Regional Services Plan
Strategic Direction

2018 - 2021

Midland District Health Boards
www.midlanddhbs.health.nz
The thought and creative design of this document has been intentionally aligned to the Bay of Plenty DHB 2015-16 Annual Plan Summary. Midland DHBs acknowledge the creativity of Bay of Plenty DHB and thanks them for their permission to apply this approach more widely.
13 FEB 2019

Mr Derek Wright  
Lead Chief Executive for  
Midland Region District Health Boards
Derek.wright@waikatodhb.health.nz

Mr Jim Green  
Chair  
HealthShare Board
Jim.green@tdh.org.nz

Dear Derek and Jim

Midland Regional Service Plan 2018/19

This letter is to advise you I have approved and signed Midland Regional Service Plan (RSP).

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

I would like to thank you and your staff for your valuable contribution and continued commitment to delivering quality health care to your population, and wish you every success with the implementation of the 2018/19 RSP.

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

Yours sincerely

Hon Dr David Clark  
Minister of Health

cc: Midland Region DHB Chairs and Chief Executives
Introduction

The 2018-21 Regional Services Plan (RSP) continues to focus on the greater achievement of health and wellbeing for the population served by the Midland DHBs.

He tōtara wahi rua he kai na te ahi
The totara split in two is food for the fire (unity is strength)

The Midland DHB Boards continue to work together to put our patients and communities at the heart of what we do and why we do it by supporting the wellbeing initiatives in our regional services plan.

The Midland RSP has a focus on all the Government’s priorities for health; achieving equity, child wellbeing, mental health and primary health care.

The Midland region has the largest Māori population of any region in New Zealand. Unfortunately, there are inequalities in the health outcomes for Māori. The Midland DHBs are committed and will continue to work to support achieving health equity for all, and in particular for Māori. All DHBs have an obligation under the Treaty of Waitangi to ensure Māori achieve the same health outcomes as non-Māori.

We will ensure Māori participation at every level of planning. Local iwi work alongside all Midland DHB Boards, including at a regional level, through collaboration with the Midland Iwi Relationship Board (MIRB). The Midland DHBs are committed to strengthening the relationship with the MIRB, and with their leadership and direction, we aim to improve outcomes.

Child wellbeing is critically important for the health and wellbeing of our communities in the future. The work being prioritised at a regional level around child health complements and supports the ongoing work at a local level by each of the Midland DHBs.

There are many factors within our communities that affect mental wellbeing. The region supports the work being done at a local level by undertaking several initiatives that will improve the way in which mental health and addiction services are delivered to the general population.

We are committed to ensuring our primary health care is patient focused. A patient focused system means that the whole of the health system must work together, with the patient and family / whānau being at the centre. This is often called an integrated health care system. The Midland region recognises that an integrated health care system is essential to transforming the way that care is provided in the region, to ensure all people live well, get well and stay well.

The Midland region continues to make progress in ensuring that a regional collaborative approach to the delivery of health care to our communities is effective and efficient and is continuing to deliver high quality outcomes. This is dependent on, and values, all the people who commit every day to working with our communities in the delivery of health care.

By working regionally and asking challenging questions, we can make a positive difference together.

Noho ora mai
Our National Vision
Tā Mātou Moemoea
All New Zealanders live well, stay well, get well.

Our Goal ➔ Wellness

NZ Health Strategy 2016
Strategic Themes

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

Particular examples of integration in the health system include:

- Integrated care for a disease condition or population that improves an individual person's journey (for example, a diabetes pathway).
- Integrated health services that combine different services under one roof (for example, provision of Well Child / Tamariki Ora checks at the same location as ultrasound scans).
- Coordination with initiatives in other sectors (for example, the Healthy Homes Initiatives).
- Vertical integration and service planning that make the right facilities available in the right coverage areas (for example, access to specialists from remote locations, or sharing equipment across hospitals).
Health in the wider context of people’s lives

Pae Ora (Healthy Futures)

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

REFRESHED GUIDING PRINCIPLES FOR THE HEALTH SYSTEM

Investment approach

1. Information and knowledge
2. Planning and collaborative working
3. Action and a high performing system
4. Long term gain and evaluation
The Midland region covers an area of 56,728 km², or 21% of New Zealand’s land mass. Stretches from Cape Egmont in the West to East Cape and is located in the middle of the North Island. Five District Health Boards: Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki, and Waikato. Includes major population centres of Tauranga, Rotorua, Gisborne, New Plymouth and Hamilton. 937,780 people (2018/19 population projections), including 241,030 Māori (26%) and 43 local iwi groups.

**Midland region Iwi**

**Bay of Plenty DHB**
Ngāi Te Rangi, Ngāti Ranginui, Te Whānau a Te Ėhutu, Ngāti Rangititi, Te Whānau a Apanui, Ngāti Awa, Tūhoe, Ngāti Mākino, Ngāti Whakaue ki Maketū, Ngāti Manawa, Ngāti Whare, Waitahā, Tapuika, Whakatōhea, Ngāti Pūkenga, Ngai Tai, Ngāti Whakahemo, Tūwharetoa ki Kawerau

**Lakes DHB**
Te Arawa, Ngāti Tuwharetoa, Ngati Kahungunu ki Wairarapa

**Hauora Tairāwhiti**
Ngati Porou, Ngāi Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki, Ngati Kahungunu, Ngā Aniki Kalputahi, Te Aitanga-a-Hauiti

**Taranaki DHB**
Ngati Tama, Ngati Mutunga, Te Atiawa, Ngati Maru, Taranaki, Ngaruarhinerangi, Ngāti Ruanui, Ngā Rauru

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

**DHB**
- Bay of Plenty
- Lakes
- Hauora Tairāwhiti
- Taranaki
- Waikato

**PHO**
- Eastern Bay Primary Health Alliance
  - Nga Mataapuna Oranga Ltd
  - Western Bay of Plenty Primary Health Organisation Ltd
- Pinnacle Midlands Health Network - Lakes
  - Rotorua Area Primary Health Services Ltd
- Pinnacle Midlands Health Network - Tairāwhiti
  - Ngati Porou Hauora Charitable Trust
- Pinnacle Midlands Health Network - Taranaki
- Hauraki PHO
  - Pinnacle Midlands Health Network - Waikato

*MOH categorises Counties Manukau DHB as the lead DHB for the National Hauora Coalition (NHC), which excludes NHC from the Midland DHB list, however NHC figures have been added into the above table for Waikato DHB - where NHC provides a locally based service.*
Midland DHB populations

Predicted change to Midland DHBs projected population 2017/18 to 2037/38


Projected change in population distribution from 2017/18 to 2037/38

2017/18 Midland Total Projected Population by four main ethnicities

2037/38 Midland Total Projected Population by four main ethnicities

EVERY DAY
IN THE REGION

2016/17

33
BABIES WERE BORN
(LAST YEAR: 33)

104 PATIENTS
RECEIVED THEIR ELECTIVE
SURGERY DISCHARGES
(LAST YEAR: 103)

WE ENSURED

852
EMERGENCY DEPARTMENT
PRESENTATIONS
(LAST YEAR: 824)

WE COMPLETED

380 PATIENTS
ACUTE INPATIENT NEEDS
(LAST YEAR: 379)

OUR COMMUNITY
PHARMACISTS DISPENSED
39,475
ITEMS
(LAST YEAR: 38,006)

20
PEOPLE DIED
(LAST YEAR: 19)

Notes
1 Data sourced from Statistics NZ
2 Data sourced from DHBs’ 2016/17 Electives Initiatives Report - surgical discharges are defined as discharges from a surgical purchase unit (PUC) including Intraocular Injections and Skin Lesions reported to NMDS, or discharges with a surgical DRG.
3 Data sourced from DHB Annual Reports or directly from DHBs
4 2015/16 Pharmacy figure has been updated

Midland PHO Enrolment Data
as at June 2018

Ethnicity
95% of Māori
92% of Pacific
96% of Other

Gender
97% of females
94% of males

Age group
96% of 0-4 years
96% of 5-14 years
99% of 15-24 years
89% of 25-44 years
94% of 45-64 years
97% of 65+ years

Deprivation
96% of Dep 1-2
104% Dep 3-4
93% of Dep 5-6
93% of Dep 7-8
91% of Dep 9-10

93%
OF PEOPLE WERE
ENROLLED WITH A
PRIMARY HEALTH
ORGANISATION
(PHO)

Note
1 The estimated percentage of those who are enrolled in a PHO may exceed 100% as numerators and denominators are sourced from two different places (Ministry of Health & StatsNZ).
Our Strategic Outcomes

1. Improve the health of the Midland populations

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

2. Achieve health equity

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

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

EQUALITY VERSUS EQUITY

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.
Our Regional Objectives

- Health equity for Māori
- Integrate across continuums of care
- Improve quality across all regional services
- Build the workforce
- Improve clinical information systems
- Efficiently allocate public health system resources

CLINICAL SERVICE AREAS
- Cancer
- Cardiac
- Electives
- Hepatitis C
- Mental health and addiction
- Radiology
- Stroke
- Trauma

POPLATION GROUPS
- Māori
- Child Health
- Health of Older People

REGIONAL ENABLERS
- Clinical Leadership
- Pathways
- Quality
- Technology & Digital Services
- Workforce
Our Regional Objectives

Midland Region
Governance Group
(DHB Board Chairs)

Regional
Capital
Committee

Regional
eSPACE CEO
Governance
Group

Regional
DHB
Executive
 Forums*

Regional
Networks

Regional
Mental
Health &
Addictions
Network

• Cardiac Clinical Network
• Child Health Action Group
• Elective Services Network
• Health of Older People Action Group
• Regional Integrated Hepatitis C Service
• Radiology Action Group
• Stroke Network

* Includes Chief Operating Officers, GMs Planning & Funding, Nga Toka Hauora (GMs Maori Health), Chief Financial Officers, Chief Information Officers (Information Services Leadership Team), Information Security, Midland Privacy Governance Group, GMs Human Resources, Regional Quality & Safety.
## 2018-2019 Priority Areas

### Equitable Access & Outcomes

- Reporting performance against the National Māori Health Priorities:
  - Children aged 0-4 years:
    - Primary Health Organisation enrolments
    - Ambulatory Sensitive Hospitalisation
    - Breastfeeding (6 weeks; 3 months; 6 months)
    - Immunisation (8 months)
    - Pre-school dental enrolments and oral health
    - Sudden Unexplained Death of an Infant (SUDI)
  - Mental health - Section 29 Community Treatment Orders
  - Cancer - breast screening (50-69 years); cervical screening (25-69 years) (led by Midland DHBs)

- Māori workforce development
- Specific equity lens in Midland - alignment to agreed Māori health priorities.

### Workforce

- **Cardiac services** – identify demand and accessibility of cardiac physiology services, develop a strategic workforce plan to address gap analysis findings (dependent on resourcing);
- **Elective services** – develop long-term recruitment plan for vulnerable or hard-to-recruit roles; focusing on orthopaedics (dependent on resourcing);
- **Health literacy** – support regional activities, as required, to improve health literacy;
- **Mental health and addiction treatment services** – implement the actions set out in the Mental Health & Addiction Workforce Action Plan 2016-2020; build addiction treatment staff capability to support implementation of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017;
- **Palliative care** – develop regional palliative care workforce plan;
- **Stroke services** – strengthen the regional allied health stroke network; focus on rehabilitation and initiating a forum to look at practical ways to support service delivery in isolated areas; support DHBs to collaborate around recruiting to hard-to-fill positions;
- **Workforce diversity** – workforce data and intelligence, support DHBs to collaborate on training, increase Māori participation and retention in the health workforce and ensure Māori have equitable access to training opportunities, build cultural competence across the whole workforce.
Technology & Digital Services

- Cancer Health Information Strategy; Midland Clinical Pathway; Midland MDM Business Cases developed
- Cardiac care
- Digital health strategy
- Digital hospital
- Integration services
- IT security maturity enhancement
- Maternity
- Medicines management digital services
- Mental health
- National digital services
- National major trauma data collection
- National patient flow
- National screening solution
- Nationally consistent electronic oral health record
- Newborn hearing screening
- Pathways of care
- Shared clinical information
- Single electronic health record
- Stroke services
- Telehealth

Refer to:
- 2017-2018 Regional Services Plan Summary for highlights
- 2018-2021 Midland Regional Services Plan – Initiatives & Activities for full work plan detail

Quality

- Cancer services – co-ordinate and support Midland DHBs to achieve service improvements as outlined in their 2018-19 Annual Plans - refer to Midland Cancer Network work plan;
- Elective services – ensure link to quality improvements and standards in regional models of care for vascular, breast reconstruction* and ophthalmology* service development (*dependent on national actions) - refer to Elective Services Network work plan;
- Healthy ageing – support delivery of actions in the Healthy Ageing Strategy 2016, eg development of InterRAI quality indicators (initiative 3); Advance Care Planning (initiative 4) - refer to Health of Older People Action Group work plan;
- Major trauma – support improved clinical outcomes through the implementation of appropriate staging and transfer to hospitals best able to meet the treatment needs of major trauma patients - refer to Midland Trauma System work plan;
- Mental health – support the HQSC project work ie towards zero seclusion, and transition - refer to Mental Health & Addictions Network work plan;
- Regional quality and safety – apply the HQSC’s four strategic priorities, ie improving consumer/whānau experience, improving health equity, reducing harm and mortality, reducing unwarranted variation in patterns of care. Implement the Knowledge to Action Framework; and implement the HQSC’s patient deterioration programme in DHBs;
- Stroke services – support stroke pathway development - refer to Midland Stroke Network work plan.
Clinical Leadership

- **Cancer services** – refer to Midland Cancer Network initiative 1: equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment pathway; improve colonoscopy and colorectal services; regional rollout of National Bowel Screening Programme; initiative 5: improve palliative care services; initiative 6: national lead for the lung cancer work programme;

- **Cardiac services** – refer to Midland Cardiac Clinical Network initiative 1: ischaemic heart disease – accelerated ED chest pain pathways; initiative 3: atrial fibrillation;

- **Elective services** – refer to Elective Services Network initiative 1: vascular services;

- **Healthy ageing** – refer to Health of Older People Action Group initiative 2: dementia – education programmes, advice and support for family and whānau carers;

- **Major trauma** – refer to Midland Trauma System initiative 2: develop, implement and maintain regional trauma system infrastructure including information systems;

- **Mental health and addiction treatment service** – refer to Regional Mental Health & Addictions Network initiative 7: workforce capacity and capability;

- **Regional clinical leadership and capacity** – identify the role of clinical leaders within regional governance structure;

- **Stroke services** – refer to Midland Stroke Network initiative 4: clinical leadership.

Pathways

- **Cancer services** – regional co-ordination and support of actions to improve cancer systems and services to ensure health gain for Māori and equitable and timely access to cancer services (lung, colorectal, bowel screening, gynae-oncology, palliative care) - refer to Midland Cancer Network;

- **Cardiac services** – refer to Midland Cardiac Clinical Network (initiatives 1, 2, 3);

- **Elective services** – development and implementation of regional models of care to support better flows between secondary and tertiary service providers and between community and secondary care;

- **Mental health and addiction treatment services** – primary pathways; forensic and maternal mental health pathways; regional planning workshop to review regional contracts, complex care and primary partnerships - refer to Mental Health & Addictions Network (initiatives 1, 2 and 6);

- **Regional pathways of care** – initiative 1: transition of the Midland region onto the new pathways of care electronic tool –Health Pathways; initiative 2: increase clinical engagement and leadership in the Regional Pathways of Care Programme; initiative 3: align regional pathways of care work programme and eReferral work programme;

- **Stroke services** – refer to Midland Stroke Network initiative 2: improve acute and rehabilitation stroke pathways, across primary, community and secondary service, for patients with ischaemic stroke and transient ischemic attack;

- **Major trauma transfer and destination processes** – refer to Midland Trauma System initiative 1: improve the delivery of high quality clinical care to trauma patients.
## 2018-2019 Initiatives & Activities

### Midland Cancer Network
1. Equity of access, timely diagnosis and treatment for all patients on the faster cancer treatment pathway
2. Improved access to colonoscopy/endoscopy services
3. Midland Bowel Screening Regional Centre
4. National lead for the Māori bowel screening network
5. Improve palliative care services
6. National lead for the lung cancer work programme

### Midland Cardiac Clinical Network
1. Ischaemic heart disease
2. Heart failure
3. Atrial fibrillation
4. Cardiac surgery patient access
5. Māori health equity: cultural assessment audit of cardiology and cardiac surgery services
6. Workforce and service planning

### Child Health Action Group
1. Childhood obesity
2. Oral health
3. Regional approach to child health system level measures
4. Development of a standardised regional primary care First 1,000 days checklist and monitoring framework

### Elective Services Network
1. Vascular services
2. Breast reconstruction services (dependent on national actions)
3. Ophthalmology (dependent on national actions)
### Health of Older People Action Group

1. Managing acute demand and patient flow across the continuum
2. Dementia
3. InterRAI
4. Advance care planning

### Midland Integrated Hepatitis C Service

1. Hepatitis C - Midland integrated hepatitis C service

### Midland Mental Health & Addictions Network

1. Midland eating disorders model of care
2. Substance abuse legislation
3. National mental health and addictions Inquiry
4. Mental health and addictions clinical workstation
5. Health equity for Māori
6. Midland infant perinatal clinical network
7. Workforce capacity and capability
8. Data management

### Regional Public Health Network

1. Workforce development
2. HealthScape – public health information management system
3. Public health intelligence
4. Drinking water

### Midland Radiology Action Group

1. Modality trend analysis of case-mix and volumes for future planning of resource requirements to meet demand
2. Did not arrive and was not brought
3. National initiatives and regional projects and enablers

### Midland Stroke Network

1. Rehabilitation
2. Reducing incidence of stroke - transient ischemic attack
3. Acute services
4. Clinical leadership
5. Patient experience of care
**Midland Regional Trauma System**

1. Improve the delivery of high quality clinical care to trauma patients
2. Develop, implement and maintain regional trauma system infrastructure including information systems
3. Support injury prevention and awareness
4. Establish a Trauma Quality Improvement Program to enable evidence-based change.

**Midland Regional Shared Services**

<table>
<thead>
<tr>
<th>2018-2019 Activities</th>
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<tbody>
<tr>
<td><strong>Third Party Provider Regional Audit &amp; Assurance Service</strong></td>
</tr>
<tr>
<td>1. Support the Midland DHBs Planning &amp; Funding by completing agreed audit plan</td>
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<tr>
<td>2. Provide audit related risk assurance to funding Midland DHBs Planning &amp; Funding as requested</td>
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<tr>
<td><strong>Regional Internal Audit Service</strong></td>
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<tr>
<td>1. Progress against the approved Internal Audit Plans for the client Midland DHBs (Lakes DHB, Hauora Tairāwhiti, Taranaki DHB, Waikato DHB).</td>
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