of policy, programme or service development.

1. Understanding health inequalities
2. Designing interventions to reduce inequalities
3. Reviewing and refining interventions
4. Evaluating the impacts and outcomes of interventions

Broad initiatives already underway and continuing in 2017/18 to improve the equity and equality of health include local commitment to implement the Māori Health Plans across community, primary care and secondary care services. These initiatives are aligned to the national requirements and are tailored to meet the local health needs within the context of each district. The local commitment includes working with agencies to help progress the Government's Whānau Ora program which has developed the Whānau Ora and Fanau Ola holistic approaches to health and wellbeing that acknowledge Māori and Pasifika paradigms.

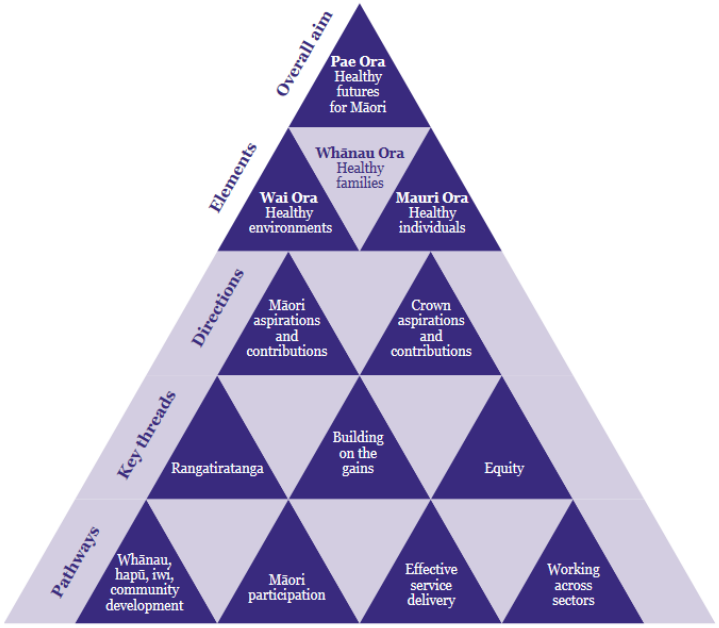
Māori Health

We will work collaboratively in a whole of system approach to achieve pae ora for Māori

Māori health equity and accelerating Māori health gain is a priority for this Regional Health Plan and the Region is committed to working collaboratively with the Māori health teams to achieve this. We recognise and respect the special relationship between Māori and the Crown through the Treaty of Waitangi. In the health and disability sector, this involves working to the principles of partnership, participation and protection.

Our approach to improving Māori health is guided by He Korowai Oranga, Māori Health Strategy, the Equity of Health Care for Māori Framework and the Whānau Ora Health Impact Assessment.

Figure 6: He Korowai Oranga



He Korowai Oranga has an overarching goal of pae ora, which translates to healthy futures for Māori. Pae ora comprises wai ora (healthy environments), whānau ora (healthy families) and mauri ora (healthy individuals). Pae ora encourages everyone in the health and disability sector to work collaboratively, and to work across sectors to achieve a wider vision of good health for everybody.

The four pathways of the original He Korowai Oranga framework continue to tell us how to implement the strategy. These pathways are:

- Supporting whānau, hapū, iwi and community development
- Supporting Māori participation at all levels of the health and disability sector
- Ensuring effective health service delivery
- Working across sectors.

Equity of Health Care for Māori: A framework guides health practitioners, health organisations and the health system to achieve equitable health care for Māori. There are three actions that support the framework.

- Leadership: by championing the provision of high quality health care that delivers equitable health outcomes for Māori
- Knowledge: by developing a knowledge base about ways to effectively deliver and monitor high quality health care for Māori
- Commitment: to providing high quality health care that meets the health care needs and aspirations of Māori.

Pacific Health

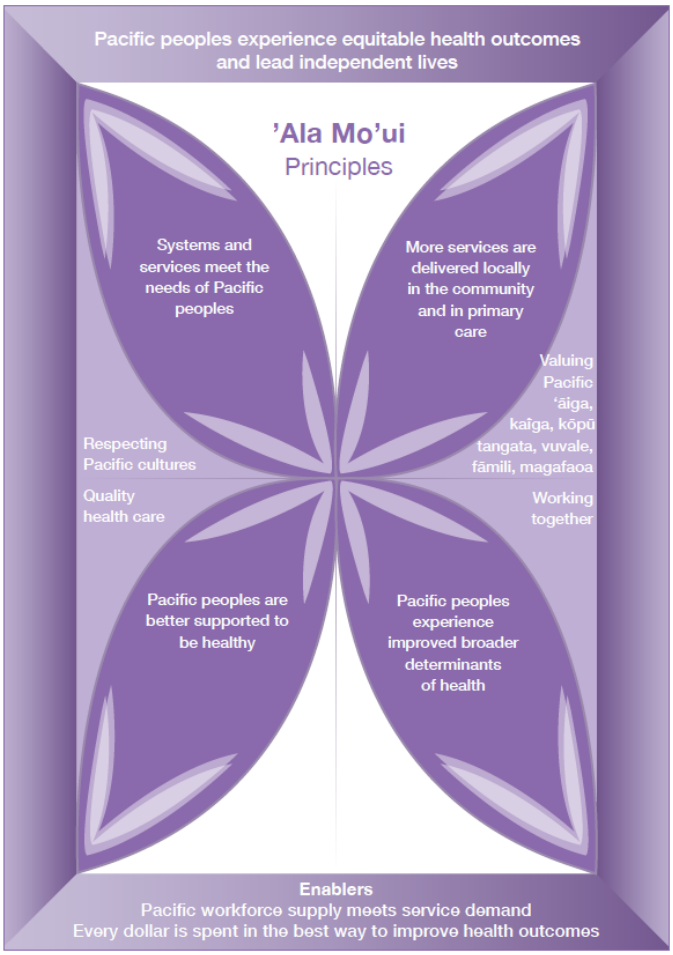
We will be guided by A'la Mo'ui in our focus to improve health outcomes for Pacific peoples

The Region is committed to working collaboratively with the Pacific Health teams to accelerate Pacific Health gain. Our approach to improving Pacific health is guided by A'la Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018 which is the Government's national plan for improving health outcomes for Pacific peoples, families and communities.

A'la Mo'ui has four priority outcome areas:

- Systems and services meet the needs of Pacific peoples
- More services are delivered locally in the community and in primary care
- Pacific peoples are better supported to be healthy
- Pacific peoples experience improved broader determinants of health.

Figure 7: A'la Mo'ui



Responsiveness to the health needs of all migrant and refugee groups is a focus

Asian / Middle Eastern, Latin American and African (MELAA) Health

The Region is committed to achieving health equity for Asian, Middle Eastern, Latin American and African (MELAA) groups. This will be done by working collaboratively with the Asian & MELAA Health teams and supporting the implementation of the Auckland Metro Area Asian & MELAA Health Plans which aim to:

- Increase health gain in targeted Asian & MELAA populations where health inequalities impact on their health status
- Focuses on service improvements with a health equity lens
- Improve the monitoring and reporting of Asian & MELAA population health in the Auckland region
- Resource disability service and support needs for refugees and migrants in the Auckland region
- Provide sustainable health interpreting services to the primary health sector in the Auckland region
- Provide cultural and linguistically diverse (CALD) training programmes for the primary and secondary health and disability workforce
- Ensure that mental health services are responsive to refugee and migrant groups.

Key areas of focus in 2017/18 will include:

- Increasing access to and utilisation of healthcare services
- Prevention including tailored and/or targeted preventive healthy lifestyle activities
- Providing CALD cultural competency workforce development for the primary and secondary health sector in the Auckland region and nationally

- Building the capacity and capability of health and disability services through the availability of interpreting services, cultural competency training and where appropriate developing roles to improve access for refugee and migrant groups
- Increasing access to child disability.

Health Equity Actions by Network

Equity is a focus across all of our Networks

The Northern Region has a broad range of health equity actions planned in 2017/18; these are aimed at reducing gaps in health outcomes between different groups based on ethnicity. A focus on reducing age related variation in outcomes will be the focus of the Child Health, Youth Health, and Healthy Ageing Networks.

The networks will continue to develop strategies to improve access and outcomes across all population groups by including equity expertise in the planning and execution of plans, continuing to provide quarterly equity reports, and annual analysis of equity data to support future planning.

The following table provides a summary of the actions that have an equality focus by network, further detail including measures can be found in each of the network plans in Appendix 3 and 4.

Health Equity Actions by Network	
Workforce	Strengthen cultural competency across the workforce: • Recruitment and selection processes will include cultural competency criteria • Cultural competency programmes will be aligned to meet population needs • Cultural competency is included in induction and orientation programmes for all new employees by July 2018 • Measure the impact of cultural competency in patient experience surveys
	Grow the capacity and capability of our Māori and Pacific Workforce: • Increase the size of our Māori and Pacific workforces to reflect the communities we serve by 2025 • Communicate a robust and consistent narrative on the importance and commitment to developing our current and future Māori and Pacific health workforce. • Improve our data quality and intelligence • Focus on implementing recruitment processes, retention strategies and development opportunities to increase and sustain our Māori and Pacific workforces • Identify and prioritise potential Māori and Pacific employees for leadership development and create accelerated pathway opportunities to targeted senior level leadership roles.
Cancer	• Track and review Faster Cancer Treatment (FCT) data by ethnicity quarterly • Implement regular monitoring report for Cancer Board on breast and cervical screening rates for Māori , Pacific and Asian women
Cardiovascular Disease	Cardiology Health Targets – all measures will be reported by ethnicity to identify opportunities for health gain and to improve equity across all population groups.
Child Health	Sudden Unexplained Death in Infants (SUDI): • Continue to implement the regional SUDI action plan • Continue to reduce SUDI deaths to ≤ 0.4 SUDI Deaths per 1,000 Māori live births • 70% of caregivers of Māori infants are provided with SUDI information at Well Child Tamariki Ora Core Contact.
	Oral Health reported by ethnicity: • Enrolment with oral health services • Mean dmft ((decayed, missing, filled teeth) at 5 years • Cavity free at 5 years.
	Investigate options for enabling healthy weight measures by ethnicity.
Diabetes	Diabetic patients have good or acceptable glycaemic control and are on appropriate treatment regimens: 80% of diabetic population have HbA1c≤64 (reported by ethnicity).

Health Equity Actions by Network	
Elective Services	Investigate reporting elective service performance indicator (ESPI) 2 by ethnicity (ESPI 2 target: 100% of patients receive First Specialist Assessment within 120 days of referral)
	Investigate reporting ESPI 5 by ethnicity (ESPI 5 target: 100% of patients receive first treatment within 120 days of referral).
	Investigate reporting ESPI 8 by ethnicity (ESPI 8 target: 100% of patients treated will be prioritised using nationally recognised processes or tools).
Healthy Ageing	• Work with the dementia sector to ensure that there is equitable access to education and support programmes for people with dementia and their families/whanau including culturally appropriate programmes for Māori and Pacific populations. • Investigate options for measuring the incidence of dementia by ethnicity. • Support the development of a Regional Māori Dementia Plan in partnership with Māori health teams.
	• Investigate options for obtaining interRAI data by ethnicity.
Hepatitis C Service	Report on the ethnicity and age of people receiving a liver elastography scan for the first time or as follow up.
	Develop a community engagement plan to support communities at greater risk from Hepatitis C: • Engage the Māori Health teams to develop a plan to build awareness and support for people living with hepatitis C within this community • Work with the Regional Corrections Department to support education and awareness amongst their staff and inmates.
Major Trauma	• Undertake detailed analysis to better understand the causes and impact of the high incidence of trauma among Māori. • Investigate options for measuring and reporting major trauma data by ethnicity and gender.
Mental Health and Addictions	Undertake projects to increase correlation between ethnicity of births and relative utilisation by ethnic group of perinatal and maternal mental health (PMMH) services. – Māori (Northland DHB), Pacific (Counties Manukau DHB) and Asian (Waitemata DHB/ Auckland DHB).
Stroke	Improve timely access for patients presenting within the hyper-acute stage of stroke (<12 hours of onset) regionally, will be achieved by analysing thrombolysis rates by ethnicity.
	Maintain timely access to acute inpatient stroke services regionally by analysing acute stroke unit rates by ethnicity.
	Improve timely access to rehabilitation services regionally by analysing inpatient rehab rates by ethnicity.
Youth Health	Begin implementing the Standards for the Delivery of Care for Youth in to secondary care services.
	Produce and Monitor KPI data in support of health equity across the region including: • PHO Enrolment • GP practices offering free service to <18 year olds. • Smoking status • Teen Birth Rate • Termination Rates • Secondary Mental health care access rates • Secondary Mental health waiting times • Suicide numbers

6. Regional Governance, Leadership and Decision Making

Regional Governance Framework

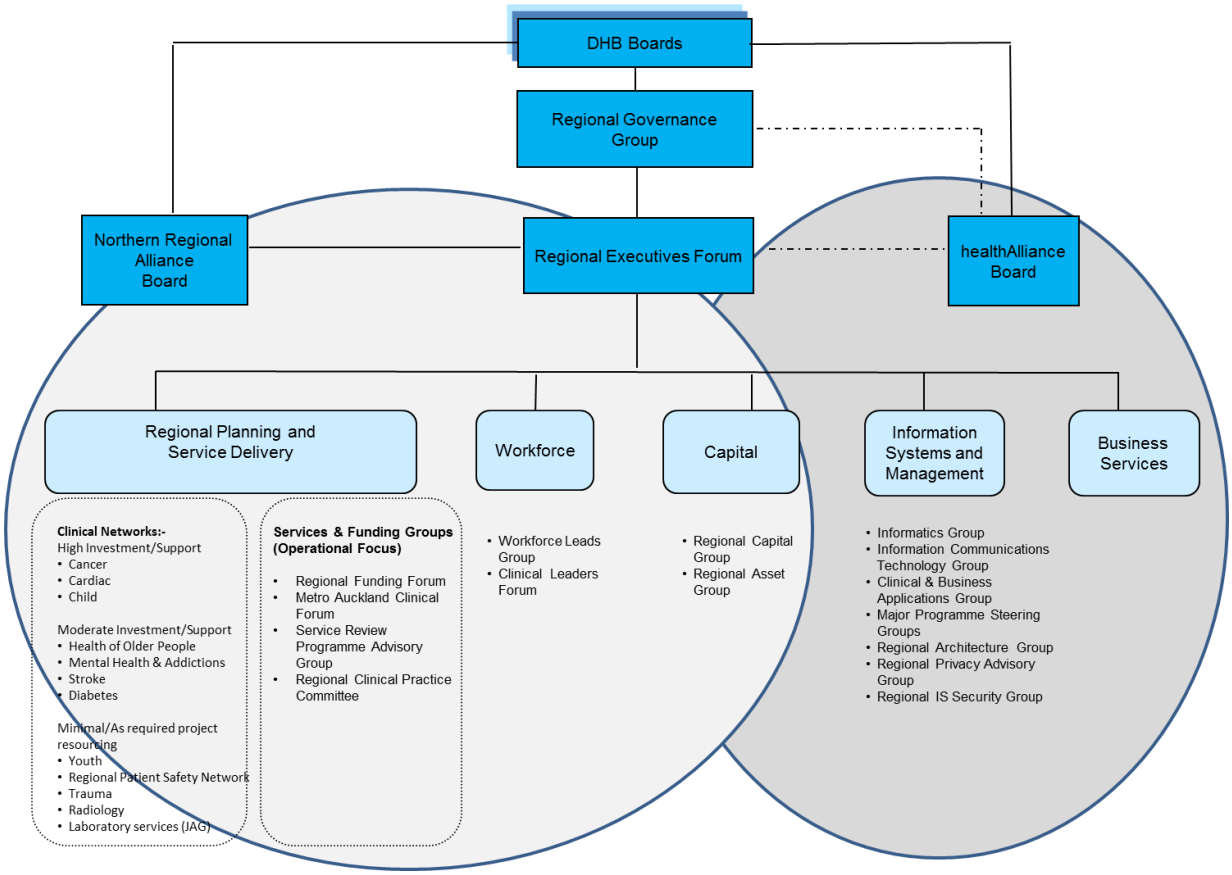
The prioritised programme of work mapped out in the Northern Region Health Plan builds on a strong history of regional collaboration over the last decade. It is only by working together across all care settings that we will be able to address the challenges of the future.

Accountability for delivering our plan will depend on strong governance

The Regional Governance Manual sets out the DHBs' regional governance arrangements. It describes how the different regional entities and groups relate to each other and summarises how they will work together to improve health outcomes and reduce disparities by delivering integrated health services to improve health gains.

Our governance model is outlined below.

Figure 8: Regional Working Framework



Two key governance groups oversee all clinical and business services activities. These are:

The Regional Governance Group has oversight across all clinical and business service activities, with other groups providing more detailed support and guidance

- **Regional Governance Group (RGG) -** Membership will comprise Chairs, with Chief Executive Officers(CEOs) and Chief Medical Officers (CMOs) attending in an ex officio capacity and others by invitation. The Regional Governance Group will:
  - Provide a collective regional forum to address, monitor and influence current and long term planning of regional health services and capital planning
  - Shape thinking on the regional direction, particularly in relation to long-term planning of regional health services
  - Identify any issues impacting on the ability of the Region to efficiently deliver health services to the Northern Region population
  - Agree annual and three year strategic priorities and the Northern Region Health Plan

- Approve Regional Strategy and ensure its alignment with the New Zealand Health Strategy 2016
- Monitor progress and performance against regional plans
- Deliberate as a collective group and drive a regional collaboration agenda
- Act as an escalation point for regional issues that cannot be resolved in other groups
- Periodically review the effectiveness of the Regional Working Framework and the establishment or disestablishment of regional groups.

RGG will act as a steward for regional decision making. It will operate within Board delegations to Chairs and as such the RGG has no formal delegations. It will be the guardian of the "regional plan" and will ensure that progress is made against the actions. RGG will hold the Regional Executives Forum to account for delivery of it.

- **Regional Executives Forum -** Membership will include the CEOs, CMOs and Chief Financial Officers (CFOs) from each DHB, with the expectation being that the CFOs will attend quarterly with all papers copied to them. The Regional Executives Forum will provide active leadership and operational oversight to all regional activities. Specifically, the group will:
  - Provide leadership for the regional agenda, ensuring that sound advice is provided to the Regional Governance Group to inform discussions and recommendations in regard to regional strategy
  - Be accountable to the Regional Governance Group for the development of and delivery of the regional plan/s that are aligned with the New Zealand Health Strategy 2016
  - Monitor performance against plans and service level agreements
  - Consider risks to the Region's operations, strategies and plans
  - Address operational and other issues that are within the delegations of individual members of the group
  - Ensure there are appropriate regional groups and networks to support effective regional collaboration and strategy implementation and monitor the effectiveness of regional groups.

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

The Northern Regional Alliance Board will oversee regional health service delivery and workforce activities

The Northern Regional Alliance (NRA) works in conjunction with the four Northern DHBs to achieve the Minister's and Region's priorities and to support the effective implementation of policy directions and objectives. In particular, the NRA will support the four Northern DHBs in areas where there is benefit from working regionally. The NRA leads the delivery of the health service and workforce activities as outlined in the Northern Region Health Plan.

Broadly, NRA's scope of services includes:

- Corporate and business support.
- Workforce development, training and Resident Medical Officer (RMO) operations
- Regional health service planning, coordination and delivery

The NRA also supports links with the Health Workforce New Zealand (HWNZ) and Health Quality and Safety Commission to ensure that the regional and national priorities are aligned.

The Regional Planning and Service Delivery cluster comprises steering groups, clinical networks and service groups established to:

- Provide visible and credible leadership to the region for health service planning including Northern Region Health Plan development, oversight and embedding activity in business as usual operation
- Develop regional strategy and oversee the three year regional planning

cycle
- Provide clinical network and regional service delivery oversight
- Strengthen whole of systems clinical engagement in health service planning and delivery oversight
- Oversee population health analysis and the development of an appropriate regional performance reporting framework and processes to support the implementation of this framework
- Oversee the development of future models of care and configuration of services, ensuring the clinical and financial sustainability of services and the Region's workforce
- Sponsor key regional health service projects including agreed service developments, service reviews, vulnerable services etc.
- Monitor and receive updates on key regional strategic initiatives
- Act as point of escalation for regional health services issues that require urgent progress or resolution.

Increasingly NRA will focus its resources around supporting the prioritised areas for regional working. The key drivers for NRA engagement are:

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

Within this scope of work, priority will be given to work that has the potential to deliver the greatest benefit regionally.

The healthAlliance Board will oversee business services activity

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

hA leads the delivery of the business services, including Information Systems as outlined in the Northern Region Health Plan.

Chief Executive Officer and clinical leadership is embedded in all regional activity

Our CEOs and clinical leaders are at the forefront of leading and being involved in regional activity.

Our CEOs have each taken a lead role on different aspects of the Northern Region Health Plan. Clinical governance of the overall Northern Region Health Plan is provided by the CMOs who provide networks with support and leadership, and are the key link between networks and other senior management.

Clinical leaders are appointed to lead the networks and are the key people on point for their services. The leaders work in partnership with the multidisciplinary members of the network to identify and progress the specific initiatives. Clinical membership on networks typically comprises doctors, nurses and allied health from across the primary and secondary sector, and the non-governmental sector.

Much of the successes over the past three years can be attributed to our senior executive commitment and our clinical leaders. Over 2017/18 they will continue to be instrumental in creating a trusting and collegial regional culture and promoting leading practice and innovation in clinical care.

Funding Mechanisms for Work to Deliver the Northern Region Health Plan

The Northern Region Alliance manages the operational budget for supporting the delivery of the health service and workforce components of the Northern Region Health Plan. The Northern Region DHBs fund the NRA for this service on a population based funding formula (PBFF) basis.

The work to progress the IS/IT priorities is the responsibility of hA. hA is funded by the DHBs to the level determined by the deprecation associated with the DHB assets that have been transferred from DHBs to hA books. Additional funding may be agreed from DHBs as part of the annual IS/IT planning and budgeting cycle dependent upon priorities and requirements associated with annual IS/IT development plans.

Additional resources are contributed to the delivery of the regional plan by many Northern Region entities and individuals across the continuum of care. This contribution is usually in the form of time participating in workshops and regional meetings and also includes development or review of workstream deliverables. The cost of this time is met by those organisations and individuals.

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

- The NRA undertakes a budgeting process under the governance of the NRA Board
- hA undertakes a budgeting process under the governance of the hA Board.

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

Whole of System Implementation

A whole of system plan with accountability for delivery shared between all signatories

There is a reasonably complex array of organisations involved in the implementation of the initiatives highlighted in the Northern Region Health Plan. In some instances one organisation will lead an initiative, and others will contribute and participate to support the lead. In a number of instances all organisations will have shared accountability for delivery and performance.

The following articulates, at a high level, the alignment of the role and the accountability each organisation has in the delivery of the Northern Region Health Plan:

- **District Health Boards**

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

  DHBs will also take greater responsibility and accountability for integration and the performance of primary care in their districts. This is expected to be achieved by continuing to build local partnerships through collaboration and forming alliance agreements.

  Other DHB activities will include:

  - Active participation of clinicians and managers in networks and the delivery of DHB and regional priorities

- Supporting the development of and investing in locality care partnerships/networks, Integrated Family Health Centres and neighbourhood healthcare homes
- Aligning funding to the Northern Region Health Plan and DHB priorities
- Supporting primary care partners and the Whānau Ora providers.

- **Clinical Networks**

  The focus of clinical networks will continue to be collaborative planning and monitoring across levels of care and organisations. Networks will be the key mechanism to drive:
  - The strategic direction and prioritised initiatives across primary, community and hospital care
  - Performance targets and adjusting resources and work plans to improve health outcomes and patient experience for the population
  - Engagement with primary, community and secondary care providers and the users of services.

- **Alliance Partnerships in Primary Care**

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

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

  These areas of PHO focus align with the Northern Region Health Plan. During 2017/18, work will continue to progress initiatives in these areas, to provide a much stronger and more concerted effort to address the priorities.

  The Northland PHOs have similar focus areas to the Auckland PHOs and continue to develop their own planning intentions in a collaborative manner with the Northland DHB.

- **Other Social Sector Agencies**

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

- **Aged Residential Care**

  Aged Related Residential Care (ARRC) comprises a number of operators who provide residential care for our elderly. Cooperation and collaboration with the range of ARRC providers will be important in the implementation of activities to reduce acute presentations from

residential care and increase advanced care planning activities, and to improve the safety of patients from falls and pressure injuries.

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

  This sector is very important to many aspects of the Northern Region Health Plan, particularly Healthy Ageing, Mental Health and Addictions, Cancer, and Child Health. In each of these work streams, linkages exist or are being strengthened to share information and align activities. These relationships are important to ensure consistent messages are being provided, regardless of where our population seeks help.

National Entities

The Northern Region actively contributes to a number of national organisations and forums with a strong focus on ensuring alignment with national strategies and developments to achieve integration across all of our networks and activities. In particular:

- The Northern Region workforce and training hub will drive workforce development in the region with close alignment to the direction of Health Workforce New Zealand.
- The regional informatics work will be guided by the national IT strategy and the direction of the Digital Advisory Board to maintain alignment between national and regional priorities.
- Clinical networks will continue to contribute to national specialty groups and forums to ensure alignment between regional and national direction
- The Northern Region Patient Safety Network will focus on improving patient safety and quality of care and implementing regional and national initiatives by working in collaboration with the Health Quality and Safety Commission (HQSC).

Information regarding how the Northern Region will engage with Health Workforce New Zealand, the Digital Advisory Board and national clinical networks has been set out in earlier sections in this document. Our approach to working with the HQSC is outlined below.

Northern Region Patient Safety Network

Embedding a culture of learning is a priority

The Regional Patient Safety Network (RPSN) was set up in June 2016, following the end of the five year First Do No Harm campaign, to ensure that there is continued focus in the region on reducing avoidable healthcare associated harm, improving patient safety and the quality of healthcare experience.

The RPSN's objectives are to promote and/or enhance:

- Provision of high quality and equitable patient and whānau-centred care;
- Regional cross-sector culture of safety and quality;
- Learning from experience and becoming a 'learning' region;
- Use of evidence-based healthcare practice backed up with up-to-date data.

The RPSN will continue to work in an integrated manner, ensuring that links are maintained with:

- District Health Boards;
- Primary Care;
- Safety in Practice;
- Consumers;
- Health Quality and Safety Commission;
- Private sector (for national Deteriorating Patient Programme).

RPSN determines key patient safety and patient experience areas for regional collaboration and alignment with national priorities. It promotes the development and socialisation of regional approaches which will add value and help accelerate implementation of national programmes.

The RPSN has a five year Regional Patient Safety Strategy and a leadership

structure comprising the Northern Region Lead Chief Medical Officer, DHB clinical leads/ leads for patient safety and quality, and the DHB clinical leads for primary care. Membership of the group also includes consumer representation, Safety in Practice, and the Health Quality and Safety Commission (HQSC).

Key priorities for the network in 2017/18 include:

- Supporting the implementation of the HQSC Deteriorating Patient Programme
- Supporting the adoption of Safe Use of Opioids care bundles

The network has set up a regional group to support DHBs in their implementation of the national Deteriorating Patient Programme at a local level. This regional group includes DHB clinical and project leads, private sector, consumer representation, and representation from the HQSC.

It is expected the Region's DHBs will begin implementing Workstream 1: Rapid Response Systems from July 2017. This includes the adoption of a nationally standardised vital signs chart and Early Warning Scores, and establishment of a localised escalation pathway. The Region will also identify and work collectively on regional piece/pieces of work where there is scope for regional alignment or standardisation. Emerging work includes a regional sub-group sharing learning and developing a standardised approach to data collection.

Other areas for regional focus in 2017/18 include:

- Supporting the roll out of Safety in Practice (SIP) to all General Practices. SIP is a primary care patient safety programme supported by Ko Awatea, Counties Manukau, Auckland and Waitemata DHBs
- Working collaboratively to improve transitions of care e.g. medication management when care is handed from one health professional to another
- Application of learning from adverse events or incidents (Severity Assessment Code 3 & 4)
- Addressing recommendations from the certification process.

7. Commitment to Achieving Better Outcomes for Our Population

This Northern Region Health Plan signals our commitment to work together to achieve our goals

Delivering the Northern Region Health Plan

In the Northern Region Health Plan we have outlined the goals and initiatives we have committed to this year. It continues to be an ambitious programme of work; however we are confident we have the right foundations in place to achieve our goals.

The region has developed the 2017/18 Northern Region Health Plan in advance of the Northern Region Long Term Investment Plan and the Information Systems Strategic Plan. These key strategic documents will be completed in the Quarter 1 of 2017/18. This regional plan will be reviewed in Quarter 2 to ensure there is strong alignment with these plans.

The level of commitment shown to the Northern Region Health Plan from the four DHBs and our primary care and community partners gives us confidence that we can embed the changes required across all levels of our health system. To realise our goals we will continue to develop the relationships we have established, particularly across primary, community and hospitals services. This will achieve a level of integration which is both meaningful and productive.

Our clinical networks and steering groups are leading the transformation in our health system, and the incremental steps being undertaken will progressively improve patient health outcomes and increase efficiency across the health system. These steps will add up to significant benefits and will transform our health system to be fit for the future.

At a regional level, we will be monitoring progress against the activities that have been committed to as part of the Northern Region Health Plan.

This Northern Region Health Plan has risks, and only some can be regionally managed

Implementation Risks

The Northern Region Health Plan maps out an ambitious work programme. There is strong agreement regionally that the direction is right. Our plan is not without risk, however only some of this risk can be managed regionally. The key risks identified are set out below.

Figure 9: Northern Region Health Plan Implementation Risks

Risk	Description
Impact on primary health care	There is significant cumulative change on primary care arising from the directions articulated in the Northern Region Health Plan. Common themes suggest that patients are more proactively managed in the community and new models of care are being developed. Primary care comprises a large group of doctors, nurses and allied health and other people. Therefore there are a number of challenges associated with communicating the key directions, managing the changes, and evaluating the impacts of the changes. Time and effort will be needed to support primary care providers to implement the changes.
Implementation costs	All DHBs in the region are actively working to manage costs. The Northern Region Health Plan requires ongoing funding. Some funding may be managed by internally shifting resource, and some will require funding in 2017/18 for a later pay back. The Region's governance structures will continue to have challenging prioritisation discussions to ensure the Region can deliver on the Northern Region Health Plan in a fiscally constrained environment.

Risk	Description
Affordability	The operating cost of current models of care and the capital investment required to maintain these models is of particular concern to the Region. Facilities in the region are working to capacity. Substantial investment is required in staff, facilities, information systems and key equipment if waiting times and service levels are to be met and demographic growth accommodated. It will take 5 - 10 years before changes outlined in the Northern Region Health Plan can be expected to have a significant impact on slowing growth in demand for hospital based services.
Information systems	Information systems are critical to support many of the proposed changes in models of care. It will however take several years to deliver on the prioritised initiatives. This may be slowed further by access to capital funding and affordability of proposed investments.
Workforce	Time is needed to grow the workforce to work in new fields, and expanded roles. Until the workforce role changes occur it will be hard to build momentum around some initiatives where current staff is already stretched to deliver in their current roles.
Interdependencies with other work	Concurrent work is being undertaken at local, regional and national levels. There is strong alignment but the cumulative change agenda is significant and will require careful management at a regional level. The leaders and change agents within our Region are frequently asked to champion or participate in many concurrent work areas. As priorities change it can be hard to sustain long term work plans due to the capacity of key individuals to support multiple work streams.

8. Glossary of Terms

ACC	Accident Compensation Corporation
ADHB	Auckland District Health Board
ARRC	Aged Related Residential Care
CALD	Cultural and linguistically diverse
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHIS	Cancer Health Information Strategy
CMDHB	Counties Manukau District Health Board
CMO	Chief Medical Officer
CNC	Cancer Nurse Coordinator
CT	Computed Tomography
CTC	Computed Tomography Colonography
CVD	Cardiovascular Disease
DHB	District Health Board
DHBSS	DHB Shared Services
DSLA	Diabetes Service Level Alliances
DSME	Diabetes self management and education
ED	Emergency Department
ESPI	Elective service performance indicator
ePA	ePrescribing and Administration
FCT	Faster Cancer Treatment
FSA	First Specialist Assessment
GP	General Practitioner
hA	healthAlliance
HQSC	Health Quality and Safety Commission
HWNZ	Health Workforce New Zealand
ICT	Information and Communication Technology
IS	Information Systems

ISSP	Information Systems Strategic Plan
IT	Information Technology
KPI	Key Performance Indicator
MDM	Multi-disciplinary meeting
MELAA	Middle Eastern Latin American and African
MOC	Model of care
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
NDHB	Northland District Health Board
NGO	Non-Government Organisations
NRLTIP	Northern Region Long Term Investment Plan
NRA	Northern Regional Alliance
NRHP	Northern Region Health Plan
NZ-MTR	New Zealand Major Trauma Registry
PAS `	Patient Administration System
PCI	Percutaneous coronary intervention
PHO	Primary Health Organisation
RGG	Regional Governance Group
RPSN	Regional Patient Safety Network
SACAT	Substance Abuse Compulsory Assessment and Treatment
SIP	Safety in Practice
STEMI	ST Elevation Myocardial Infarction
SUDI	Sudden unexplained death in infant
WDHB	Waitemata District Health Board

Appendix 1: Northern Region Health Plan Contributors

Regional Governance Group

		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
NDHB	Sally Macauley				X		
	Nick Chamberlain				X		
	Mike Roberts	X					
WDHB	Lester Levy				X		
	Dale Bramley				X		
	Andrew Brant	X					
ADHB	Lester Levy				X		
	Ailsa Claire				X		
	Margaret Wilsher	X					
CMDHB	Lester Levy				X		
	Gloria Johnson				X		
	Vanessa Thornton	X					

Regional Executives Forum

		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
NDHB	Nick Chamberlain				X		
	Mike Roberts	X					
	Meng Cheong				X		
WDHB	Dale Bramley				X		
	Andrew Brant	X					
	Robert Paine				X		
ADHB	Ailsa Claire				X		
	Margaret Wilsher	X					
	Rosalie Percival				X		
CMDHB	Gloria Johnson				X		
	Vanessa Thornton	X					
	Margaret White				X		

Regional Funding Forum

		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
NDHB	Joyce Donaldson				X		
WDHB	Stuart Jenkins					X	
WDHB/ ADHB	Debbie Holdsworth				X		
	Simon Bowen				X		
	Tim Wood						X
CMDHB	Benedict Hefford				X		
	Margie Apa				X		
	Louise McCarthy						X
	Matt Hannant						X
	Campbell Brebner					X	
NRA	Sarah Prentice				X		

Informatics Group

		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
NDHB	Nick Chamberlain				X		
WDHB	Andrew Brant	X					
ADHB	Ailsa Claire				X		
CMDHB	Vanessa Thornton	X					

Primary Care	Steve Boomert						X
Consumer	Jo Fitzpatrick						X
hA	Myles Ward				X		
	Kevin Robinson				X		
	Reid McRobie				X		

Regional Capital Group

		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
NDHB	Meng Cheong				X		
	Mike Cummins				X		
WDHB	Robert Paine				X		
	Rosemary Chung				X		
	Chris Watson				X		
ADHB	Rosalie Percival				X		
	Auxilia Nyangoni				X		
CMDHB	Margaret White				X		
	Pauline Hanna				X		
hA	Fiona Harnett				X		
NRA	Sarah Prentice				X		
	Tony Phemister				X		

Clinical Leaders Forum - Workforce

		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
Region	Cecilia Lynch				X		
	Terina Davis				X		
NDHB	Mike Roberts	X					
	Margareth Broodkoorn		X				
	Pat Hartung (HR)				X		
	Pip Zammit			X			
WDHB	Andrew Brant	X					
	Jocelyn Peach		X				
	Tamzin Brott			X			
	Jean McQueen					X	
	Fiona McCarthy (HR)				X		
ADHB	Margaret Wilsher	X					
	Margaret Dotchin		X				
	Sue Waters			X			
	Fiona Michel (HR)				X		
	Maggie O'Brien		X		X		
CMDHB	Vanessa Thornton	X					
	Denise Kivell		X				
	Campbell Brebner					X	
	Thelma Thompson		X				
	Karen Diovich (HR)				X		
	Karen Sangster					X	

Cancer Governance Board

		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
Region	Richard Sullivan (CL)	X					
NDHB	Andrew Potts				X		
	Vincent Newton	X					
WDHB	Andrew Brant (Chair)	X					
	Susan Gerred	X					
	Cath Cronin				X		

	Jo Brown				X		
ADHB	Ailsa Claire (D. Chair)				X		
	Joanne Gibbs				X		
	Richard Sullivan	X					
	Margaret Dotchin		X				
CMDHB	Wilbur Farmilo	X					
	Phillip Balmer				X		

Cardiovascular Disease Clinical Network

		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
Region	Tony Scott (CL)	X					
	Helen McKenzie				X		
NDHB	Marcus Lee	X					
	Peter Wood				X		
	Peter Vujcich					X	
	Raj Nandra	X					
	Neil Beney				X		
WDHB	Alex Boersma				X		
	Kim Bannister					X	
	Jo Brown/ Lorraine Bailey				X		
ADHB	Jim Kriechbaum					X	
	Jim Stewart	X					
	Mark Webster	X					
	Chris Occleshaw	X					
	Samantha Tichener				X		
	Mark Edwards	X					
	Peter Ruygrok	X					
CMDHB	Brad Healey				X		
	Helen Liley					X	
	Paul Hewitt				X		
	Andrew Kerr	X					
	Selwyn Wong	X					
	Douglas Scott	X					
	Wing Cheuk Chan	X					
Diabetes	Catherine McNamara	X					

Child Health Clinical Network

		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
Region	Timothy Jelleyman (CL)	X					
	Pam Henry				X		
NDHB	Oliver Hainsworth	X					
	Nick Chamberlain				X		
	Jacqui Westren				X		
	Jeanette Wedding				X		
WDHB	Andrew Brant	X					
	Stephanie Doe		X				
	Meia Schmidt-Uili	X					
	Chris Peterson	X					
ADHB	Sarah Little		X				
	Alison Leversha	X					
	Emma Maddren				X		
	Mike Shepherd	X					
P & F	Ruth Bijl				X		
CMDHB	Wendy Walker	X					
	Carmel Ellis				X		
	Nettie Knetsch				X		
P. H	Philippa Anderson	X					

Physician							
Primary Care	Jenny Waddell					X	
	Lorraine Hetaraka - Stevens					X	
Diabetes Clinical Network							
		DHBs				**Primary Care**	
		Medical	**Nursing**	**Allied Health & Technical**	**Other**	**Clinical**	**Other**
Region	Catherine McNamara (CL)	X					
	Helen McKenzie				X		
NDHB	Ian Hartley-Dade						X
	Andrea Taylor		X				
	Barbara Miller			X			
WDHB	Michele Garrett			X			
	Andrew Brant	X					
	Jean McQueen		X				
	Simon Young	X					
	Kim Bannister					X	
	Jagpal Benipal				X		
	Ole Schmiedel	X		X			
ADHB	Jim Kriechbaum					X	
CMDHB	Brandon Orr-Walker	X					
	Helen Liley					X	
	Carl Eagleton	X					
	Trevor Brown				X		
CVD	Tony Scott	X					
Elective Services Clinical Network							
		DHBs				**Primary Care**	
		Medical	**Nursing**	**Allied Health & Technical**	**Other**	**Clinical**	**Other**
Region	Mark Harris				X		
NDHB	Andrew Potts				X		
WDHB	Michelle Sutherland				X		
ADHB	Duncan Bliss				X		
CMDHB	Mary Burr				X		
Healthy Ageing Clinical Network							
		DHBs				**Primary Care**	
		Medical	**Nursing**	**Allied Health & Technical**	**Other**	**Clinical**	**Other**
Region	Clinical Lead (TBC)	X					
	Fletcher Beazley				X		
NDHB	Sandie Kirkman		X				
WDHB	John Scott	X					
	Rob Butler	X					
	Martin Connolly	X					
	Janet Parker		X				
ADHB	Richard Worrall	X					
	Maree Todd	X					
	Jane Lees		X				
	Kate Sladden						
CMDHB	Geoff Green	X					
	Kathy Peri		X		X		
	Dana Ralph-Smith						
CHT	Liz Webb					X	
PSN	Andrea McLeod					X	
SF	Bart Nuysink					X	
Consumer	Margaret Willoughby						X

Major Trauma Clinical Network							
		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
Region	Michael Roberts (CL)	X					
	Siobhan Isles				X		
St John Ambulance	Tony Smith	X					
NDHB	Chris Harmston	X					
	Olivia Monos		X				
	Scott Cameron	X					
WDHB	Emma Batistich	X					
	Helen Hogan		X				
ADHB	James Hamill	X					
	Alex Ng	X					
	Pamela Fitzgerald		X				
	Karen McCarthy	X					
	Matt Sawyer				X		
	Mark Friedrickson	X					
CMDHB	Murray Cox	X					
	Sylvia Boys	X					
	Kevin Henshall		X				

Mental Health and Addictions Clinical Network							
		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
Region	Mark Fisher (CL)	X					
	Sue Wyeth				X		
	Anne Brebner		X				
	Naomi Cowan				X		
NDHB	Ian McKenzie				X		
	Murray Patton	X					
	Segina Te Ahuahu				X		
WDHB	Pam Lightbrown				X		
	Susanna Galea	X			X		
	Trish Palmer				X		
	Jeremy Skipworth	X					
ADHB	Anna Schofield		X				
	Alison Hudgell				X		
CMDHB	Tess Ahern				X		
	Peter Watson	X					
Consumer	Taimi Allan						X

Stroke Clinical Network							
		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
Region	Chris Pegg				X		
NDHB	Alan Davis (CL)	X					
WDHB	Debbie Hogan		X				
ADHB	Anna McCrae			X			
	Dean Kilfoyle	X					
	Alan Barber	X					
CMDHB	Geoff Green	X					
	Pauline Owen		X				
Consumer	Kylie Head						X

Youth Clinical Network							
		DHBs				Primary Care	
		Medical	Nursing	Allied Health & Technical	Other	Clinical	Other
Region	Bridget Farrant (CL)	X					
	Helen McKenzie				X		
	Olivia Barton				X		
NDHB	Jessica Kimberly	X					
	Michael Sullivan	X					
	Aniva Lawrence					X	
	Meryl Frear				X		
WDHB	Tracey Walters				X		
	Fionna Bell					X	
	Karl Snowden				X		
ADHB	Charlotte Harris					X	
	Alison Leversha	X					
	Heidi Watson	X					
WDHB & ADHB	Ruth Bijl				X		
	Therese Rongonui				X		
CMDHB	Julia Shaw				X	X	
	Carmel Ellis				X		
	Simon Denny	X					
	Paul Vroegop	X					
	Tina Higgins				X		

Appendix 2: Summary of 2017/18 Northern Region Actions relating to the New Zealand Health Strategy 2016

The following table summarises the actions that will be taken by the Northern Region in 2017/18 to support achievement of the New Zealand Health Strategy Roadmap of Actions 2016. Actions that will be led by DHBs, the Ministry of Health or other agencies have been excluded.

NZ Health Strategy Theme	NZ Health Strategy Action	Northern Region Actions 2017/18
People Powered	Action 1 - Enabling people to become 'health smart'	• Child Health Network: Establishing a system wide Electronic Growth Record • Stroke Network: Telestroke • Information Systems: CareConnect Programme
	Action 2 - Making the health system more responsive to people	• All networks have an equity focus, for a full list of actions see pages 42 and 43. • The majority of networks include a focus on integration across and between agencies and providers, and incorporate contribution from health system users. • Electives: Clinical Prioritisation Tools for Ophthalmology, Plastic Surgery and General Surgery. • Hepatitis C Service Network**:** engage with high risk populations through Community Alcohol and Drug Services, Needle Exchange, Opioid Substitution Treatment and Corrections Department facilities. • Mental Health & Addictions Network: decrease medication issues working with NGOs and Clinical Services.
	Action 3 - Engaging the consumer voice	• Networks have processes in place to gain consumer input into specific projects as required, specific actions in this plan include: • Healthy Ageing, Stroke and Mental Health and Addictions Networks engage consumer representatives who are involved in a range of projects and activities. • Information Systems: CareConnect Programme includes consumer representation.
	Action 4 - Promote people-led service design	• Stroke Network is taking a co-design (partnership) approach as care pathways are developed across the continuum of care.
	Action 5 – Build on, align, clarify and simply programmes	• All networks are taking a multiagency approach where applicable with several projects aimed at improving communication, information sharing and integration across the continuum of care for vulnerable populations e.g. skin infection prevention for pre-schoolers, healthy weight conversations with children and families, SUDI reduction, education and support for people with dementia and their families, community cardiac care, and hepatitis C.
Closer to Home	Action 6 - The right services are delivered at the right location	• The Northern Region Long Term Investment Plan has a strong focus on service planning that is delivered in the most appropriate and effective way based on a range of strategic principles. • Several networks are developing or refining referral pathways including wider use of eReferrals. • Trauma Network: Implementing the pre-hospital destination policy and develop regional clinical guidelines.
	Action 7 - People working in the health system fully utilise their health skills and training	• Child Health Network: Safe Sleep Risk Calculator implementation. • Stroke Network: Implementing the stoke hyper-acute pathway. • Workforce: Strengthen cultural competency through recruitment and selection, aligning programmes to our diverse population, induction and orientation programmes and patient experience surveys.

NZ Health Strategy Theme	NZ Health Strategy Action	Northern Region Actions 2017/18
Closer to Home (continued)	Action 8 - Focus on prevention, early intervention, rehabilitation and wellbeing for people with long-term conditions	• Child Health Network: Reducing obesity through BMI/growth monitoring and healthy weight conversations. • Cardiovascular Disease Network: CVD risk assessment and Cardiac Rehabilitation Programme. • Diabetes Network: CVD risk assessment, good population glycaemic control and low systolic blood pressure, Retinal screening, and foot risk assessment. • Mental Health and Addictions Network: Implementation of Predict for metabolic screening. • Stroke Network: Implementing the Hyperacute, acute and rehabilitation phases of the stroke pathway.
	Action 9 - Collaboration with a focus on children, young people, families and whanau	• Child Health Network: Reducing obesity, SUDI reduction, skin infection prevention, and refining the 6-week postnatal check. • Mental Health and Addictions Network: Perinatal and maternal mental health project.
	Action 10 - Shared care for older people	• Healthy Ageing Network: implementation of the cognitive impairment pathway, dementia education and support, better use of InterRai data to support service improvement, workforce development in collaboration with MoH and DHBs.
	Action 12 – Review adult palliative care	• Workforce: contribute to workforce efforts arising from national Review of Adult Palliative Care Services.
Value and High Performance	Action 17 – Align funding	• Workforce: Increase the size of Maori workforce by 2025 to reflect communities served.
	Action 19 – Continuously improve system quality and safety	• Child Health Network: Childhood Injury Management Pathway in collaboration with ACC and Six Week Post Natal Check in collaboration with Well Child/ Tamariki Ora. • Health Ageing Network: Falls prevention. • Regional Patient Safety Network: HQSC Deteriorating Patient Programme, safe use of opioids.
One Team	Action 24 - Workforce development	• Workforce: Skill mix review/change to build capability and flexibility, develop expanded and advanced practice roles, develop a regional allied health career progression framework, Kaiawhina workforce progression, grow and develop the Maori and Pacific workforces, develop the health navigation roles, Healthy Ageing Strategy workforce actions.
Smart System	Action 26 – Electronic health records and patient portals	• Child Health Network: Support implementation of National Child Health Information Platform (NCHIP). • Information Systems: CareConnect Programme (eReferrals, Shared Summary Record, Patient Portal Strategy).

Appendix 3: Clinical Network Implementation Plans

Network Action Plans Key:

The network action plans outline the key areas of focus for 2017/18 and the activities that will contribute to achieving the New Zealand Health Strategy 2016 and the Northern Regions strategic objectives.

The key below provides a summary of how these are identified in the action plans for each network.

New Zealand Health Strategy 2016	
People Powered	PP
Closer to home	CH
Value and high performance	V&HP
One Team	OT
Smart System	SS
Northern Region Strategic Objectives (Northern Region Intervention Logic)	
Optimise health outcomes	HO
Optimise patient experience	PE
Optimise quality, safety and effectiveness	QS&E
Optimise efficiency and productivity	E&P
Investment in fit for purpose infrastructure	I

The network implementation plans in the following pages are ordered starting with the Northern Region priority areas as follows:

1. Child Health
2. Healthy Ageing
3. Cancer
4. Cardiovascular Services
5. Diabetes
6. Electives
7. Hepatitis C
8. Major Trauma
9. Mental Health and Addictions
10. Stroke
11. Youth Health

Network Name: Child Health

Context

In 2017/18 we will continue to progress the implementation of the current work stream. There will be ongoing enhancement of partnership approaches across the sector. For example we will continue to work with ACC on head injury management and advocate for the delivery of programmes to prevent home injury for children. The skin infection prevention project is being implemented in selected high need Early Childhood Education Centres in Auckland with an evaluation to consider whether there is benefit in extending the reach of the programme regionally and develop a model for implementation that could be applied regionally. There is a commitment to ensure that projects align in ways that are mutually beneficial for families, whānau and caregivers such as ensuring that consistent and culturally appropriate messages are delivered across oral health and healthy weight.

Existing projects will be enhanced by extending the focus toward early engagement with families' whānau and caregivers during the early years. Examples include activity to improve the quality and coverage of the six week postnatal check and exploring ways to support parents, whānau and caregivers to develop the skills to care for a crying baby.

The Region has a role to endorse projects that are being developed within districts that will benefit children and young people across the region. An example in this plan is the work already underway within Counties Manukau DHB to reduce Bronchiectasis.

We continue to focus on the well-established child health themes:

- Knowing every child: enhancing systems of enrolment for effective engagement with universal healthcare
- Informing families: using consistent health promoting messages regionally
- Enabling clinical teams: to deliver health care to those with highest need through supporting models of care and evidence-based approaches
- Advocating for the child: through coordinated regional approach and active inter-sectoral relationships.

The regional objectives for 2017/18 are to:

- Apply an equity lens across all child health themes
- Achieve greater consistency and quality of care for children through workforce development and systems improvements
- Support improvements in relation to the Government 'Childhood Obesity Plan' initiative
- Support the National Shaken Baby Syndrome Prevention Programme
- Implement the Northern Region SUDI action plan
- Work in collaboration with ACC to implement a primary care pathway to manage childhood head injury and reduce the long term consequences.

Linkages/ Line of Sight

- Children's Action Plan
- Better Public Services
- Local authorities, social development, housing, transport
- Rheumatic Fever programme
- Regional groups for maternity, youth, primary care, etc.
- Education including schools and early childhood education centres
- Tamariki Ora Well Child providers
- District Annual Plans
- Child Health Implementation Plan
- ACC

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Knowing Every Child												
1. Continue to advocate for endorsement of the funding request for NCHIP	– Agree implementation plan once the business case is fully approved	Q4	√			√	√				√	√
2. Regionally agree the actions and responsibilities relating to the six week postnatal check and identify the process for sharing information	– Actions and responsibilities defined – Information processes confirmed	Q4	√		√	√	√	√	√			√
Informed Families												
3. Implement the pilot skin infection prevention for families of pre-school children and in early childhood education settings, targeted particularly for populations at highest risk in ADHB	– Evaluation of pilot complete – Delivery model endorsed by Child Health Steering Group (CHSG)	Q2 Q4	√	√	√	√	√	√	√			
4. Develop a consistent clinical measurement approach for child growth and obesity across the region by: – Working with Primary Care to ensure growth charts are consistent with the Ministry of Health's advice are being used in primary care – Developing consistent and culturally appropriate messages	– Specific steps towards establishing system wide electronic growth records for children – Investigate options for enabling healthy weight measures by ethnicity	Q4		√		√	√	√	√		√	
5. Enhance the ability of health professionals in primary care to have conversations with families when children are identified with an unhealthy weight (high body mass index (BMI))	– Report numbers of clinicians who have completed regional training programmes	Q4		√		√				√	√	
6. Optimise outcomes with regards to Shaken Baby Syndrome Prevention	– Support the National Shaken Baby Syndrome Prevention Programme	Q4	√	√				√		√		

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Enabled Clinical Teams												
7. Continue to implement the regional SUDI action plan	– Continue to reduce SUDI deaths to ≤ 0.4 SUDI Deaths per 1,000 Māori live births – 70% of caregivers of Māori infants are provided with SUDI information at Well Child Tamariki Ora Core Contact (data reported as available from the Ministry of Health)	Q2 & Q4	√	√		√	√	√		√		
8. Implement the safe sleep risk calculator	– Implementation plan endorsed by CHSG	Q4	√	√	√	√	√	√		√		
9. Support Counties Manukau DHB in the development and implementation of the bronchiectasis pathway	– Regional endorsement of the pathway	Q4	√	√	√	√	√	√		√	√	
Advocacy for the Child												
10. Work with ACC to implement and evaluate the pathway for childhood injury management and follow up	– Pathway implemented – Evaluation complete	Q2 Q4	√	√	√	√	√		√	√	√	
11. Keep informed of progress with DHB oral health plans through updates including oral health indicators and related equity -for purpose of supporting and advocating for improvements -to enable integration, including aligned messaging for health weight and best oral health.	– Enrolment with oral health services – Mean dmft (decayed, missing, filled teeth) at 5 years – Cavity free at 5 years (reported by ethnicity)	Q4	√	√	√	√	√		√	√	√	

Network Name: Healthy Ageing

Context

We aim to focus on the differing needs of our ageing population cognisant of the many reasons that may impact on their ability to attain or maintain good health. Some population groups have markedly poorer health outcomes: Māori, Pacific, people with intellectual disabilities, and people in socioeconomically deprived areas. Other groups, such as rural communities, are also vulnerable to poorer health outcomes. Falls affects many older people; addressing falls related harm requires a system-wide, multi-agency approach that targets falls prevention through to minimising harm from fragility fractures.

The Ministry of Health has developed a Strategic Framework with five themes to support our regions funding, planning and service delivery for Healthy Ageing. These are aligned to the five themes of the New Zealand Health Strategy 2016 and are to:

- Prioritise healthy ageing and resilience throughout people's older years;
- Enable high-quality acute and restorative care, for effective rehabilitation, recovery and restoration after acute events;
- Ensure older people can live well with long-term conditions;
- Better support older people with high and complex needs;
- Provide respectful end-of-life care that caters to personal, cultural and spiritual needs.

E noho ora ana te hunga pakeke, e noho pai ana i ngā tau o te kaumātuatanga tae noa atu ki ngā tau whakamutunga o te rangatira i roto i nga ringa manaaki, ringa atawhai o te hā pori.
Older people live well, age well and have a respectful end of life in age-friendly communities.

The regional objectives for 2017/18 are to focus on the following areas:

- Strengthen dementia pathways to ensure that they are used consistently, supported by education and support for people living with dementia and their family, whānau and carers
- Proactively use InterRAI data, including ethnicity data to drive service improvement
- Work regionally and in collaboration with DHB Shared Services and the Ministry of Health to implement workforce activities in the Healthy Ageing Strategy 2016.

Linkages/ Line of Sight

- New Zealand Health Strategy 2016
- Healthy Ageing Strategy
- He Korowai Oranga: Māori Health Strategy
- A'la Mo'ui – Pathways to Pacific Health and Wellbeing 2014–2018
- New Zealand Framework for Dementia Care
- Improving the Lives of People with Dementia
- ACC Joint Partnership Programme for Falls
- Primary Health Care Strategy
- Living Well with Diabetes: A plan for people at high risk of or living with diabetes 2015–2020
- The New Zealand Carers' Strategy and Action Plan 2014–2018
- Pharmacy Action Plan 2016–2020
- Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Implementation of the New Zealand Framework for Dementia Care												
1. Improve the use of dementia pathways by supporting implementation of the Regional Cognitive Impairment Pathway	Pathway utilisation (number of hits)	Q2 & Q4	√	√		√	√	√	√	√		
2. Work with the dementia sector to ensure that there is equitable access to education and support programmes for people with dementia and their families/whanau including culturally appropriate programmes for Māori and Pacific populations	Standardised training/resources consistently available	Q4	√	√		√				√		√
3. Promote the use of the dementia education resources designed by the Goodfellow Unit.	Uptake by GPs and Practice Nurses	Q4	√	√		√	√		√	√		√
4. Support the development of a Regional Māori Dementia Plan in partnership with Māori Health teams	Plan complete and endorsed	Q4	√			√	√			√	√	
5. Investigate options for measuring the incidence of dementia by ethnicity	Measures contribute to 18/19 planning	Q4					√				√	
Hip Fracture Care												
6. Hip fracture care is aligned to the Australasian Hip Fracture Care Standards: - Analyse performance on a regional/DHB basis against the Hip Fracture Standards - Coordinate a regional forum for Falls to include community initiatives, Fracture Liaison Services (FLS) & Australian and New Zealand Hip Fracture Registry (ANZHFR)	– 6 monthly report on hip fracture occurrence – Investigate options for regional reporting of falls – 1 regional forum PA	Q2 & Q4 Q4	√		√	√	√	√		√		
InterRai												
7. Improve the use of InterRAI data, including ethnicity data, to support service improvement	– Data required by the sector to support service improvement is identified – Work with other regions to agree and implement a reporting framework	Q4			√	√	√			√		√

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Workforce												
8. *Healthy Ageing Strategy* Work regionally and in collaboration with DHB Shared Services and the Ministry of Health to implement workforce activities in the Healthy Ageing Strategy 2016. These include: – Prioritising vulnerable workforces, allied health and kaiāwhina in workforce planning – Strategies to support specialist work forces to deliver education and training sessions for non-specialist workforces – Providing opportunities for those working with older people to have the training and support they require to deliver high-quality, person-centred care	– Evidence of training and support initiatives for people working with older adults – Numbers and type of workforce participating in development opportunities	Q4		√		√						√

Network Name: Cancer Network

Context

The Northern Region Cancer Network will continue to develop and implement work which has been designed regionally and nationally. We will build upon our history of strong regional clinical networks.

The regional objectives for 2017/18 are to:

- Achieve the Faster Cancer Treatment Health Target by delivering sustainable process and practice improvements that benefit all cancer services patients
- Continue implementation of the Northern Region Cancer Strategic Plan 2015 – 2020 priorities
- Provide equitable breast and cervical screening rates for Māori, Pacific, and Asian women
- Investigate future Tumour Stream Models of Care that align with the regional strategic objectives and the New Zealand Health Strategy 2016
- Establish the Northern Bowel Screening Regional Centre, and work to prepare DHBs for roll-out of the National Bowel Screening Programme
- Support the National Cancer Health Information Strategy.

Linkages/ Line of Sight

- Information systems strategic management and support
- Workforce development
- Diagnostic services

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Faster Cancer Treatment												
1. Faster Cancer Treatment (FCT) Health Target	– 90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks – 31 day indicator – 85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat – Participation in the Regional FCT Group to support regional DHBs/tumour streams to reach the Health Target	Q1 Q1 Q1 - Q4	√		√	√	√	√		√	√	
2. Implement FCT Round 2 project "Tumour Stream Development Facilitators to achieve Health Target" consistent with agreed regional process	– DHBs vacancy rates against the funded roles – Achievement against activities, timeframes and budget detailed in FCT2 project plans	Q1 - Q4	√		√	√	√	√		√	√	

Actions	Measures	Due Date	NZ Health Strategy Themes						Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS		HO	PE	QS&E	E&P	I
3. Local Delivery of Oncology - follow up items as required from presentation of local delivery of oncology business case	– Achievement against activities and timeframes detailed in LDO Project plan – Steering Group members attendance at meetings	Q1 - Q4	√	√	√	√	√				√	√	√
4. Implement service improvements in priority areas via regional Tumour Stream groups	– Tumour Stream groups commenced in line with regional strategy prioritisation and timeframes – Report on achievement against activities detailed in Tumour Stream workplans	Q4	√		√	√	√				√		√
5. Improve waiting times for diagnostic computed tomography (CT) and magnetic resonance imaging (MRI)	– Standardise protocols across ultrasound, CT and MRI scanners for cancer diagnostic investigations – Report on adherence to standardised tumour stream diagnostic pathways, where published regionally – Number FCT breaches attributed to CT/MRI diagnostic delays	Q2 Q2			√	√	√				√	√	
6. Establish the Northern Bowel Screening Regional Centre, and work collaboratively to prepare DHBs for rollout of National Screening Programme	– Establishment of BSRC within contracted timeframe, budget and quality measures – Implementation business cases submitted per Ministry of Health schedule – DHBs colonoscopy capacity and performance against indicators regularly monitored	Q4			√	√	√						√
7. Ministry of Health Policy Priority 29 - Identify and implement improvements in colonoscopy services	– 90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks; 100% within 30 days – 70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 days), 100% within 90 days – 70% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date, 100% within 120 days – Regional and DHB trend of % symptomatic bowel investigations performed via CTC aiming for a level of 30% by 2020	Quarterly			√	√	√		√		√	√	

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
8. Equity focus areas	– Track and review FCT data by ethnicity quarterly – Implement regular monitoring report for Cancer Board on breast and cervical screening rates for Māori , Pacific and Asian women – Identify a set of robust regional equity goals by Tumour Stream in partnership with DHBs, consumers and equity partners – Complete a plan detailing what would be required to implement reporting on the agreed set of regional equity goals by tumour stream	Quarterly Q2 Q3 Q3	√		√	√	√			√		√
9. Improve functionality and coverage of cancer MDMs	– Complete an audit of functionality and coverage of MDMs across the region – Complete a gap analysis of multidisciplinary meetings (MDMs) against the Cancer Health Information Strategy (CHIS) national data standards and business requirements – Complete a business case detailing what investment would be required in systems and resourcing to support best quality cancer MDMs in the region	Q2 Per contract Q4	√		√	√	√			√		√
10. Implement the Prostate Cancer Management and Referral Guidance	– DHBs confirm through their GP/PHO networks that the guidance is being adhered to	Q4			√		√			√		
11. Implement supportive care initiatives per agreed national and regional plans (Cancer Nurse Coordinator Initiative (CNC), Oncology Psycho-Social Supportive Care Initiative)	– Vacancies in funded roles – Adherence to agreed models of care and/or position roles and responsibilities – Participation in evaluations (as required) – Transition plan for CNC initiative to become business as usual at end 17/18 financial year	Quarterly			√	√	√					√
12. Work more closely with the two National age-based cancer networks; Child Cancer Network (CCN) and Adolescent and Young Adult Network (AYA).	– Joint review of strategies and initiatives – Implement CCN and AYA standing agenda item for Cancer Board meetings – Identify and report to Board on areas where greater collaboration could benefit patients	Q1 Q1 Q2				√	√			√		√

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
13. Identify components of national Lung Cancer Early Detection Guidance (NLCEDG) that can begin to be implemented	– Written review of NLCEDG which identifies and prioritises components that can be implemented	3 months after final EDG published			√		√			√		
Workforce												
14. Work with National and Regional Leads to develop relevant professional development opportunities for the Cancer Nurse Coordinator (CNC), and Oncology Psycho-Social Supportive Care workforces (OPSSC).	– Report from CNC national lead – Report from OPSSC regional lead	Q3			√	√						√
15. Support a Registered Nurse Expanded (NE) Practice Training and Credentialing Programme (nurse endoscopists), in support of increased colonoscopy provision in the Region's DHBs.	– Number of registered NE's – Number in active training – Number in DHBs pipelines	Annually			√	√	√					√
16. Support regionally consistent training of nurses for local chemotherapy delivery.	– % nurses delivering chemotherapy to patients that are Antineoplastic Drug Administration Course (ADAC) certified – Regionally compiled and communicated ADAC training days calendar	Q4		√	√	√						√
Information Systems												
17. Regional work required to support national CHIS direction by sourcing/analysing data, contributing clinical and subject matter expertise, and other activities as needed, and within available resource	– Complete a gap analysis of MDMs against the CHIS national data standards and business requirements (also #9) – Establish regional systems required to submit radiation oncology data per the National Radiation Oncology Plan – Participate in national Tumour Standards core data and measurability work as required	Q1 - Q4			√	√	√					√

Network Name: Cardiovascular Disease

Context

We have made significant progress in reporting for both primary and secondary care, our focus for 2017/18 will be to use this information to target initiatives which reduce variation in access, timeliness to care and intervention rates.

The regional objectives for 2017/18 are to:

- Ensure current measures to meet Cardiac Surgery across the region continue to be closely monitored.
- Support implementation of better models of care to meet demand and improve better quality of care across the continuum by:
  - Reducing waiting times for First Specialist Appointments.
  - Ensuring appropriateness and timeliness of follow up visits.
  - Providing better support for discharged patients.
  - Reducing age standardised CVD admission rates.
- Focus on heart failure including continuing to improve access to Echo and to develop the heart failure dynamic care pathway.
- Complete the regional cardiac catheter lab options analysis and reach an agreed preferred option that will benefit the region.
- Ensure the Northern Region STEMI guidelines and pathways align with the New Zealand Out-of-Hospital STEMI pathway.
- Support DHBs in the implementation and continued use of accelerated chest pain pathways.
- Introduce the three components of the Community Cardiac Arrest project.
- Apply an equity lens across high risk populations to identify and reduce CVD related health disparities.

Linkages/ Line of Sight

- Diabetes Network
- District Health Boards
- National Cardiac Network
- Auckland Metro & Northland PHOs
- National Heart Foundation
- National Health Committee
- Metro Auckland Clinical Governance Forum (MACGF)
- St John Ambulance
- National IT Board
- Ministry of Health
- New Zealand Cardiac Society
- New Zealand Resuscitation Council

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Cardiology Services												
1. Cardiology Health Targets – all measures will be reported by ethnicity to identify opportunities for health gain and to improve equity across all population groups. Investigate options to enable reporting for all measures by gender.	70% of patients presenting with an acute coronary syndrome (ACS) who are referred for angiography receive it within 3 days of admission (day of admission being day 0)	Q2	√		√			√			√	
	95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography continue to have completion of All New Zealand ACS Quality Improvement Programme (ANZACS QI ACS) and Catheter/PCI registry data collection	Q4					√				√	
	100% of patients will wait less than four months for a cardiology first specialist assessment	Q4	√		√	√		√			√	
	80% of outpatients triaged to chest pain clinics to be seen within 6 weeks for cardiology assessment and if a Trans-Thoracic Echo (TTE) is considered appropriate it will be undertaken at that time	Q4	√		√			√			√	
	95% of out-patient coronary angiogram waiting time to <3 months	Q2	√		√			√			√	
	90% of eligible patients will have had their CVD risk assessed in the last 5 years	Q1			√			√			√	
	80% patients presenting with STEMI and referred for PCI will be treated within 120 minutes	Q3	√		√			√			√	
2. Monitor standardised Intervention Rates, Regional SIRs will be reported against population health standards.	– 12.5 per 10,000 for percutaneous revascularisation – 34.7 per 10,000 for coronary angiography	Q2	√		√			√			√	
3. Encourage the use of existing Cardiology Pathways in Primary Care. Support the development of future pathways. Socialise the existing pathways amongst SMOs.	Three pathways to be endorsed by the network	Q2	√		√	√		√	√	√	√	

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
4. Develop a regional plan for cardiac catheter and EP lab services. Undertake a regional review of capacity and demand for cardiac catheter lab services to inform future planning.	Complete regional review	**Q4**		√	√	√	√	√		√	√	√
5. Provide PHOs with medication adherence reports for CVD Risk Management. Encourage PHOs to use these reports for quality improvement activity in their practices.	Reports provided quarterly	Q1 - Q4	√		√			√		√		
6. Implement the newly developed 'NZ Out of Hospital STEMI Pathway' in conjunction with NZ STEMI working group.	Implementation completed	Q2	√		√	√		√	√	√	√	
7. Monitor the use of Accelerated Chest Pain (ACCP) Pathway via DHB self-audit.	4 DHBs to complete self-audit for this pathway	Q3			√	√		√		√	√	
Cardiothoracic Services												
8. Cardiothoracic Health Targets	95% patients undergoing cardiac surgery at the five regional cardiac surgery centres will have completion of Cardiac Surgery registry data collection within 30 days of discharge	Q2					√				√	
	100% patients wait less than 90 days for cardiac surgery.	Q4	√		√			√			√	
9. Maintain the nationally agreed cardiac surgical delivery and waiting list management targets.	– Maximum waitlist 10% of throughput – No patient waiting beyond the maximum clinically appropriate wait time	Q2	√		√			√			√	
10. Monitor the Standardised Intervention Rates (SIRs), Regional SIRs will be reported against population health standards.	6.5 per 10,000 population for cardiac surgery	Q2	√		√						√	
11. All patients will be scored using the national cardiac surgery Clinical Priority Assessment Criteria (CPAC) tool, and treated in accordance with assigned priority with equity of access across the region. Audit will be undertaken to ensure measures are applied consistently & reliably	Audit use of cardiac surgery CPAC tool	Q4	√		√						√	

Actions	Measures	Due Date	NZ Health Strategy Themes						Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS		HO	PE	QS&E	E&P	I
Heart Failure													
12. Improve access to Echo to support diagnosis of heart failure and other conditions including those requiring cardiac surgery.	95% of Echo's performed within 4 months of referral	Q3	√		√	√			√			√	
Community Cardiac Care													
13. In collaboration with St John Ambulance and ED staff, progress and monitor the echocardiogram (ECG) transmission by ambulance process in order to support more rapid transit of appropriately selected STEMI patients direct to a PCI Centre.	ECG transmission rate	Q1	√		√	√	√		√		√	√	
14. Work with the National Community Cardiac Arrest Working Group to implement AED and Bystander CPR project across the region	Participate in DHB and public launch of this piece of work	Q3	√	√	√	√	√		√		√	√	
Cardiac Rehabilitation													
15. Implement use of agreed core components of the Cardiac Rehab Programme across the region	Implemented by agreed date (this is dependent on progress made by the national working group)	Q4	√	√	√	√	√		√	√	√	√	
16. Implement/Initiate data reporting for Cardiac Rehab as agreed regionally.	Implemented by agreed date (this is dependent on progress made by the national working group)	Q4	√	√	√	√	√					√	

Network Name: Diabetes

Context

The Northern Region Diabetes Network was established in 2011 to provide regional clinical leadership on diabetes prevention and management across both primary and secondary care with the aim of achieving system wide integration and improvement in health outcomes for people living with diabetes.
Operationally, improved management of Type 2 Diabetes is now a priority for the three Metro Auckland DHBs with establishment of Diabetes Service Level Alliances (DSLA) specifically focusing on the following priority populations:

- People with newly diagnosed Type 2 diabetes.
- People with poorly controlled Type 2 diabetes (HbA1c > 75 mmol/mmol).
- Māori with Type 2 diabetes.
- Pacific with Type 2 diabetes.
- Asian with Type 2 diabetes.
- Quintile 5 populations with Type 2 diabetes.

Underpinning Principles

To achieve the DSLA vision the following principles need to underpin the activities of this group:

1. All people, including those living with diabetes, have equal opportunity and ability to live, work, and to contribute to and be part of New Zealand society.
2. People with diabetes have appropriate access to services (including health coaching, allied health and lab testing) that provides equity of health outcomes across all population groups.
3. Services are co-developed with people with diabetes.
4. Services are developed to improve trust between providers and patients.
5. Services for people with diabetes are patient and whānau centred.
6. Services for people with diabetes are comprehensive, safe and sustainable.
7. Every person with diabetes will have the option of having a diabetes care plan.
8. Services for people with diabetes are configured to support the delivery of integrated services and to better align care and incentives across the primary and secondary sectors.
9. Maximise the current workforce capability through accessible education and training portals as well as mentorship focussed initiatives.
10. Information is shared between people with diabetes and primary and secondary services.
11. Application of continuous quality improvement methodology including clinical audit and review to further improve diabetes related outcomes
12. Integrate multidisciplinary workforce both regulated and non-regulated (including Kaiawhina) to provide patient centric services

Working groups within the Network will continue to provide leadership/clinical governance in:

- Podiatry
- Planning and Funding
- Diabetes Specialist Nurse Interest Group
- Integrated Nurse Mentorship Model

Two other working groups are also planned: Diabetic Self Management and Education (DSME) (previously in operation) and Retinal Screening.

The regional objectives for 2017/18 are:

- Ensure that 90% of eligible patients have had a cardiovascular risk assessment in the last five years and that we track key targets for patients with diabetes
- Work towards the national targets for retinal screening
- Support the development of national standardised reports and coding for Diabetic Foot Risk Stratification and support the lower limb amputation audit
- Support DSME and lifestyle programmes with an emphasis on patient centred care
- Work with communities and primary care to identify and implement culturally appropriate and effective strategies to reduce diabetes related health disparities.

Linkages/ Line of Sight

- Northern Region Cardiac Clinical Network.
- Internal Stakeholders – Planning and Funding; Long Term Conditions Groups; DHB staff.
- External Stakeholders – Primary care, PHO's, Diabetes New Zealand, Ministry of Health.
- Metro Auckland Clinical Governance Group.
- Diabetes Service Level Alliance Leadership Teams.

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Diabetes Health Targets												
1. Patients with diabetes have regular cardiovascular risk assessments	– 90% of eligible patients will have had their CVD risk assessed in the last 5 years – Report by ethnicity	Q1			√		√	√	√			
2. Patients with diabetes have good or acceptable glycaemic control and are on appropriate treatment regimens	– 80% of diabetic population have HbA1c≤64 (reported by ethnicity) – 90% of diabetic population who have microalbuminuria are on an ACE inhibitor or Angiotensin Receptor Blocker – 70% of diabetic population with known CVD are on triple therapy (Statin + BP lowering agent + Aspirin) – 70% of diabetic population cardiovascular risk >20%, (excluding those with a previous CVD event) are on dual therapy (statin + blood pressure (BP) Lowering agent)	2019	√		√				√			√
3. Illustrate a trend in reduction of proportion of patients with HbA1c levels over 100 mmol/mol	Decreased proportion of patients with HbA1C above 100	Q4	√		√				√			√

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
4. Work with Metro Auckland C Governance Forum (MACGF) to identify a reporting mechanism to demonstrate 80% of patients with diabetes (aged 15 – 74 years) have systolic blood pressure of <140	Identify appropriate reporting mechanism for MACGF to use	Q4	√		√			√		√		
Podiatry Indicators												
5. Develop podiatry indicators that capture the management of the High Risk Foot	– Support development of national standardised reports and coding for Diabetic Foot Risk Stratification – Support the lower limb amputation audit and root cause analysis to improve patient outcomes	Q3	√	√				√		√		
Retinal Screening												
6. Monitor Retinal Screening volumes to work towards the national target, as calculated from retinal screening model (based on achieving 60 % of the eligible population)	NDHB 4,190 WDHB 13,193 ADHB 11,723 CMDHB 14,212	Annual		√		√		√			√	
Patient-centred Care												
7. Promote greater utilisation of Nurse-led Clinics in primary care and develop GP and practice nurse Diabetes Champions	Increased number of nurse-led clinics in primary care	Q4		√		√				√		√
8. Support the use of Diabetes Health Pathways in primary care.	Increased utilisation of Pathways in primary care	Q4		√		√		√		√		
9. Support the identification and implementation of culturally appropriate and effective strategies to reduce diabetes related health disparities e.g. in Māori and Pacific Island Populations and in adolescents and young adults with diabetes	Strategies developed	Q4		√				√		√		
10. Support DSME and lifestyle programmes with an emphasis on patient centred care and the importance of care planning	Continuous improvement cycle	Q4		√		√		√		√		

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Workforce												
11. Support the development of skills in diabetes within health professional groups and promote professional education opportunities on risk factor assessment, behaviour change counselling skills, diabetes prevention and good management as well as cultural competency	Skills demonstrable E.g. insulin starts in primary care	Q3				√				√		√

Network Name: Elective Services

Context

A number of Elective Services initiatives have been implemented; this has focused on areas where the most gain can be achieved by working regionally. The focus has been on promulgating successful approaches developed from work carried out within each of the Region's DHBs. It is acknowledged that elective services are managed differently in each DHB and so have focussed on initiatives which have a universal impact across the region.

The regional objectives for 2017/18 are to:

- Maintain reduced waiting times for elective first specialist assessments (FSAs) and treatment
- Improve equity of access through implementation of electronic clinical prioritisation tools as they become available
- Identify where there are likely to be future workforce constraints.

Linkages/ Line of Sight

- The New Zealand Health Strategy 2016
- Investment Management and Asset Planning plus NRLTIP processes
- National Health targets
- DHB District Annual Plans

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Improve Access to Elective Services												
1. Elective Services Health Targets	Meet the Northern Region 2017/18 annual Electives Health Targets	Q4			√	√		√			√	
	– ESPI 2 target: 100% of patients receive First Specialist Assessment within 120 days of referral. – Investigate reporting ESPI 2 by ethnicity	Q1 - Q4			√			√			√	
	– ESPI 5 target: 100% of patients receive treatment within 120 days once the decision to treat has been made – Investigate reporting ESPI 5 by ethnicity	Q1 - Q4			√			√			√	
	– ESPI 8 target: 100% of patients treated will be prioritised using nationally recognised processes or tools – Investigate reporting ESPI 8 by ethnicity	Q1 - Q4			√			√			√	

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
2. Improve equity of access through implementation of clinical prioritisation tools for Ophthalmology (cataracts), Plastic Surgery and General Surgery. NOTE: Implementation is contingent upon the national tools being agreed as clinically appropriate and being made available for use.	Electronic clinical prioritisation tools for three areas of focus implemented.	Q4	√					√		√	√	
Workforce												
3. Identify specialties where workforce is likely to be a significant constraint via completion of the Northern Region Elective Services Workforce Constraints Matrix	– Completed elective services workforce constraints matrix – Share information collected to support regional workforce planning where appropriate	Q3 Q4	√									√
Information Systems												
4. Support implementation of the e-Referrals inter and intra DHB referrals tool within elective services	Regional e-referrals solutions implemented within stated project timelines	Per project timeframe				√	√					√

Network Name: Hepatitis C Service

Context

In 2017/18 the focus will be on consolidating diagnostic and treatment services in the community to enhance the awareness and diagnosis of those at risk of hepatitis C. Services supporting those in higher risk communities will continue with a focus on diagnosing the undiagnosed, treating where appropriate and ongoing management where a cure is not available.

The regional objectives for 2017/18 are:

- Consolidation of the delivery of integrated services across primary and secondary care to meet the needs of the Northern Region's population;
- Provision of information and support to PHO's to enable GP practices to provide optimal hepatitis C care;
- Raise community and GP awareness of and provide education on the hepatitis C virus and risk factors for infection;
- Extend primary and secondary care services to provide improved assessment and follow up services for people with hepatitis C, including community based fibroscanning.

Linkages/ Line of Sight

- Auckland Regional HealthPathways
- Northern Region PHOs Amenable Mortality System Level Measures
- Needle Exchange
- Community Alcohol and Drug Services
- Corrections Department
- Māori, Pacific Island and immigrant services

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Integrated Primary and Secondary Care Services												
1. Roll out the Royal New Zealand College of General Practitioners (RNZCGP) audit for hepatitis C within primary care services to identify existing patients for further management. 2. Extend health care services to improve assessment and follow up to people living with hepatitis C	– Report on the ethnicity and age of people receiving a liver elastography scan for the first time or as follow up – Report on the number of people receiving Pharmac funded antiviral treatment	Q2 & Q4 Q2 & Q4		√	√		√	√		√		

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Education and Awareness												
3. Implement the Northern Region's Education and Awareness Plan: – Support the delivery of services to people with and at risk of hepatitis C by increasing general awareness amongst and providing educational opportunities for primary care teams – Promote a single source of information and tools to support education, diagnosis, treatment and management of hepatitis C in the primary care setting.	– Report on volumes accessing the Auckland Regional HealthPathways "Chronic Hepatitis C" and "Direct Acting Antivirals"	Quarterly	√			√				√		√
Community Engagement												
4. Engage and support diagnosis and treatment within high risk populations through the Community Alcohol and Drug Services, Needle Exchange, Opioid Substitution Treatment service and Corrections Department facilities. 5. Engage the Northern Regions Māori Health teams to build awareness and support for people living with hepatitis C within this community 6. Work with the Regional Corrections Department to support education and awareness amongst their staff and inmates. Increase the screening rate in Corrections Department Facilities.	– Report on the number of people newly diagnosed with hepatitis C	Quarterly	√	√	√	√		√				√

Network Name: Major Trauma

Context

There is opportunity for us to improve how we manage trauma patients to reduce clinical variability and save whole of system costs for this complex group of patients. We have developed a formal and organised system for trauma care in the region to drive further advancements in care.

The regional objectives for 2017/18 are:

- Use data from the New Zealand Major Trauma Registry (NZ-MTR) to identify where we perform well and where we perform poorly, and work to address these issues;
- Develop regional clinical guidelines applicable for small to large hospitals;
- Implement the pre-hospital destination policies.

Linkages/ Line of Sight

- St John Ambulance and air ambulance services
- Rehabilitation providers
- Government agencies: ACC, New Zealand Transport Authority (NZTA), Police etc.
- Other stakeholders such as Safekids, Council

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Major Trauma Registry												
1. Collect trauma national minimum data set (NMDS) data on major trauma patients and upload to NZ-MTR no more than 30 days post-discharge	80% of patients entered into NZ-MTR within 30 days of discharge	Quarterly			√		√			√		
2. Develop quality improvement programme using NZ-MTR data and other sources to: – identify good performance and performance issues – cost reduction/productivity – improve health equity for Māori Investigate options for reporting major trauma data by ethnicity and gender	– Average length of stay (ALOS) – Case fatality rate (CFR) – ETOH taken – Time to CT – Number of hospitals to reach definitive care	Q4			√		√			√	√	
3. Undertake detailed analysis to better understand the causes and impact of the high incidence of trauma among Māori	Analysis complete	Q4	√		√	√		√		√		

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Patient Centred Care												
4. Implement the pre-hospital destination policy for the Northern Region and the post-implementation reviews	Pre-hospital destination policy implemented	Q2			√	√	√	√			√	
5. Develop regional clinical guidelines for trauma	Regional guidelines developed	**Q2**			√		√	√		√		
Education and Development												
6. Develop website for repository of guidelines and other information	Website developed	Q2				√	√					√
7. Deliver trauma education through on-line training, education evenings, regional symposiums	Trauma education events	Quarterly				√						√
8. Support nurses and other clinical staff to access conferences and other education using ACC Incentive funding	Number of nurses and other clinical staff supported to events	Annually				√						√
9. Case review of patients where systemic or regional issues have arisen and to review alignment with pre-hospital destination policy and regional guidelines	Number of case reviews and recommendations	Quarterly			√					√		
10. Develop/participate in collaborative research programmes	Research programmes developed	Q3			√		√	√		√		

Network Name: Mental Health and Addictions Services

Context

In the last year Mental Health and Addictions services in the Northern Region saw a total of 65,088 clients – 3.61% of the population. In relation to age groups, those accessing services included:

- 18,124 (3.74%) of people aged 0 to 19 years of age
- 41,522 (3.82%) of people aged 20 to 64 years of age
- 5,442 (2.37%) of people aged over 65 years of age

There has been an increase of 3% in people seen in comparison with 15/16 (3.2% increase for Māori). The largest growth in clients seen has been in Waitemata DHB (5%), followed by Auckland and Northland DHBs (3%) and 2% growth in Counties Manukau DHB. The most significant change has been an 8% increase in people seen in the 0 to 19 year age group. All services are responding to increased demand in an environment of fiscal restraint. The Northern Region needs to develop strategies to ensure services are responsive to service users with high need/ low prevalence disorders and work with the wider sector to meet the needs of service users with less complex, more prevalent disorders.

In addition to the on-going development of specialised services, the Region is focusing on the use of enablers such as Information Systems and Workforce to better prepare for the changes needed to meet the growing demand for assessment and treatment of mental illness.

The regional objectives for 2017/18 are to:

- Improve access to the range of eating disorder services
- Develop perinatal and maternal mental health acute service options as part of a service continuum
- Develop addiction service capacity and capability for implementing the Substance Abuse Compulsory Assessment and Treatment (SACAT) Bill
- Improve the physical health of people with low prevalence disorders, and
- To work regionally to implement the actions set out in the Mental Health and Addiction Workforce Action plan 2017-2021.

Linkages/ Line of Sight

- Rising to the Challenge- Mental Health and Addiction Service Development plan 2012-2017 and Blueprint ii
- Mental Health and Addiction Workforce Action plan -2017
- Ministry of Health
- Youth Health, Child Health and Healthy Ageing Networks
- Primary and Community Networks
- New Zealand Health Strategy 2016
- Regional Service plan guidelines 2017/18

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Eating Disorders												
1. Revise model of care (MOC) to accommodate exit of Midland from regional services with the exception of residential (ADHB)	6 monthly report	Q2 & Q4			√	√						√
2. Develop reporting schedule for 6 monthly report to Mental Health and Addictions Network (ADHB and MH&A Network)	6 monthly report	Q2 & Q4			√	√				√		
3. Complete implementation of Eating disorders MOC.	Report confirming implementation completed	Q3			√	√				√		
Perinatal and Maternal Mental Health												
4. Continue to maintain 16/17 access rates to perinatal and maternal mental health services	– Contacts: at least 14762 per annum – Discharges: at least 1636 per annum – 80% people seen within 3 weeks	Q1 - Q4 Q1- Q4 Q2 & Q4			√	√		√			√	
5. Review after-hours options	– Report completed – Increase in respite days used to < 1500	Q2 Q4		√		√						√
6. Improve the quality of care by undertaking multidisciplinary reviews of any patients admitted to acute Mental Health Inpatient Units while under the care of Maternal Mental Health (MMH) Teams	– Number of reviews undertaken – Maintain admissions at < 10 PA for the region as a whole – Reduce the average length of stay (ALOS) to 13 days	Q2 & Q4		√					√			
7. Undertake projects to increase correlation between ethnicity of births and relative utilisation by ethnic group of Perinatal and Infant Mental Health (PIMH) services. – Māori (NDHB), Pacific (CMDHB) and Asian (WDHB/ ADHB)	– Projects completed – Increase in alignment between birth-rates and utilisation of PIMH	Q4	√						√			
8. Support workforce development and training initiatives through the Clinical Governance group	2 regional training days per annum	Q2 & Q4				√						√

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Support Development in the Addiction Sector												
9. To prepare sector for implementation of SACAT: – Finalise SACAT MOC for Northern region – Develop implementation plan to progress MOC – Liaise with MOH / Matua Raki re training requirements to meet MOC and development of implementation plan	– MOC finalised (once additional funding is available) – Progress reports regarding training implementation	Q1 Q2 & Q4		√		√				√		
10. Develop strategies to enhance interface between Addiction Services and Justice sector along with development of measures to monitor improvement.	Action plan developed	Q3			√	√						√
Improve the Physical Health of people with Low Prevalence Disorders												
11. Undertake review to establish if screening re smoking status is being consistently applied across the region	Review including recommendations completed	Q3				√	√			√		
12. Implement Predict across the region for metabolic screening	Progress report	Q2 & Q4				√	√					√
13. Develop reporting mechanism at regional level to monitor connection of clients with low prevalence disorders with General Practitioners	Measures developed	Q3	√				√			√		
Workforce												
14. Identify clinical staff to provide support and supervision to primary care nurses who participate in the mental health credentialing programme	Number of nurses supported	Q4		√	√	√						√
15. Liaise with workforce centres to develop plan to implement additional strategies outlined Workforce Plan 2017-2021	Report	Q3				√						√
16. Work with NRA workforce hub to review strategies in each DHB to collect ethnicity status	95% of DHB employees working in Mental Health and Addiction services have ethnicity status collected	Q4				√						√

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Health Quality and Safety												
17. Enhance membership of Mental Health and Addictions Network to include consumer, NGO and primary care representation	Appointments made	Q1	√						√			
18. Support Mental Health/ HQSC quality improvement initiative as it evolves.	Report	Q2 & Q4			√					√		
19. Development of a Regional acute inpatient working group to collectively advance strategies to enhance acute pathway for service users. A dashboard to track progress on key strategies/ outcomes will be developed.	Development of dashboard, noting that this will include 80% of discharges from adult mental health services receive post discharge community care (within seven days)	Q2 & Q4	√		√					√		
20. A regional project involving NGO and Clinical Services is developed to decrease medication issues identified in audits	Reduction in number of audit corrective actions that relate to medication	Q2 & Q4			√					√		

Network Name: Stroke

Context

Treatment for a stroke has improved dramatically over the last five to ten years and in many cases, if received early enough, full recovery is possible. Therefore, early diagnosis and management of stroke is critical.

Significant benefit is seen with the following interventions:

- Thrombolysis significantly improves the overall odds of a good stroke outcome when delivered within 4·5 hours of stroke onset, with earlier treatment associated with bigger proportional benefits.
- Endovascular clot retrieval results in one more person able to go home and live independently for every five treated, and one person better than they would have been for every 2.6 treated (following five landmark studies in 2015, this powerful treatment is now recommended as standard of care in international stroke guidelines).
- Rapid access to dedicated stroke units can achieve approximately 20% better survival rates than usual care.

Rehabilitation is critical and its effect is considerable in inpatient and community settings.

The major aim of the programme is the development and rollout of a stroke pathway across the Northern Region. The pathway has been split into three projects, reflecting the trajectory of a serious stroke event; Hyper-acute, Acute Stroke Inpatient Care and Rehabilitation (inpatient and ambulatory/ community).

By 1st July 2018, people in the Northern Region of New Zealand will know how to recognise the key features of acute stroke, receive rapid emergency services and acute care responses and treatment that will optimise the chances of excellent recovery based on best current evidence of acute stroke treatment.

The objectives for Stroke are to:

- Continue developing and implementing consistent protocols and a regional pathway for patients who have suffered stroke
- Strengthen collaboration between community, primary, secondary and tertiary stroke services
- Review ways to strengthen in-hospital and community rehabilitation stroke services
- Align access to stroke services and models of care across the region, consistent with national guidelines
- Assess impacts on Māori and other ethnic groups, and instigate actions to address inequalities (Northern Region Health Plan – Equity).

Regional objectives for 2017/18 are:

- Improve timely access for patients presenting within the hyper-acute stage of stroke (<12 hours of onset)
- Maintain timely access to acute inpatient stroke services
- Improve timely access to rehabilitation services
- Improve health information to support clinical practice, measure KPIs and other reporting/analysis
- Further develop stroke leadership and collaboration
- Planning for a sustainable, adaptive and informed stroke workforce.

Linkages/ Line of Sight

Key Stakeholders:

- Consumers – stroke survivors and their informal caregivers
- District Health Boards
- St John Ambulance
- Ministry of Health
- Health Quality & Safety Commission
- New Zealand Stroke Foundation
- Rehabilitation providers
- Vocational consultants (return to work)
- University of Auckland

Key Documents/Studies:

- New Zealand Health Strategy 2016
- Healthy Ageing Strategy 2016
- Auckland Regional Community Stroke Study 2015 (ARCOS IV)
- New Zealand Clinical Guidelines for Stroke Management 2010

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Organisation of Stroke Services												
1. Improving timely access for patients presenting within the hyper-acute stage of stroke (<12 hours of onset) through implementation of Phase 1 Northern Region Stroke Hyper-acute pathway and planning for Phase 2 (July 2018) rollout	– 8% or more of potentially eligible stroke patients thrombolysed 24/7 – Work towards a door-to-needle time (thrombolysis) of < 1 hour for > 50% of patients – Report progress on establishment of Telestroke at Northland DHB with support as required – Analyse thrombolysis rates by ethnicity	Q1 - Q4 Q1 & Q3 Q1 - Q4 Q2 & Q4	√		√	√	√	√		√	√	√
2. Maintaining timely access to acute inpatient stroke services regionally, will be achieved by: – Admitting stroke patients to a stroke unit – Developing a work plan for acute inpatient component of the stroke pathway – Coordinating trial certifications of each DHB's stroke services – Analysing acute stroke unit rates by ethnicity	– 80% of stroke patients are admitted to a stroke unit – 4 DHBs participate in certification trial – 6 monthly Report	Quarterly Q4 Q2 & 4	√	√	√	√	√	√	√	√	√	

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Rehabilitation												
3. Improving timely access to rehabilitation (rehab) services regionally, will be achieved by: – Developing work plan for rehab component/s of stroke pathway (inpatient/outpatient) including involvement of NGO stakeholders – Working with national rehab group to establish KPI & target for patients transferred to community rehab &/or directly home with community rehab follow up. – Participating in national development of AROC reporting for outpatient/community rehab – Contributing to the joint Ministry of Social Development (MSD)/Waitemata DHB initiative on vocational rehab for <65 stroke patients - Consumer Representative currently providing advice/expertise. – Analysing inpatient rehab rates by ethnicity – Measuring effect of community rehabilitation programmes for stroke patients	– 80% of stroke patients admitted to inpatient rehabilitation services are transferred within 7 days of acute admission – 4 DHBs provide community stroke rehabilitation programmes (as defined by national stroke network) – % of acute stroke patients referred to community stroke rehabilitation programme – 80% of stroke patients are referred to community ATR within 7 days of discharge	Quarterly	√	√	√	√	√	√	√	√	√	√
Information Management												
4. Improving health information to support clinical practice, measure KPIs and other reporting/analysis, will be achieved by: – Ensuring data quality is of a good standard by monitoring the number of patients coded with ICD-10 Clinical Code = I64.0 – Refreshing clinical Pathways for primary care in HealthPoint as required and upon expiry	– < 10% of patients coded as Acute Unspecified Stroke	Q1 - Q4		√		√	√			√		

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Workforce												
5. A sustainable, adaptive and informed stroke workforce will be supported by: – Encouraging attendance/presentations at national, regional and local forums. – Contributing to and/or organising education events, regionally. – Updating websites with Northern Region Stroke News (NZ Stroke Foundation and NRA)	– 1-2 DHB attendees at national forums – 1 regional stroke seminar – 6 monthly website update	Q1 - Q4 Q1 - Q4 Q1 & Q3	√			√	√					√

Network Name: Youth Health

Context

The future of the Northern Region as a vibrant and economically healthy area depends on our young people being prepared to contribute to their families and communities in a rapidly changing and technologically sophisticated world. This requires young people to be healthy, emotionally resilient and engaged in education and training with access to high quality health and social services.

The regional objectives for 2017/18 are to:

- Begin implementation of the Standards for the Delivery of Care for Youth in to key secondary services used by youth
- Support primary care to deliver developmentally appropriate services
- Support performance improvement initiatives based on KPI data
- Support the development and achievement of Youth System Level measures

Linkages/ Line of Sight

- National System Level Measures Working Group for Youth
- Local System Level Measures working groups for Metro Auckland and Northland DHBs.
- Northern Region Mental Health and Addictions network, and its focus on youth forensics
- Youth health action plan
- Youth development strategy
- Regional groups for maternity, youth, primary care, etc.
- Child Health Network
- Health Pathways, regional work programme for primary care

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Age Appropriate Care												
1. Begin implementing the Standards for the Delivery of Care for Youth in to secondary care services.	Number of services utilising the guidelines.	Q4	√		√		√	√		√		
2. Support primary care to deliver developmentally appropriate services across the region with the use of Health Pathway. – Edit and review existing youth pathways. – Promote use of pathways once published with GPs, nurses and school based services.	– Publish pathways – Monitor pathway utilisation	Q1		√		√				√		√

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Information Management												
3. Produce and monitor KPI Data in support of health equity across the region including: – PHO Enrolment – GP practices offering free service to <18 year olds. – Smoking status – Teen Birth Rate – Termination Rates – Secondary Mental health care access rates – Secondary Mental health waiting times – Suicide numbers	Report each measure by ethnicity and age and circulate to Network members, PHO's, and CMO's	Q2 & Q4			√		√			√		
4. Develop a process to deliver recommendations, review quality indicator plans and feedback to the network to ensure DHBs are driving improvements based on the KPI data.	Process developed and implemented	Q2			√	√	√			√		
5. Participate in the development of the contributory measures that demonstrate achievement of the Youth System Level Measures (SLMs).	Measures developed and tested	Q4				√	√			√		

Appendix 4: Enabler Implementation Plans

Network Name: Information Systems

Context

Note: This programme will be extended to a four year programme following the completion of the ISSP and the Northern Region Long Term Investment Plan. All milestones are subject to change and will be confirmed on completion of the investment plan. The Northern Region will provide an updated prioritised list of IT investment as part of the Quarter 3 reporting process 2017/18.

Information systems are an underpinning foundation to the Northern Region's ability to deliver a collaborative whole of system approach to health service delivery.

Our information system developments are a key enabler for us to achieve our clinical and business objectives. It is recognised that eHealth plays an increasingly significant role in today's environment by enabling the delivery of high quality, timely and cost-effective health care.

The Northern Region information systems objectives for 2017/18 comprises the following on-going, multi-year programmes:

- Completion eReferrals Phase 3: Intra & Inter DHB Referrals
- ePrescribing and Administration (ePA)
- eOrders/eVitals for Radiology and Laboratory Services
- Hospital Patient Administration
- Access to integrated clinical records (primary and secondary services)
- Clinical Workstation
- Patient portal

Linkages/ Line of Sight

- Manawa Tahi (Regional Information Systems Strategic Plan (ISSP))
- Northern Region Long Term Investment Plan
- Northern Region Health Plan
- Digital Health 2020

Projects	Deliverables 2017/18				Deliverable 2018-2019	Deliverable 2019-2020
	Q1 July - Sep	Q2 Oct - Dec	Q3 Jan – Mar	Q4 April - June		
CareConnect Programme						
eReferrals Phase Two (2.3/2.4) (Intra and Inter Hospital eReferrals) Implementation	eReferrals Go-Live	Metro Auckland uptake 25% of services referring electronically to outpatients	Metro Auckland uptake 50% of services referring electronically to outpatients	Metro Auckland uptake 75% of services referring electronically to outpatients	Metro Auckland implementation continues 95% uptake	
	eRequests (Internal referral for procedures) planning commences	eRequests (Internal referral for procedures) implementation commences	eRequests (Internal referral for procedures) planning implementation ongoing	eRequests (Internal referral for procedures) completed	95% of internal referrals for procedures sent electronically by June 2019	
	NDHB: Preferred option selected for Intra/Inter DHB Referrals selected	NDHB: Planning complete		NDHB: Go-live Inter/Intra DHB Referrals		
Shared Summary Record	Milestones to be confirmed					
Patient Portal Strategy	Patient Portal Strategy commenced (subject to funding approval)		Patient Portal Strategy Completed			

Projects	Deliverables 2017/18				Deliverable 2018-2019	Deliverable 2019-2020
	Q1 July - Sep	Q2 Oct - Dec	Q3 Jan – Mar	Q4 April - June		
eMedicines Programme						
Hospital ePharmacy	ADHB - completed	CMDHB – Go live				
ePrescribing and Admin'n (ePA)	ADHB – business case development for full rollout (subject to capital funding allocation)	ADHB – business case development for full rollout (subject to capital funding allocation)	ADHB – execution of full rollout	ADHB – execution of full rollout	ADHB- Completion of full rollout	
		CMHD – Medchart pilot two wards (subject to Regional Pharmacy upgrade)				
	NDHB – Business Case development	NDHB – ePA Project initiation	NDHB – Project ongoing	NDHB – Project ongoing	NDHB: ePA project implementation completed	
	WDHB – Complete adult inpatient roll-out					
NZ Formulary (NZF)	Regional upgrade of HCC Mental Health for NZF integration	A/CM/WDHB - completed				

Projects	Deliverables 2017/18				Deliverable 2018-2019	Deliverable 2019-2020
	Q1 July - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 April - June		
Patient Management and Clinical Workstation						
Clinical Workstation Upgrade	ADHB – feasibility study to assess migration to regional instance (subject to capital funding allocation)	ADHB – business case for migration to regional instance (subject to capital funding allocation & outcome of feasibility study)	ADHB - Execution of migration to regional instance	ADHB - Execution of migration to regional instance	ADHB - Completion of migration to regional instance	
	Single instance CMDHB/WDHB – Development commenced	CMDHB Go-Live	WDHB – Go Live			
				NDHB – Go Live (subject to capital funding allocation)		
Patient Management System Upgrade	ADHB – business case & feasibility for PAS replacement (subject to capital funding allocation)	ADHB – business case for PAS replacement (subject to capital funding allocation)	ADHB – business case for PAS replacement	ADHB – business case for PAS replacement	ADHB – Execution of PAS replacement	ADHB – completion of PAS replacement
	CMDHB: Patient Management System upgrade completed					
		WDHB: Patient Administration System (iPM) upgrade completed				

Projects	Deliverables 2017/18				Deliverable 2018-2019	Deliverable 2019-2020
	Q1 July - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 April - June		
eOrders Programme						
Laboratory eOrders	ADHB – business case for Lab Order Entry (subject to capital funding allocation)	ADHB – business case for Lab Order Entry (subject to capital funding allocation)	ADHB - Lab Order Entry implementation	ADHB - Lab Order Entry implementation	ADHB - Lab Order Entry implementation completion	
		CMDHB – Phase 1 commenced	CMDHB - Rollout	CMDHB – Phase 2 commenced	CMDHB – Phase 1 & 2 completed	
	NDHB: Business case development (subject to funding availability)	NDHB: eOrders project initiated	NDHB: eOrders project ongoing	NDHB: eOrders project ongoing	NDHB: eOrders rollout completed	
	WDHB – eOrders rollout Completed					
Radiology eOrders	ADHB - completed					
	CMDHB –early adopter wards	CMDHB – rollout commenced			CMDHB – Rollout completed	
	NDHB - Business case development (subject to funding availability)	NDHB: eOrders project initiated	NDHB: eOrders project ongoing	NDHB: eOrders project ongoing	NDHB: eOrders rollout completed	
	WDHB: Implementation completed					

Projects	Deliverables 2017/18				Deliverable 2018-2019	Deliverable 2019-2020
	Q1 July - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 April - June		
Clinical Documentation						
Nursing Notes (eVitals)	ADHB – business case for eVitals	ADHB – business case for eVitals	ADHB – eVitals implementation	ADHB – eVitals implementation	ADHB – eVitals implementation completion	
	CMDHB – eVitals early adopter in two wards	CMDHB – eVitals rollout commenced			CMDHB – eVitals rollout completed	
	WDHB – eVitals rollout completed					

Network Name: Workforce

Context

The Northern Region has four priority areas for workforce development in the 2017-2018 plan; reshaping the workforce to deliver care in a rapidly changing demographic and technological environment, accelerating our efforts in growing our Māori and Pacific health workforces, strengthening collaboration across the integrated care continuum in support of care closer to home and improving the sustainability of priority workforces.

The regional objectives for 2017/18 are to:

1. Reshape the workforce to deliver innovative and integrated models of care in response to changing population needs.
   We need to recruit, train and skill the workforce to understand the needs and goals of our patients and whanau and deliver efficient, high quality and safe health care in a rapidly changing demographic and technological environment. We will continue to develop and implement regional strategies to develop a workforce with more generic skills, which is flexible to work across the health system and enabled to support people at home, in their community as well as in care settings such as aged residential care (ARC) or hospital. We will also provide targeted development opportunities to our current Kaiawhina / unregulated workforce, support skill sharing and expanded and advanced practice for allied health and nursing in particular. With the growing diversity of the population and subsequent culturally diverse workplace we will continue to strengthen cultural competency across our workforce.
2. Accelerate our efforts in growing the capacity and capability of our Māori and Pacific health workforce.
   We will support Māori and Pacific people to be successful in our recruitment processes, to succeed in roles they are appointed to and to progress to leadership roles.
3. Strengthen collaboration across the integrated care continuum in support of care closer to home.
   We will take a more cohesive approach to support our teams to collaborate across different organisations, sectors and locations. We will harness our regional resources to raise the visibility and value of inter professional practice and team roles in health care and build the capability for strong team leadership and team skills.
4. Optimise the pipeline and improve the sustainability of priority workforces.
   With the Ministry of Health, DHB Shared Services (DHBSS) and other stakeholders we will identify priority workforces including those that are vulnerable and develop strategies to ensure the future sustainability of these workforce groups. This will be assisted by improving our workforce data and intelligence and ability to model and forecast workforce requirement

Linkages/ Line of Sight

- New Zealand Health Strategy 2016
- Regional Service Plan Guidelines
- Waitemata – Auckland DHB Māori Health Workforce Development Strategy 2014-2017 (Te Runanga o Ngati Whatua)
- Counties Manukau Health Pacific Health Plan 2015/16 – 2019/20. 2017/18 – MOH
- Healthy Ageing Strategy
- Review of Adult Palliative care Services in New Zealand

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Reshape the workforce to deliver innovative and integrated models of care in response to changing population needs												
1. Explore and adopt a systemic regional approach (such as the Calderdale Framework, Monash Health or Skills for Health) to implementing effective skill-mix change to build capability and flexibility across our regulated and non-regulated workforces.	– Agreed framework and approach in place	Q3				√						√
2. Continue to support expanded and advanced practice roles that are sustainable, integral to the care team and contribute to new models of care delivery. – Develop a regional nurse and allied health (AH) prescribing framework – Increase the number of nurse endoscopists in training by a minimum of three – Develop a regional Allied Health career progression framework aligned with expectations of practice – Implement the career progression framework.	– Agreed framework in place – Minimum of 3 nurses commence endoscopy training – Agreed regional AH Progression Framework	Q1 Q1 - Q4 Q1 Q2 - Q4				√						√
3. Enable career progression opportunities for the low paid and Kaiawhina (unregulated) workforces through targeted access to education and training pathways to support merit based steps to increase income. – Report on number and type of qualifications achieved – Report on progress to reduce numbers of our workforce who are identified as low paid.	– Number of the workforce and type of qualification achieved – Number of the workforce identified as low paid	Q1 - Q4				√						√
4. Strengthen cultural competency across the workforce – Recruitment and selection processes will include cultural competency criteria – Cultural competency programmes will be aligned to the needs of our diverse population – Cultural competency is included in induction and orientation programmes for all new employees by July 2018. – Measure the impact of cultural competency in patient experience surveys	– Evidence of cultural competency criteria in each DHBs' recruitment and selection processes – Programmes at all DHBs are aligned – Evidence that cultural competency is included into all new employees orientation and induction programmes at all DHBs – All DHBs' patient experience surveys measure the impact of cultural competency	Q1 - Q4	√						√			√

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
Grow the capacity and capability of our Māori and Pacific Workforce												
5. Increase the size of our Māori and Pacific workforce to reflect the communities we serve by 2025. To achieve this we will: – Set differential annualised targets for agreed occupational groups and develop related strategies to achieve these. – Use a regional scorecard to monitor and report on progress against annualised targets.	– Annual targets set for each DHB for each group – Scorecard report by DHB quarterly	Q1 Q2 - Q4				√						√
6. Communicate a robust and consistent narrative on the importance and commitment to developing our current and future Māori and Pacific health workforce.	– Agreed narrative developed – Communication strategy developed and implemented by each DHB	Q1 - Q4	√						√			√
7. Improve our data quality and intelligence. – Capture accurate data and generate intelligence to support improved recruitment strategies and to monitor progress against agreed occupational targets. – Standardise our ethnicity data to align with the Ministry of Health Ethnicity Data Protocols for the Health and Disability Sector 2016. – Improve the completeness of our ethnicity data to reflect ≥95% of our workforce – With HWNZ and DHBSS access consistent national / regional / local tertiary pipeline information for Māori and Pacific students.	– All DHBs report on Māori and Pacific applicant and hiring outcomes – All DHBs comply with Ethnicity Data Protocols – ≥95% of our workforce has completed the ethnicity question – Tertiary pipeline report	Q1 - Q4					√			√		

Actions	Measures	Due Date	NZ Health Strategy Themes					Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS	HO	PE	QS&E	E&P	I
8. Implement recruitment processes, retention strategies and development opportunities to increase and sustain our Māori and Pacific workforces.						√						√
– Engage with local Māori and Pacific stakeholders to maximise opportunities for local Māori and Pacific peoples to enter the health workforce.	– Evidence of stakeholder engagement	Q1 - Q4										
– Work at local and national level with the tertiary sector to widen opportunities for Māori and Pacific people's entry into health study pathway.	– Monitor numbers of new enrolments into health study pathways	Q1 - Q4										
– Commission and implement initiatives to promote diversity in recruitment processes and career development opportunities and monitor outcome(s).	– Evidence of effective initiatives in place.	Q2										
– Work with our hiring managers and recruitment managers to align recruitment criteria to ensure the unique cultural capability the Māori and Pacific workforces bring to health care delivery are valued and recognised.	– Evidence that cultural capability is valued and recognised in hiring decisions.	Q1 - Q4										
– Provide proactive support to all Māori and Pacific people in their applications for employment		Q1 - Q4										
9. Identify and prioritise potential Māori and Pacific employees for leadership development and create accelerated pathway opportunities to targeted senior level leadership roles.						√						√
– Develop a robust framework that supports purposeful investment in Māori and Pacific leadership development.	– Framework developed and agreed – Identify pathways	Q1										
– Implement pathways for Māori and Pacific employees in support of career progression.	– Number of employees on identified pathways	Q2 - Q4										
– Monitor and report on outcomes as a result of these strategies	– Track progress of identified employees	Q4										

Actions	Measures	Due Date	NZ Health Strategy Themes						Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS		HO	PE	QS&E	E&P	I
Strengthen collaboration across the integrated care continuum in support of care closer to home													
10. Raise the visibility of and the capability to enable strong team leadership and team skills that support service delivery alliances. – Develop a regional framework that describes health navigation / health coaching in clinical roles that currently exist and that also allows for the development of lay navigators.	– Agreed regional framework	Q2		√		√				√			√
Optimise the pipeline and improve the sustainability of priority workforces													
11. Continue the development and implementation of the regional health management development pathway. – Support the second year of the Graduate Management Development Programme three years pilot. – Support and improve entry level manager development regionally through; consistent job descriptions, orientation processes and Foundations of Management and personal professional development	– The Year 2 programme informs the development of the programme. – Position descriptions, orientation and management development opportunities are regionally consistent and accessible to all entry level managers.	Q1 - Q4				√							√
12. In collaboration with the Ministry of Health develop a sustainable mechanism for collection of a minimum workforce data set on the health workforce working in health of older people outside the DHB provider arm.	– Agreed national minimum data set – Identification of health of older people workforces – Agreed national approach to data collection tool	Q1 - Q4				√							√

Actions	Measures	Due Date	NZ Health Strategy Themes						Northern Region Strategic Response				
			PP	CH	V&HP	OT	SS		HO	PE	QS&E	E&P	I
13. Identify short, medium and longer term priority workforces that anticipate future need and enable a planned approach to manage challenges dynamically and proactively. a) Implement a sustainable sonographer trainee pathway. ○ Implement recommendations from the review of Sonography training in the metro DHBs ○ Monitor and report on progress. b) Implement sustainable anatomical pathology (AP) laboratory technician training pathway c) Review national workforce activities arising from the Review of Adult Palliative Care Services when released and develop an implementation plan	– Recommendations are implemented – AP Technician trainee numbers increase and stabilise – Contribution to workforce efforts arising from the plan	Q1 - Q4				√							√