



Future Health Services Framework

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Executive Summary

Purpose

The Chair and Board of Nelson Marlborough District Health Board asked the question *“How do we meet the opportunities and challenges in a rapidly changing world to ensure that the people of Nelson Marlborough are healthy and have access to the type of health services they need?”*

HEALTH2030

The HEALTH 2030 Framework¹ and the related Sector Model provide a future guide to planning and implementation of health and disability services (services) so that the District Health Board can continue to deliver its strategic vision and meet its statutory accountabilities under the New Zealand Health and Disability Act 2000.

HEALTH2030 was developed using an inclusive working party.

Four external ‘forces for change’ have been considered together these indicate widespread dilemmas confronting many health systems. These include:

1. Rising cost of health and disability support care
2. Rising expectations as people demand more from the health sector
3. Limits on Government capacity to pay the costs of health care
4. Growing scepticism about historical approaches that have not improved overall outcomes for the population.

HEALTH2030 is designed to place people and their families/Whanau (consumers) at the centre of our local delivery system, in order to improve their care and support experiences and outcomes.

¹ A framework is a layered structure describing what kind of services can or should be built and how they would interrelate, supported by a set of assumptions, concepts, values and practices that reflect our understanding of a future reality

HEALTH2030 is built to improve access to quality care and support services for people living within the district. It does this by making these services accessible and effective and through influencing the socio-economic disparities that contribute to poor health outcomes, particularly for Maori. It links with current planning at the South Island regional level and at the national level with the Ministry of Health's Long-Term Systems Framework.

For HEALTH2030, services that are consumer-centred will be:

- delivered through expanded, networked providers (some for example include, NGOs GPs, Maori Providers, Pharmacists) in a Primary Healthcare led system²
- interfaced with accessible, appropriate, efficient and safe, local and regional hospital services
- aligned to Public health services that work with our communities to create environments that support wellness and resilience
- Co-delivered through access to allied health services and other clinical support services such as pharmacist services, community diagnostics, occupational physiotherapist and psychologist services.

Fundamental to the successful implementation of HEALTH2030 will be consultation with key stakeholders and our communities and allowing time for change to happen through assuring appropriate resources are built into the process to support the transition.

Conclusion

HEALTH2030 is the blue print to guide future services' planning to achieve the Board's District Strategic Plan goals. What services and how they connect will be specified through the Board's annual accountability planning processes and implemented using the Board's 3 year planning horizon.

² Primary Health Care led systems provides comprehensive quality health care including promotion, preventive, curative, rehabilitative and palliative services to support consumer and community to self manage and become resilience (ensuring that people are fully able to manage resources that are available to them).

These systems

- utilise inter-disciplinary, multi professional and Intersectoral collaborative teamwork to ensure that decisions around health care need are made with or as close to the consumer as possible
- prioritise the people who are most disadvantaged ensuring that health care is accessible, equitable and affordable to all
- work to address socio-economic causes of poor health and makes provision for basic health needs
- are integrated across primary care providers and with Hospital and specialist care services to ensure consumers receive consistent and appropriate care

Introduction

This HEALTH 2030 Framework (the Framework) addresses the key question:

“How do we meet the opportunities and challenges in a rapidly changing world to ensure that the people of Nelson Marlborough are healthy and have access to the type of health services they need?”

Four external ‘forces for change’³ indicate widespread dilemmas confronting many health systems. These include:

- **Rising cost of health and disability care**
 - Growth in people who are older and by people living long enough to develop chronic conditions
 - Increasing rates of chronic disease in younger people
 - Advancing technologies that pose new financial, ethical and social challenges
 - Increases in risk taking, health harming behaviours eg alcohol suicide
 - Infectious diseases such as tuberculosis and HIV/AIDS
 - Sellers of healthcare goods and services eg pharmaceuticals and diagnostics
- **Rising expectations as people demand more from the health sector**
 - The need to address disparities and inequalities in health outcomes
 - National and international trends towards a prevention and wellness focus rather than illness, and treatment focus
 - Disposable income
 - Legislating for safety and compliance
 - Changing social trends around “what is desirable” eg new drugs and technology
- **Limits on Government capacity to pay the costs of health care**
 - Stability (or not) of the international economy

³ Getting Health Reform Right: A Guide to Improving Performance and Equity. Roberts M J, Hsiao W, Berman P, Reich M R, Oxford University Press, 2008

- Workforce and health service capacity and capability challenges around services access, safety and quality.
- People want to pay less tax resulting in less money for services
- **Growing scepticism about historical approaches that have not improved overall outcomes for the population**
 - What is the right size of a service to provide quality service delivery, meet expected standards and be well managed and governed to perform?

The development of the Framework is detailed in the HEALTH 2030 Framework Working Party Report. This report and a number of supporting technical papers can be found on the NMDHB website www.nmdhb.govt.nz.

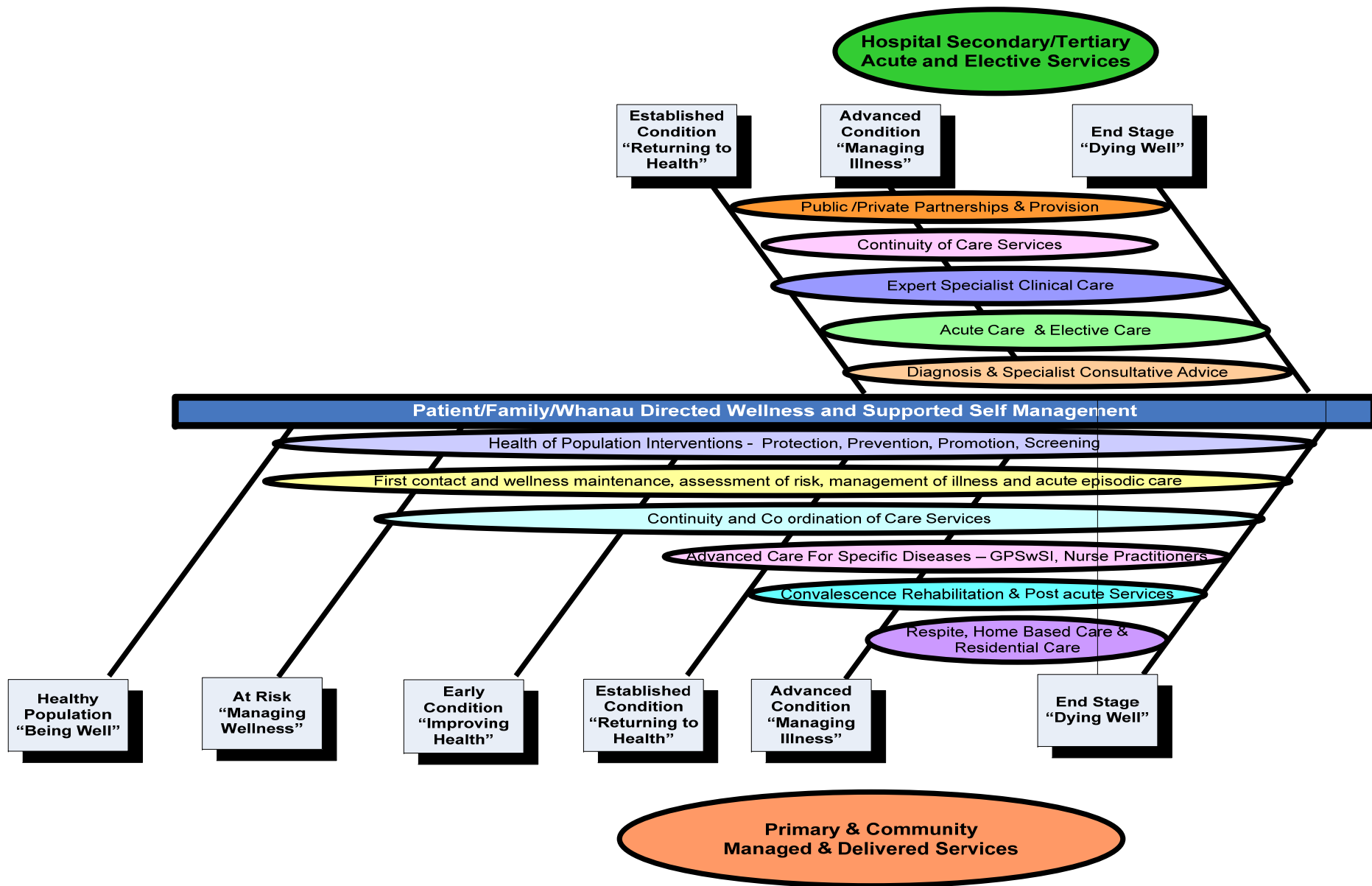
The Framework

The Framework below provides a guide to service planning implementation and delivery for the next 20 years. The Framework is built on:

- a clear vision and direction for the provision of all health and disability support services in the Nelson Marlborough region over the next 20 years
- an agreed set of values to drive the delivery of future services
- strong evidence of need and what works best
- alignment with the district and regional strategic plans.

The Framework is designed to address:

- future social changes
- future health and disability services
- where, how and for whom services will be delivered
- workforce needed to provide care
- technology changes
- healthcare facilities needed
- what the change will look like and how to communicate it.



Assumptions Underpinning the Framework

For the future we assume:

- projections of population demographics and health status are correct
- the local health sector will move from an illness to a wellness focus (maintaining health and preventing ill health)
- healthcare resources continue to be limited
- robust prioritisation will be applied
- continuous health sector change will be driven by advancements in technology, and improved models of care
- continuation of publicly funded and provided services.

The Framework Principles

The following principles underpin the Framework. These principles will guide a local health and disability care system that is:

- accessible for all care needs
- based on wellness for individuals and communities
- consumer centered
- based on supported self care and self responsibility
- focused on reducing inequalities, particularly for Maori
- clinically and financially viability
- flexible and responsive to community need
- inter-connected providing seamless care for consumers/patients
- information friendly while protective of consumer privacy
- aligned to future workforce capabilities
- quality focused
- evidence based and innovative
- change ready
- accountable for the use of public funds
- supported by flexible funding models and contracting processes.

Key Elements of the Framework

The key elements of the framework are designed around the Board's conceptual framework 'Populations of need' with the 'well population' being well, the 'at risk population' keeping well, the 'population with an early condition' returning to health, the 'population with an advanced long-term condition' managing illness and the 'population with an end-stage condition' dying well". Services that are consumer-centred will be:

- delivered through expanded, networked providers (some for example include, NGOs GPs, Maori Providers, Pharmacists) in a Primary Healthcare led system
- interfaced with accessible, appropriate, efficient and safe, local and regional hospital services
- aligned to Public health services that work with our communities to create environments that support wellness and resilience
- Co-delivered through access to allied health services and other clinical support services such as pharmacist services, community diagnostics, occupational physiotherapist and psychologist services.

How the System will Work in 2030

Consumers will be at the centre of the care pathway and direct their care as agreed between them and their provider. Support and information, to assist the consumer to self manage will be available.

Primary Care in 2030

The central role for Primary and Community care will be delivered through integrated primary healthcare 'hubs' providing affordable access to a full range of services, such as:

- disease prevention, and screening
- health promotion, and protection
- primary care assessment, treatment and management
- urgent after hours
- primary options for acute care
- community diagnostics
- Kaupapa Maori and Whanau Ora

- allied health such as podiatry, physiotherapy and oral health
- consumer needs assessment and care continuity
- community specialist' consultation
- health care workers with special interest
- nurse continuity management, specialist outreach and mobile teams
- integrated psychosocial support services
- short stay observation and acute care management
- rehabilitation, convalescent and supportive care following acute admissions
- Respite and palliative care.

In 2030 primary and community care operate as a cohesive role, through established networked relationships, shared protocols, infrastructure and support systems. Healthcare workers co-deliver services that meet the needs of the consumer along the continuum of care and throughout the person's lifespan (life course).

In 2030 for rural communities, primary health care hubs deliver services that maximise use of existing public and private health capacity. They use mobile multidisciplinary teams and telemedicine technologies such as virtual diagnostics to access specialist knowledge. They also provide community –based facilities, for both short and longer term care.

Public Health Services in 2030

Public health services have been developed using the Healthy South Public Health Strategy and retain their focus on achieving population health improvement. Public health services use two approaches:

- working with communities to develop environments that support 'being well' with emphasis on addressing the social determinants of health, participation in society and community development
- working closely with the broader primary healthcare provider networks to develop a resilient population capable of self managing their health and wellbeing.

Health of Older Peoples Services in 2030

Aged residential care home-based support and 'independent living' community services providers are a key members of primary healthcare networks. They provide an extended range of services including rehabilitation and convalescent care, short term sub-acute and step-down clinical care and the provision of respite and community beds.

Maternal and Child Health Services in 2030

These services play a vital role in ensuring a healthy start to life... These services emphasise childbirth as a normal part of life through using a non-medical interventionist model of maternity care and birthing with appropriate access to specialist services when they are required. Co-located maternity, well child and primary healthcare services provide an integrated approach to health starts and ensure that children and their families are the centre of seamless transitions with providers of care.

Hospital-based Acute and Elective Care In 2030

Hospital care takes on new roles within a broader South Island Regional Specialist Services hub and spoke model. This model of care addresses specialist services viability, the types of workforce, and ensures safety, quality and the best use of resources.

Across the district, smaller community 'health centres' provide acute medical care, noncomplex inpatient services, and continuing care for patients discharged from hospital. They may also provide low complexity elective services.

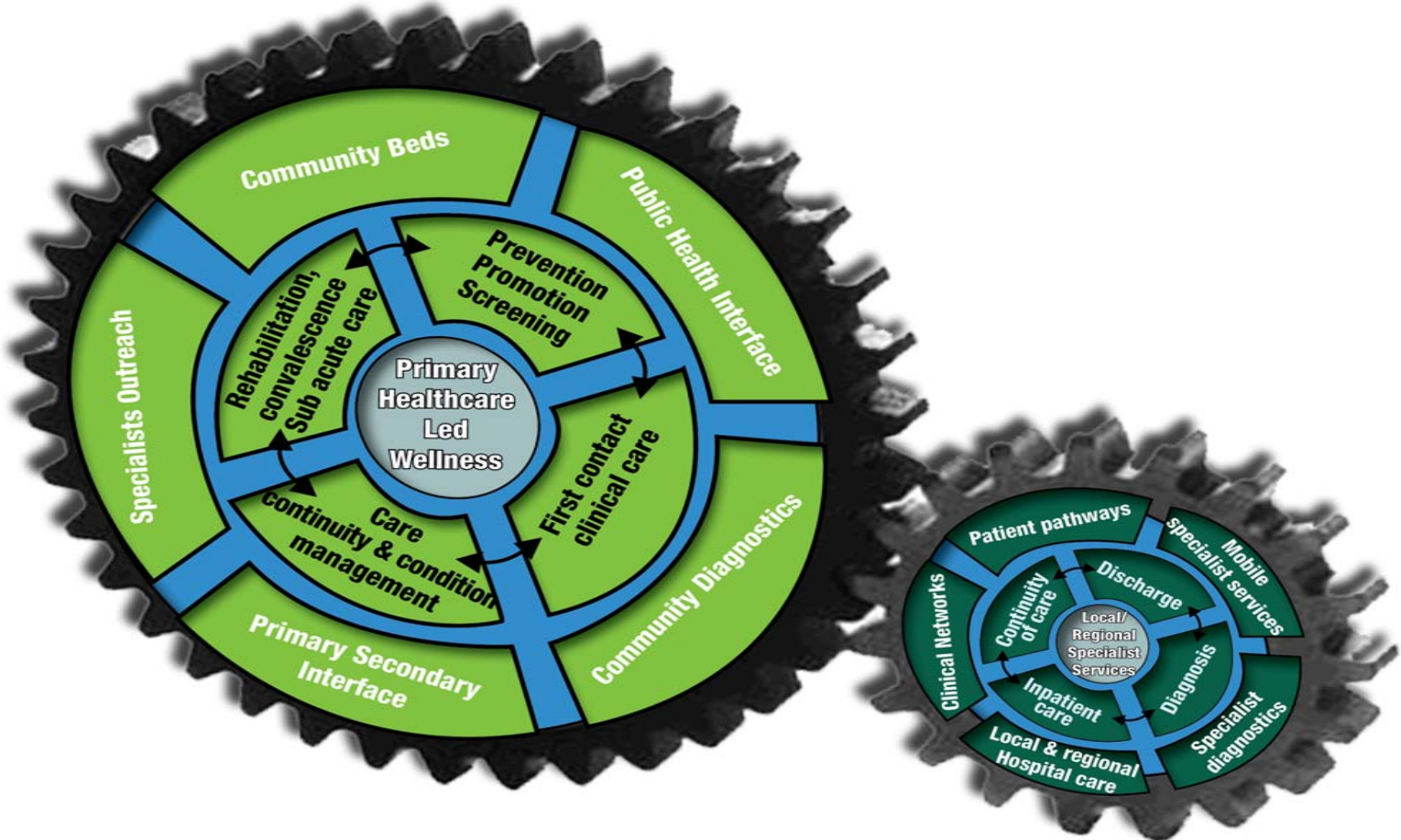
South Island regional specialist networked 'centres of excellence' provide secondary and tertiary level services. Clinical networking is one of the most important features of this model. All major acute publicly funded hospitals in the South Island region work closely together through clinical networks operating across multiple sites. Where it is best practice to do so; services are co located with essential support services, for example trauma services. A range of services are distributed across the South Island that are connected through shared referral protocols, expertise, training collegial support and technologies such as telemedicine and robotics.

This type of networking creates greater coordination and standardisation of care while still providing 'customised care as required. South Island regional specialist networks are connected through district specialist hubs to local 'community health centres' that include primary and community networked providers and consumer interest groups.

District hospital specialist services provide outreach and community-based specialist services that support integrated multidisciplinary primary health care teams. These “Hospitals without walls” services provide clinical, nursing or allied health support, knowledge and rapid response care. They utilise virtual diagnostic tools, telemedicine and support community beds for the management of acute episodes for patients with long term conditions.

The model on the following page, illustrates how these services are connected.

HEALTH 2030 Sector Model



The HEALTH2030 sector model incorporates two dynamic interfaces. The principal driver (shaft/motor) of the system is the consumer who receives information, support and clinical care through the integrated primary healthcare-led system in order to maintain wellness and manage illness. Primary healthcare networks and services, depending on the needs of the consumer are able to access the full range of specialist and hospital care in the district, regionally and nationally.

Implementation of the HEALTH2030 Framework and Sector Model

Implementation Principles

HEALTH2030 is consistent with the DHB values and principles as outlined in the District Strategic Plan. HEALTH203 specifically addresses:

- improving health outcomes for Maori
- evolutionary and practical system improvement design
- equity of access according to need achieving optimal health outcomes, within the resources available
- South Island regional collaborative services improvement and innovation
- a district-wide approach to services integrating providers and facilities around consumer need
- provision of services as close to the consumer's place of residence as long as it is safe to do so
- evidence based clinical models of care
- delivery of a seamless consumer pathway
- clinically lead services design, implementation and delivery
- managerial and clinical partnership approaches
- shared administration, information systems, financial systems, Human Resources, business support and organisational development
- Sound organisational governance.

Challenges to Implementation of HEALTH2030

Implementation requires us to address a range of challenges. For illustration, the historical fragmentation of care services between hospital, primary and community providers creates a complicated and non-sustainable services model. Current approaches to funding increase the challenges by separating the provision of care from the consumer requiring care. This has resulted in, poor care continuity, inflexibility of roles and lack of accountability at all levels within the sector.

Successful implementation of HEALTH2030 requires the development of core enablers, such as:

- key stakeholder and sector participation in the staged roll out of the Framework and Sector Model,
- application of evidence based practice
- visible clinical and managerial leadership focused on high quality, safe, effective and sustainable services
- sector productivity, performance and accountability
- alignment with the NMDHB Maori Health Strategy, the NMDHB Primary Health Care Strategy, the New Zealand Long Term Systems Framework, and, the South Island Health Services Plan (incorporating the West Coast DHB Viability Plan and the Healthy South Plan for Public Health)
- partnerships between clinical and managerial leaders.

Successful implementation must eliminate a range of key disablers particularly:

- complacency
- current competitive mind sets
- duplication of infrastructure
- burdensome bureaucracy
- the three common attitudes:
 - “possum in the headlights” – paralysed in the face of an on rushing challenge
 - “make do and mend”
 - “If it isn’t broken don’t fix it”
- insufficient time to change
- unlocking funding from current systems to support transition to new services
- dysfunctional clinical and managerial relationships.

Nelson Marlborough District Health Board has a range of tools and approaches it can use in prioritising where to start on the implementation of the Framework. These include:

- starting with high risk and vulnerable services
- maximising gain through minor tweaking of the current system iteratively
- using incremental redesign processes that allow for “learning/developing as you go”
- ‘Leap frogging’ by copying successful services designs modifying them to suit the Nelson, Tasman and Marlborough communities
- being agile and taking advantage of national and regional sector changes
- identifying redesign prerequisites such as workforce challenges, rural environments and adopting a staged approach to building “launch pads” for change
- production of a suite of plans aligned to HEALTH2030 implementation, including:
 - purchasing plan (future funds and equity investment)
 - facilities plan
 - workforce plan
 - asset management plan
 - primary healthcare capacity and capability plan
 - clinical networks development plan.

Implementation

NMDHB plans to use an iterative three year implementation approach as the time frame meshes with the release of census figures, and the requirement every three years for DHBs to update their population Health Needs Assessment (HNA), District Strategic Plan (DSP), and the Statement of Intent (SOI).

NMDHB will identify district wide hospital secondary and community services for redesign, work with the South Island to develop regional clinical networks aligned to the South Island Health Services Plan and support Nelson Bays Health and Kimi Hauora Marlborough Primary Health Organisations (PHOs) to build primary health care capacity and local provider networks.

Next Steps

1. Conduct a comprehensive stakeholder consultation and include HEALTH2030 in the review of the NMDHB DSP 2009 -2019 due for completion in June 2009,
2. Work together with local authorities to integrate HEALTH2030 into their Long Term Council Community Plans.
3. Specify services for design/redesign aligned to HEALTH2030 and the South Island Health Services Plan in the NMDHB SOI for 2009-2012.
4. Include services currently under review in 2008/09, 09/10 and projected for 2010-2012, such as:
 - Acute care review
 - Urgent after hours
 - Rural primary healthcare,
 - PHO development including 'very low cost access' services
 - New pharmacist services
 - Long term (chronic) conditions intervention packages
 - Specialist health services for older people
 - South Island electives initiative
 - GP Diagnostics
 - Paediatrics
 - Women's Health
 - Men's Health
 - Whanau Ora
 - Palliative Care
 - Public health services redesign (Healthy South)

Incorporate communication and change management approaches to ensure smooth transitions.

Implementation will be prioritised to ensure that appropriate access to health care services is maintained for the Nelson Marlborough population within the resources available using the Board's agreed methodology.