



Future Health Services Framework Definitions

Word	Page	Definition
Framework	3	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
forces for change	3	
Primary Health care led system	4	<p>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).</p> <p>These systems</p> <ul style="list-style-type: none"> • 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
Health of Population interventions	7	Population health interventions are whole of society and health sector specific policies and programmes that have the potential to impact health at the population level.
First contact and wellness maintenance, assessment of risk, management of illness and acute episodic care		Services provided in a range of community setting by a Primary and community providers including General Practice (GP) clinical care, Maori Hauora Providers, screening services, well child health care
Continuity and Co ordination of Care Services		Seamless care for patients so that the various episodes of care are linked together with no problems during the transmission or transfer of care. This means that care is seamless over periods of time, the setting of care and the providers of care
Advanced Care For Specific Diseases – GPSwSI, Nurse		Increasingly, specialist roles are being devolved to family physicians and nurses, General Practitioners with

Practitioners		a Special Interest (GPwSIs) and Nurses with a Special Interest, provide an alternative to the traditional models of specialist care. The emphasis in this role is on maintaining a family care perspective while developing defined specialist competencies to meet local healthcare need
Convalescence Rehabilitation & Post acute Services		Services provided in a range of settings to provide planned treatments and support to enable people to regain health and independence
Respite, Home Based Care & Residential Care		Services provided in a range of settings to provide planned treatments and support to enable people to maintain and manage their health and functional status
Public health services	10	Public Health services are services focused on improving wellbeing, promoting positive health and preventing illness. Public Health Services include health protection activities to prevent the spread of disease, and maintain a health environment; health promotion services to provide information, skills development and programmes to enable individuals and communities to manage their own health and screening programmes to identify people at risk of or with an early health condition. See the attached Draft South Island DHB's Healthy South Strategy .
Health of Older Peoples Services	11	A range of hospital and community delivered health care services that provide acute care, support, rehabilitation and continuing care to people over the age of 65 yrs. This includes acute inpatient care, assessment and rehabilitation, home based support to enable the older person to remain living in their own home and residential care.
Maternal and Child Health Services	11	A range of hospital and community delivered health care services that provide acute hospital inpatient and community delivered care to women, children and their families. It includes pregnancy and parenting services, birthing services, paediatric care, well child (immunisation, hearing vision, dental services, school and community based well child development services such as Public health nursing and Plunket, Tamariki Ora services)
Hospital-based Acute and Elective Care	11	A range of hospital, outpatient and community delivered health care services that provide treatment and support for people acutely unwell or who require a specialist medical investigation and treatment.

Appendix 1 **DRAFT Healthy South 2008-12**

Building South Island-wide capability to improve the health of populations

A report prepared for:

Ministry of Health

Nelson Marlborough District Health Board

West Coast District Health Board

Canterbury District Health Board

South Canterbury District Health Board

Otago District Health Board

Southland District Health Board

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Draft prepared by Paul Stephenson, with support from Dr Lynne Lane, Sandy Brinsdon and Dr Adrian Field

Synergia Ltd
2 Hepburn Street
PO Box 147 168
Ponsonby, Auckland

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Foreword

Acknowledgement

Healthy South has been informed by the aspirations and ideas of the people of the South Island who work to improve the health of populations. Many people have contributed to the plan through interviews, focus groups and workshops. The issues and the solutions identified by stakeholders have guided *Healthy South*.

A special thank you must go to the members of the Working Group, who provided invaluable guidance and critique in the development of this plan.

Healthy South papers

This paper is one of a suite of documents produced as part of the *Healthy South* project. Four further documents have been produced to support this strategy overview. The accompanying documents are:

- *South Island population health profile*
- *Project process outline*
- *Outcomes frameworks overview*
- *An overview of stakeholder issues and comments from interviews and workshops*

The final versions of these documents will be available from early November 2008 and should be seen as resources to support implementation.

Executive summary

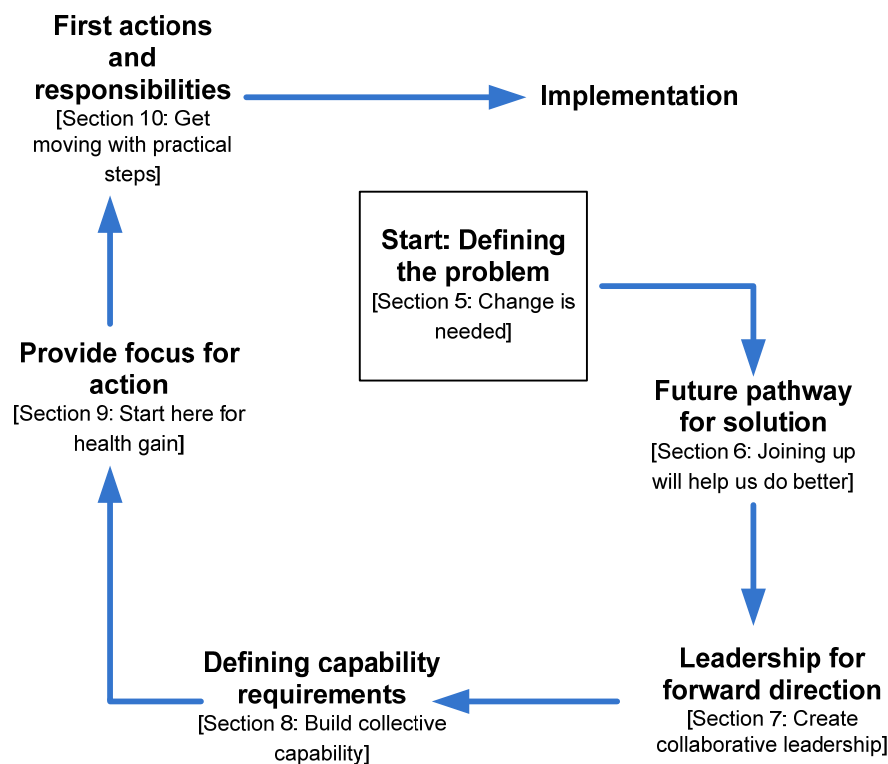
What is Healthy South?

Healthy South aims to build South Island-wide capability to improve the health of populations. This plan was commissioned by the Ministry of Health and the South Island District Health Boards (DHBs). It sets out actions that will improve the health and wellness of whole populations and sub-groups within populations.

Healthy South focuses on how South Island-wide collaboration around wellness services and programmes can lift performance and improve sector sustainability. The scope covers those organisations whose core business is to improve the health of populations, which includes public health services, primary health organisations, Maori health providers, non government organisations and a range of DHB services.

Healthy South has been developed with extensive stakeholder input. More than 300 people have been involved in face-to-face discussions as part of the process. The direction and detail in this document are based on analysis and synthesis of stakeholder views. The graphic below illustrates the flow of issues and ideas in *Healthy South* and how they link to the various sections in this document.

Flow of issues and ideas in the paper



change is needed

Collaboration requires investment in a new way of working. Therefore strong reasons are required before making recommendations for structures and systems that support collaboration across districts. Five key reasons have been identified as to why joined-up action across the South Island will improve health outcomes and system sustainability.

Health inequalities – people with the highest health needs often experience joined up problems, as they are afflicted by multiple interrelated health risks. Joined up problems require joined up solutions – and joining up solutions requires the ability to influence at local, regional and national levels.

Sustainable health services – many South Island DHBs face the future with growing ageing populations and decreasing total populations. This leads to a ‘double whammy’ of increasing demand and declining workforce supply. Improving the effectiveness of preventative services will help manage demand, and integrated with the approach to building sector infrastructure will support workforce supply.

Policy directions – the Ministry and Minister of Health have identified the need to improve collaboration at all levels to improve the health of populations, improve quality and make more effective use of existing infrastructure.

Complex system – services focusing on the health of populations are delivered by a large number of diverse organisations within the health sector and across other sectors. Influencing this complex web of policies, services and programmes requires coherent leadership at local, regional and national levels.

Stakeholder issues and opportunities – stakeholders have identified a number of issues and opportunities to improve performance that cannot be influenced solely at a district level and which require regional collaboration.

Joining up will help us do better

Healthy South proposes that there is value in joining up leadership to address common issues of direction and infrastructure, where a South Island-wide approach will add value.

Stakeholders have identified four key areas where improved South Island-wide activity can improve outcomes.

1. Improving health determinants
2. Reducing health inequalities through improving joined up responses
3. Improving Maori health and increasing whanau ora
4. Improving risk and disease outcomes across the health continuum

Focusing on improving outcomes in each of these dimensions creates a structure for thinking about effective programme design and capability development.

Create collaborative leadership

The first step in building a South Island-wide response is to create joined up leadership.

Stakeholders have identified that successful leadership must ensure there is clear joint accountability for the Ministry of Health and DHBs but also that Iwi and representatives from across the sector should participate in formal leadership structures.

Collaborative leadership is required at several levels.

- The Ministry of Health, DHBs, Iwi and Maori partners to provide overall direction and oversight for the *Healthy South* implementation and links to other regional strategies.

- Operational leadership from experts representing key groups such as public health services, PHOs, NGOs, Maori providers and DHB services, so all parts of the sector can see their voice at the decision making table.
- Project coordination and support from a dedicated project team and collaborative groups working on specific issues.

Build collective capability

Stakeholders have identified key areas where a South Island-wide focus will improve sector capability and performance.

1. **Developing high trust/low bureaucracy networks** – which entails leadership based on collaborative values and a process of recognising and building from strengths across all organisations.
2. **Building a South Island-wide capability backbone** – which is a network of organisations providing programme design and infrastructure support across the South Island for issues that are DHB and MoH priorities.
3. **Aligning funding and contracting processes across MoH and DHBs** – which would develop a coherent set of joined up incentives and processes to improve synergies and reduce overlaps.
4. **Developing future-focused infrastructure** - which proposes a focus on four areas. Developing these capabilities would be a key responsibility of the *Healthy South* leadership and the capability backbone. The areas are:
 - Leadership and capability
 - Workforce development
 - Maori health and whanau ora pathways
 - Learning systems

Start here for health gain

Seven priority areas have been identified to define the ‘content’ areas where the South Island-wide approach may focus first to improve sector performance and improve health gain.

The areas reflect national and DHB priorities. Outcomes frameworks have been developed for each priority area to help define intervention logic, focus action and propose a set of indicators that enable consistent tracking of progress across the South Island. Priority areas are:

1. Healthy eating and healthy action (national health target area)
2. Reducing smoking rates (national health target area)
3. Controlling communicable disease (national health target area)

4. Reducing harm from alcohol (links to physical health, mental health and injuries)
5. Sustainable environments supporting healthy people (includes social and physical environments)
6. Maori health and whanau ora
7. Population health system capability and capacity

Get moving with practical steps

Implementation will require high levels of sector communication, ongoing engagement and achievement of concrete early 'wins' to maintain momentum and enthusiasm. Ten actions to be undertaken in the first year are outlined below.

1. **Achieve endorsement** – Endorsement of *Healthy South* by MoH, DHBs, and iwi.
2. **Iwi consultation** - Undertake in-depth consultation with iwi to develop iwi-owned priorities, outcomes and performance indicators for monitoring progress towards increasing whanau ora.
3. **Embed in DAPs/ DSPs** – Ensure that the key concepts from *Healthy South* are reflected in DHB District Annual Plans and District Strategic Plans
4. **Set up leadership and implementation infrastructure** – Establish leadership infrastructure for joined up implementation of *Healthy South*.
5. **Support funding/contract review** – Begin the process of review and alignment of MoH/DHB funding in each district.
6. **Support public health services re-orientation** - Link and orientate public health units to provide support services across the South Island which align with the “capability backbone” concept to support the achievement of the key actions in the outcomes frameworks.
7. **Support DHB leadership in cross sector activity** – Encourage senior DHB leaders to focus on improving cross-sector performance in the four domains (determinants, inequalities, Maori health and whanau ora, wellness across the continuum) outlined in *Healthy South*.
8. **Expand joint DHB/MoH population health targets** – progressively introduce a broader set of joint MoH/DHB population health targets (leveraging from the national health priority targets approach) which help to join-up effort towards medium term goals.
9. **Encourage greater within MoH coherence around population health policy and funding** – Undertake review to develop improved within-MOH coherence across service models and expectations regarding existing public health services and new investments into programmes focusing on the health of populations.

10. **Build population health capability with PHOs, NGOs and Maori providers** – In funding reviews place emphasis on building the health promotion and service delivery capabilities of community-linked population health organisations, such as PHOs, NGOs or Maori providers.

The *Healthy South* challenge

Healthy South aims to build South Island-wide capability to improve the health of populations.

Healthy South was commissioned jointly by the Ministry of Health and South Island DHBs.

The plan aims to identify areas in which collaborative South Island-wide action can improve approaches and services which impact on the health of populations.

The scope covers the collective dynamics and performance of those organisations whose core business is to improve the health of populations. The breadth of organisations and networks that this covers includes public health services, primary health organisations, non government organisations, Maori health providers and a range of DHB services.

Synergia Ltd, a health research and strategy company, led the development of the plan.

Healthy South relates to the period 2008-2012.

Healthy South is based on widespread stakeholder input. More than 300 people from across all South Island districts and from across the population health sector have been involved in face-to-face discussions.

Processes have included interviews and focus groups in each district, and two rounds of major workshops in Nelson/Marlborough, Canterbury and Otago/Southland and focus groups on the West Coast. Participants have included sector and community representatives, local government, Maori health leaders, iwi, DHB Community and Public Health Advisory Committee representatives, PHO chief executives, DHB Planning and Funding managers and Ministry of Health senior officials, representatives of other government departments and the research community.

This 'open development' process aims to stay true to the needs, issues, ideas and aspirations identified by the sector. The key directions outlined in *Healthy South* are a synthesis of sector-thinking, placed into a strategic framework.

Supporting a population health approach

Recently an attempt has been made to develop a 'working definition' of population health, within the New Zealand context and in support of the *New Zealand Primary Health Care Strategy*. The definition, outlined below, gives shape to a 'population health approach'. *Healthy South* supports this definition and aims to provide a framework for enabling a population health approach.

"Population health refers to consideration of the health outcomes or status of defined populations - groups, families and communities - and the distribution of such outcomes within populations. Populations may be defined by locality, or by biological, social or cultural criteria.

"A population health approach refers to explicitly taking account of all the influences on health (the determinants of health) and how they can be tackled to reduce inequalities and improve the overall health of the population. This approach

- *requires and integrates both intersectoral action that addresses the social and economic determinants of health, and action within various health and disability*

services themselves (public health, personal health, and disability support)

- *emphasises the importance of an interdisciplinary and collaborative approach*
- *plans and delivers services in partnership with communities*
- *builds on the complementary strengths of all those involved, including those of the communities themselves*
- *uses a range of evidence, qualitative and quantitative, to identify needs and to develop corresponding strategies for intervention*
- *has an emphasis on reducing inequalities and meeting the needs of those who may otherwise be 'invisible' and marginalised (e.g. those who rarely seek health services despite having high health needs)*
- *in Aotearoa New Zealand recognises the importance of a Te Tiriti o Waitangi commitment to Māori health development and Māori participation in governance, planning and delivery of services.”¹*

Change is needed

Collaboration requires investment in a new way of working. Therefore, a strong basis for action is needed before making recommendations for structures and systems that support collaboration across districts.

There are five key drivers that influence the need for, and approach to, South Island-wide action to improving the health of populations.

Inequalities and interconnected risks and disease

Core health issues for the South Island are those related to inequalities across ethnicities and across socio-economic deprivation.

Health inequalities are identified clearly in the tables in the appendix, which show key adult and child health indicators by ethnicity and by deprivation.

As the tables show, groups more likely to be afflicted by one risk or disease, are also more likely to be afflicted by other key risks and diseases (for example, a low socio-economic family at high risk of obesity may be also at risk from smoking, alcohol and family violence).

Our most needy are unequally afflicted by multiple interrelated risks and diseases. Many inequalities cannot be redressed by improved health care alone but require prevention approaches and improvements in the determinants of health.

If health problems are joined up, then health solutions also need to be joined up. DHBs working alone can only join up health solutions to a certain extent – as many influences are beyond their control.

Collaboration across sectoral or professional boundaries extends the scope of DHB ability to influence health inequalities.

¹ Winnard, D, Crampton, P, Cumming, J, et al Population Health Meaning in Aotearoa New Zealand. Discussion Paper, 2008. www.arphs.govt.nz

Sustainable health systems

Our health care systems are under increasing pressure. The growing ageing population brings with it increased health care costs, particularly associated with preventable chronic conditions. The total population is also expected to decrease in several South Island districts, which will add to existing problems of workforce supply. The current design of health care systems, with its focus on treatment of individuals, may not be sustainable into the future.

Sustainable systems will require greater focus on prevention and wellness at all stages of the risk/disease continuum.

Improving the effectiveness of preventative services will help manage demand and joining up the approach to building sector infrastructure will support workforce supply.

Policy direction

Today's legislative and policy environment requires the Ministry of Health and District Health Boards to seek opportunities for regional collaboration to improve quality and make better use of scarce skills and resources.

There is also a strong emphasis on the need for more effective functional relationships across organisations working for the health of populations, such as PHOs, public health services and NGOs. These imperatives for a more joined up system are reflected in Ministry of Health initiatives and in recent statements from the Minister of Health:

"A greater focus on collaboration, across all levels and between all areas, will be a key to performance improvement being achieved"

*"The emphasis on preventive and primary care needs to continue. We need to collectively ensure that the large scale investment in primary care services and the establishment of the PHO model is increasingly translated into improved health outcomes. I wish to see us moving beyond simply lowering the cost of access (important though that remains) to more fully integrate primary care with public health efforts at the community level."*²

"There is a need to address the broader determinants of health such as improving nutrition, increasing exercise, shoring up housing stock, and further educating the public about the value of prevention and early intervention."

*"This requires a focus on populations and communities reinforced by messages delivered by health practitioners delivering care to individuals. Public health units and NGOs such as Plunket need to be more closely integrated with PHOs and PHOs providers to enable this change in focus to occur."*³

The context for change

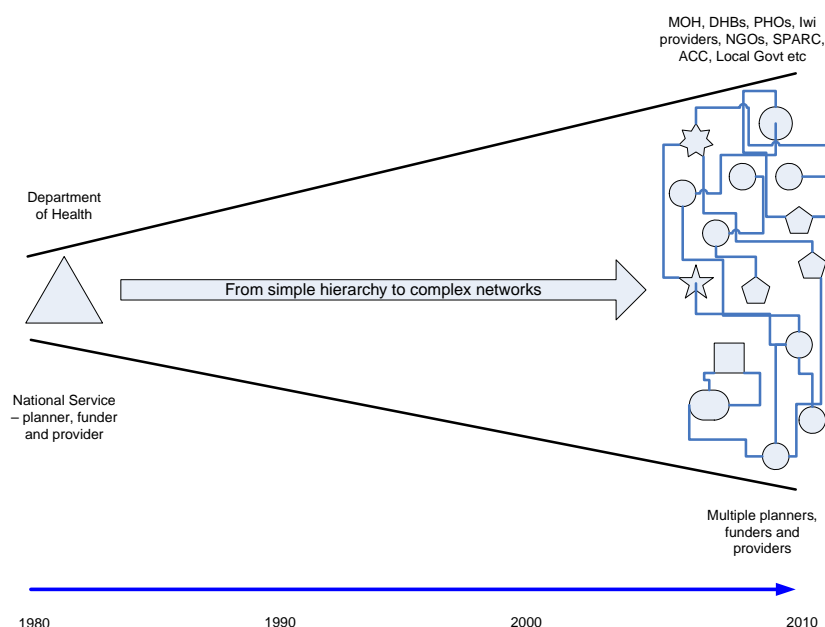
The number and type of organisations that work with populations and support wellness has proliferated over the last three decades. Thirty years ago one Government department dominated services and thinking around how New Zealanders responded to public health issues. Over time many new organisations have taken on responsibility for the health of populations. There are now multiple planning, funding and provider organisations.

Today, organisations working to improve the population health exist in a complex network or web of relationships, dependencies and responsibilities, with significant overlap. Many of the provider organisations in the network are very small.

² Minister of Health, Letter to DHB Chairs 2008

³ Minister of Health Speech, September 2008

Many organisations in the network function at a district level, and others function across districts and at regional and national levels. Improving performance of the whole system will be enhanced by coherent and coordinated influence at district, regional and national levels. Leadership needs to recognise the distributed nature of influence and control in the network.



Sector issues and opportunities for improvements

Stakeholders involved in *Healthy South* consultations identified many issues and opportunities to improve performance that cannot be influenced at a district level only and require regional collaboration. Specific issues which can't be resolved purely at district level include:

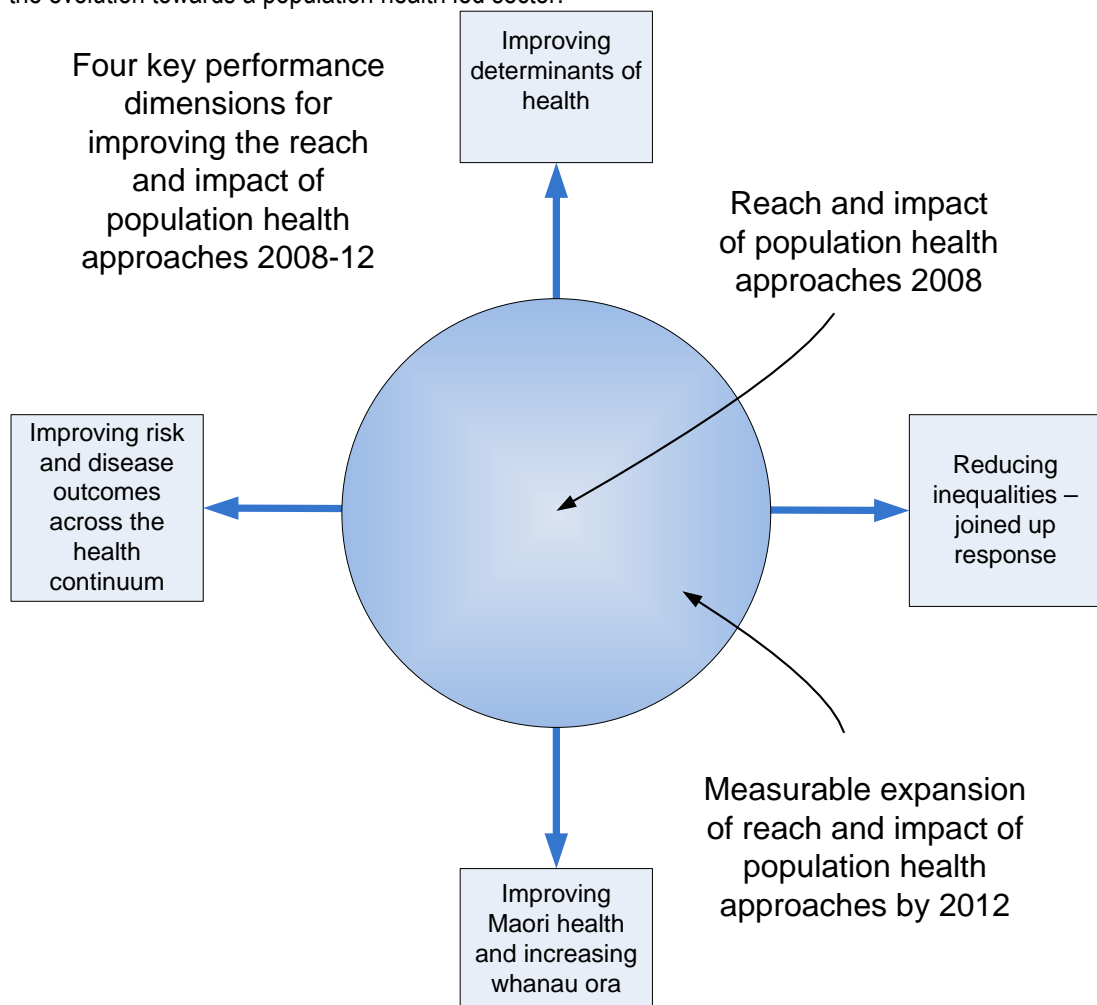
- Lack of long term vision for non-regulatory parts of public health services (a national issue)
- Lack of methods for consistent tracking and measuring progress and impact of wellness strategies and services
- Few structures to address SI-wide infrastructure issues, such as workforce
- Lack of infrastructure support so small organisations can access appropriate expertise
- A lot of reinvention, low levels of transfer of good ideas
- Concern over duplication, levels of collaboration and lack of clarity over roles
- Lack of coherence within the funding environment and contracting that does not support joined up action.

Joining up will help us do better

Healthy South proposes that there is value in joining up leadership to address common issues of direction and infrastructure, where a South Island-wide approach will add value.

Four key dimensions have been identified as a focus for joined-up action. The aim is to create a platform for improved performance across the whole system of organisations supporting the health of populations.

Improved South Island-wide actions to support measurable improvements in these domains will help in the evolution towards a population health led sector.



Four Performance Dimensions

Improving determinants of health

We need to improve our collective impact on the determinants of health – This requires a new level of focus and leadership from DHBs and an enhanced ability for the health sector to work with other Government departments, local government and other organisations that

influence living conditions. Improving the determinants of health will have the greatest long term influence on community health, wellbeing and vitality.

Reducing inequalities through improving joined up responses

We need to join up responses for high needs populations – Reducing disparities is a priority health sector and broader government goal. High needs groups (NZ Dep 9/10) are often afflicted by higher levels of risk and disease across multiple conditions (for example, the same groups have higher levels of obesity, smoking, drug use, mental health issues and gambling issues). People do not experience health risks in isolation from each other. They have joined up problems. Currently we have a fragmented response. The challenge is to develop a response to health need that is joined up and can adequately reflect and support vulnerable communities.

Improving Maori health and increasing whanau ora

We need greater responsiveness to Maori needs and aspirations – Improving Maori health outcomes is a policy priority for Government and an identified priority for most DHBs. Improving health outcomes is a key issue for Maori communities and iwi. Improving Maori health is identified as a separate issue to ‘reducing disparities’ in order to acknowledge the Treaty of Waitangi and to support ‘improving whanau ora’ as a Maori community aspiration. Whanau ora is an aspiration that encompasses a breath of wellness factors. Increasing whanau ora will require a population health approach and quality structures, systems and resources acting in unison with Maori communities.

Improving risk and disease outcomes across the health continuum

We need to have a greater application of population health interventions across the health-disease continuum – The development of PHOs has created an opportunity for population health approaches to make a greater contribution across the risk disease continuum. PHOs vary significantly in their size and stage of development. Developing systems that support PHOs and their partners to deliver effective population health programmes will impact favourably on health outcomes, demand for hospital services and increase health service sustainability. DHBs also influence the health of populations at multiple points across the continuum and have many opportunities to re-orient services to have a population health approach.

Create collaborative leadership

The first step in building a South Island-wide response is to create joined up leadership. The leadership structure and framework for implementing *Healthy South* was influenced by stakeholder views and by literature on achieving change in complex systems.

Stakeholders have identified that successful leadership must ensure there is clear accountability for the Ministry of Health and DHBs but also that key people from across the sector should provide leadership.

Key components of the leadership include:

1. **Programme governance** – an alignment group made up of senior representatives from each South Island DHB, the MoH, iwi and Maori should provide overall leadership and governance functions for implementing *Healthy South*. The group provides links back to the MoH, DHBs and iwi and ensures *Healthy South* is aligned with the other district, regional and national initiatives.
2. **Programme implementation leadership** – operational implementation should be led by a group that is made up of experts and leaders from across sectors and should include, as a minimum, representation from PHOs, public health services, NGOs, Maori providers, DHBs and local government. A group of such leaders has been meeting as part of the *Healthy South* working group; the group has provided substantial input to the plan and created a forum for wider system dialogue. Creating a leadership group with representation from across the key sector groups will help to maintain linkages and build trust and buy-in to the process.
3. **Project coordination** – a dedicated project team is required to support the Leadership Group in its implementation agenda. The coordination group will need to have staff highly skilled in the population health issues, project management and communications.
4. **Subject specific working groups** – working groups will need to be established to progress specific issues.

(Note: see appendix for more detailed example of leadership structure)

Build collective capability

The role of the SI-wide leadership team is to build sector performance across the four dimensions (determinants, inequalities, Maori health and whanau ora and wellness across the continuum). Improving performance requires greater trust across organisations to facilitate collaboration, structures that support effective interventions and sustainable organisations, aligned funding incentives, and the development of future focused infrastructure.

Building a High trust/low bureaucracy system

Stakeholders want improved collaboration but don't want further layers of bureaucracy. The way forward is to create well-structured 'high trust' environments.

Creating a high-trust/ low bureaucracy system necessarily means seeking common values and common goals, whilst respecting differing skills and world views. A core approach that stakeholders strongly supported is the concept of building from existing strengths and successes throughout the system. This strength may be with leadership, organisations, individuals, innovations and communities.

Common values create a platform for positive evolutionary change. Stakeholders have identified these values as including collective reference to higher level goals (for example Alma Ata), fairness, respect for others (especially community voice), accountability for actions and proactive sharing of common public good (such as effective innovations). Poor role definitions, confusing funding systems and competitive contracting have all been identified by stakeholders as contributing to environments of low trust.

Creating a 'capability backbone' that supports effective joined-up action

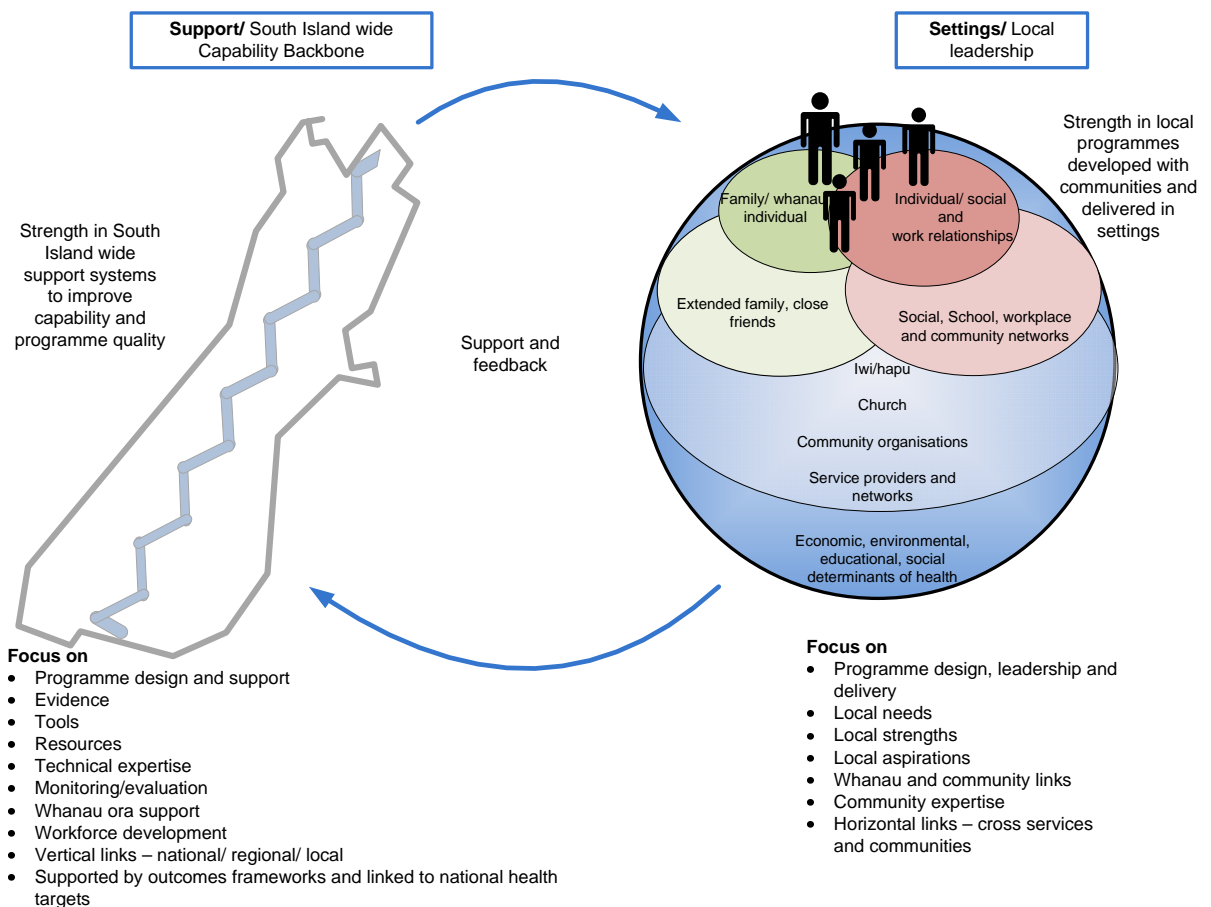
A new concept of a South Island-wide 'capability backbone' is being proposed as a way of joining up organisations and ideas in a constructive, low –bureaucracy manner.

Many of the organisations working to improve the health of populations are small and closely linked to their local communities. They work primarily in settings. They have strengths in community credibility, responsiveness and innovation. But they have weaknesses in access to expertise, technical support and training, isolation and duplication. Many local programmes are criticised for a lack of working from an evidence base and poor linkage to national strategies.

There are however, a number of organisations – MoH, DHBs, public health services, some PHOs, some iwi providers, some NGOs – that are larger and have considerable expertise and critical mass to take on further infrastructure support functions. However, the skill sets and knowledge from these organisations are often self contained and are not applied to support the capability and performance of the sector as a whole.

A simple "Settings/Support" model is proposed, – with district level organisations designing and delivering integrated programmes in "Settings" with "Support" from a South Island-wide network that builds capability across the whole system through improved programme design, resources, technical support and infrastructure development.

The approach is based on international norms of good public health practice. The Settings/Support model reduces duplication and builds synergies across organisations. It directly addresses many of the critiques of local level programmes in that they are not developed using a good evidence base and they are not properly supported with technical expertise, resources or evaluation. The proposed Settings/Support model is illustrated below:



The settings functions are the responsibility of district level organisations but the support function needs to be supported by a South Island-wide collaboration.

The capability backbone would be supported by collective DHBs/MoH leadership. The backbone or support concept is a public good in which organisations draw support from and add to. A range of organisations may wish to participate in developing improved joined-up support, for example, some PHOs and iwi-linked providers are natural leadership hubs in the system, with specialist skills and influence beyond a single district.

The capability backbone is a concept that should evolve over time, responding to needs. We propose that, in the first instance, public health services are supported to work together to take on some of the initial roles and functions proposed for the capability backbone (shown in the graphic above).

A key principle of the backbone is that it serves the needs of local providers. The backbone concept will only work (and should only exist) if it provides value to the broader sector – it must earn its keep. Fundamental to the backbone is the fact that many of the high need populations in our communities have joined-up problems. The backbone helps to provide joined up organisations and ideas to enable better solutions.

Aligning resources and smart contracting

Stakeholders have discussed the need to 'get smarter' with funding and contracting and many have noted that poor funding systems create confusing and dysfunctional relationships between providers.

Funding frameworks create incentives and behaviours that permeate the system – positively and negatively. The MoH and DHBs are the key funding and contracting organisations for services focusing on the health of populations.

Structures and systems should be put in place to improve collective MoH and DHBs funding and/or contracting decision making. There should be greater cross DHB/MoH agreement on, and investment in, crucial SI-wide infrastructure issues that will impact on all districts (such as workforce). Regional funding/contracting alignment structures and processes have been working in other regions and should be implemented in the South Island.

Improvements to funding/contracting systems include:

- Contracting processes should support collaborative cross-organisational responses to funding opportunities.
- Provide longer term contracts to help organisations build capability and workforce, and also to reflect the multi-year nature of many well designed interventions.
- Contracting should be based on meaningful information where reports inform intelligent discussion between funder and provider. Contract measures should be linked to outcomes frameworks measures.
- Funding processes and terms should align with outcomes frameworks and good programme design – supporting a balance across South Island-wide support services and encourage collaborative actions in district-based settings.

Supporting future focussed infrastructure

Stakeholders have identified that there are four key areas where support and investment for sector infrastructure are required at a South Island-wide level in order to improve performance. The areas of leadership and capability, workforce, Maori health and whanau ora and learning are crucial to a responsive and effective infrastructure. Supporting the infrastructure elements outlined below will be one of the requirements for the capability backbone.

Leadership and capability

One of the areas to evoke the most discussion amongst stakeholders is that of roles and responsibilities within the population health system. The debate has been based on concerns about overlap and duplication between various services, which can lead to tensions and inefficiencies. The approach to moving forward is to note that tight definitions of roles and responsibilities is not possible due to the need to be flexible and respond to local circumstances (for example the roles of PHOs and public health services may be different in an area with a large, mature PHO, than in an area with a small developing PHO).

Instead, *Healthy South* promotes the concept that all organisations have leadership roles within the system and should be building the capability to achieve that leadership. The points below outline the broad leadership roles of various organisations that support improved health of populations.

Population health system leadership roles

MoH: Increasing leadership and responsibility for health outcomes

- Specify high level needs and priorities

- Policy and legislative environment
- Resourcing environment
- High level accountability and performance
- National programme design
- Cross government synergies
- Technical expertise
- Some focused provision and contracting

DHBs: District leadership, accountability, resourcing and integration

- Detailed district needs analysis
- Setting district/region priorities and directions
- Designing and resourcing integrated responses
- Owning and running services
- Funding and contracting services
- District performance analysis and quality improvement
- District level cross-government and community leadership

Public health services: Determinants and capability support leadership

- Specialist analysis of population health needs/issues
- Design and delivery of regional support programmes in priority areas
- Technical expertise and capability support for population health sector
- Delivering programmes focussing on determinants of health
- Health protection and emergency response capability

PHOs: Leading the design and delivery of population health programmes for local populations

- Design and deliver population health programmes
- Engaging and advocating on behalf of their enrolled populations
- Integrate national/local programmes around needs of enrolled populations
- Detailed needs analysis and monitoring of health issues in local populations
- Performance monitoring of population health interventions

NGOs: Leading targeted expertise and advocacy

- Focused action for specific issues and populations
- High linkage, networks and trust with specific populations
- Expertise and advocacy for particular populations, conditions and issues

Iwi and Maori providers: Leading community advocacy, sector partnerships, cultural expertise and service integration

- Identifying priorities, monitoring outcomes for Maori
- Community representation and advocacy
- Partnerships in broader sector governance
- Detailed needs analysis for specific communities
- Developing service innovations to meet Maori population needs
- Integrate national/local programmes around needs of local populations
- Expertise and guidance for mainstream services on provision for Maori

One of the areas where there is, and will continue to be, areas of overlapping activity is between PHOs and public health services, which should be responded to within local circumstances, rather than at a South Island-wide level.

As PHOs develop their capability, they should be in a position to take on greater health promotion services and responsibilities. Improved definition of public health unit roles should enable greater synergy between PHOs and public health services. Public health services should focus on working at the level of the determinants of health. Public health services also have an emerging role in developing the first steps towards the South Island capability backbone through improved networks and aligned activity – to do this public health services may have to re-orient their focus in some areas and will need to work closely with PHOs throughout the process.

Workforce development

The workforce challenge is set within a context of a shrinking labour pool in many districts due to population decrease and a particular decrease in younger working age people – with intense labour market competition for skills.

Given current trends in education and training the process of recruiting people into health promotion from other sectors and then supporting them to learn on the job will be an ongoing method of workforce development. Maori note that there are ongoing deficiencies in skills working with Maori communities.

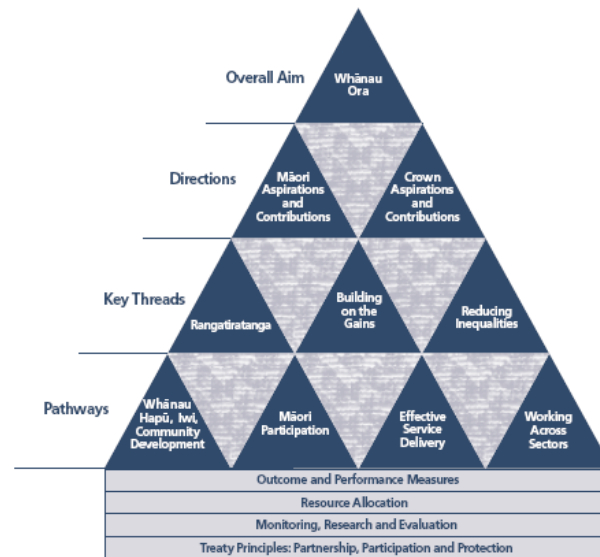
Some workforce issues need to be resolved at a national level and there is a national Public Health Workforce Plan. However, there is an opportunity for the South Island to lead in developing a rapid and coherent response to workforce issues. Practical steps include:

- Support for increased practical courses and skills development programmes offered on the job, particularly in health promotion areas and in remote locations.
- Need to graft improved public health skills on to other professions (e.g. role of rural nurses in remote areas and primary health care providers)
- Improved use of people with rare skills and expertise across multiple organisations
- Increased skill sets related to influencing cross-sector activity focusing on determinants of health.
- Increased skills and understanding about the development of population health programmes with and for Maori
- The development of population health programmes for diverse populations – particularly the new immigrant communities in places like Nelson/Marlborough and Christchurch

The development of South Island-wide programmes that provide quality on-the-job training and development has been identified as an area where the capability backbone concept can focus to achieve early wins.

Whanau ora pathways

Maori health leaders have identified the need to weave the core concepts and recommendations in He Korowai Oranga – the Maori Health Strategy – through *Healthy South*. The core approach of He Korowai Oranga is shown in the graphic below:



There are a number of areas where there can be gains from a South Island-wide focus. The proposed initiatives are shown below, aligned to the pathway and infrastructure elements identified in He Korowai Oranga.

He Korowai Oranga Pathways recommendations

Whanau, hapu, iwi community development

- Iwi developing and defining their own population health priorities, outcomes and indicators – influence health service design and accountability.
- Supporting whanau ora aspirations (within both local settings and South Island-wide support functions), leading to activities around broader concepts of community wellness

Maori participation

- Structures support Iwi and Maori health leaders linkages and alignment with leadership and governance for implementing Healthy South

Effective service delivery

- Capability backbone supporting focus on implementing quality programmes for Maori and less on local reinvention
- Improved common infrastructure to support Maori providers and skills in non-Maori providers
- Improved coordination across Maori providers; building larger, more comprehensive provider networks

Working across sectors

- Supporting a whanau ora approach and settings focus on joined up activity based around community needs
- A focus on determinants of health linked to the capability backbone concept, combined with increased recognition of iwi role, creates opportunities for influencing sectors associated with social, economic, education, and environmental determinants.

He Korowai Oranga Infrastructure recommendations

Outcome and performance measures

- Outcomes frameworks focus on whanau ora and supporting regular tracking of indicators – with reporting back to Maori providers and Iwi (capability backbone function)

Resource allocation

- Priority for improving whanau ora
- Funding/contracting that supports coalitions that build from strengths (between Maori providers and between Maori and Mainstream providers)

Monitoring, research and evaluation

- Learning system supports increased evaluations and sharing of best practice related to whanau ora (capability backbone function)

In providing the foundation for these steps to occur, it is proposed that an in-depth process of consultation with iwi is undertaken as a first step in implementing *Healthy South* in order to develop a set of iwi-owned priorities, outcomes and progress indicators.

Acknowledging the Ngāi Tahu takiwā spans most of the South Island region, the proposed forward direction for consultation with Ngāi Tahu (based on their advice) would involve:

- Hui held between MoH and Iwi Health representatives for the development and preparation of discussion documents focusing on Maori health data
- Within the Ngāi Tahu takiwā - in-depth consultation and discussions both regionally and with each runanga to identify local issues, aspirations, priorities, outcomes and indicators.
- Synthesis of runanga issues and aspirations to develop iwi-wide priorities, outcomes and indicators that sits beside and complements rūnanga's local priorities
- Recognition by health organisations of iwi-developed and iwi-owned priorities, outcomes and indicators, and the use of this information to develop partnership approaches to designing and delivering initiatives to improve Maori health.

Acknowledging Te Tau Ihu as tangata whenua of Te Waipounanu, it is recommended that discussions occur to determine Te Tau Ihu's preferred way of working. Ngāi Tahu have indicated that they would support either a combined iwi process or separate processes of consultation, whichever is Te Tau Ihu's preferred way of working.

Learning systems

Leadership within complex systems does not occur through a command and control management process. Broader issues of collective vision, confidence, trust, information and quick feedback influence behaviour. A key component of change in complex systems is to foster collaborative learning. The cultural and structural barriers to collective learning are the Achilles heel of the current system.

Learning systems in their multiple forms should be fostered. Utilising evidence, identifying good practice, spreading innovation, supporting self evaluation and reducing ineffective and wasteful activity should be a core function of the 'capability backbone'. Developing this property of the system needs to be an explicit accountability for the collective DHBs and MoH leadership. Facilitating improved relationships between practitioners and researchers should be a role for the capability backbone.

We advise that *Healthy South* is supported by a comprehensive evaluation so that achievements, challenges and learnings can be identified and built into ongoing strategy implementation.

Start here for health gain

A set of operational priorities for the period 2008-12 have been identified. These areas include the national health target areas and other key DHB policy priorities. The purpose of developing priorities is to focus collective action and to develop a suite of effective interventions for the key health risk areas. We propose that the following priority areas are those in which the sector aims to develop more effective joined up interventions over the 2008-12 period.

1. Healthy eating and healthy action (national health target area)
2. Reducing smoking rates (national health target area)
3. Controlling communicable disease (national health target area)
4. Reducing harm from alcohol (links to physical health, mental health and injuries)
5. Sustainable environments supporting healthy people (includes social and physical environments)
6. Maori health and whanau ora
7. Population health system capability and capacity

Outcomes frameworks have been developed for each priority area. The New Zealand Government supports the use of outcome-based planning to ensure publicly funded programmes are linked to clear outcomes and that progress can be measured. Outcomes frameworks describe how, over time, a set of inputs create actions that lead to outputs, then medium term outcomes and finally long term health gain.

Developing, maintaining and report on outcomes frameworks should be a core task of the capability backbone, enabling outcome-based funding and contracting, and measuring common tracking indicators, which will provide funder and provider organisations with quality indicators of progress across the South Island.

An example of an outcomes framework is shown below for tobacco. Draft outcomes frameworks have been developed as part of *Healthy South*, however these are works in progress and it is crucial that they be further developed in a collaborative context and maintained as living documents.

The outcomes frameworks include (see overleaf):

- Description of links to national health targets and DHB performance measures (where relevant)
- Linkage through a logic chain to long term high level health gain outcomes
- Description of key action areas (defined by national policy) to guide collaborative action for the period 2008-2012
- Description of indicators to track progress in each of the action areas
- A description of the quality of the indicators (with the objective of constantly improving indicators)
- Proposed population target areas

Outcome frameworks are key tools to shape collaborative relationships between the health sector and other sectors (for example with local government and government departments such as police, Te Puni Kokiri, SPARC, Housing New Zealand and Ministry of Social Development) as points of overlapping accountability and progress indicators are easily identified (See the appendix for details of all the outcomes frameworks).

Priority area: Reducing the harm caused by tobacco

National targets and indicators – Collective DHB/MOH accountability

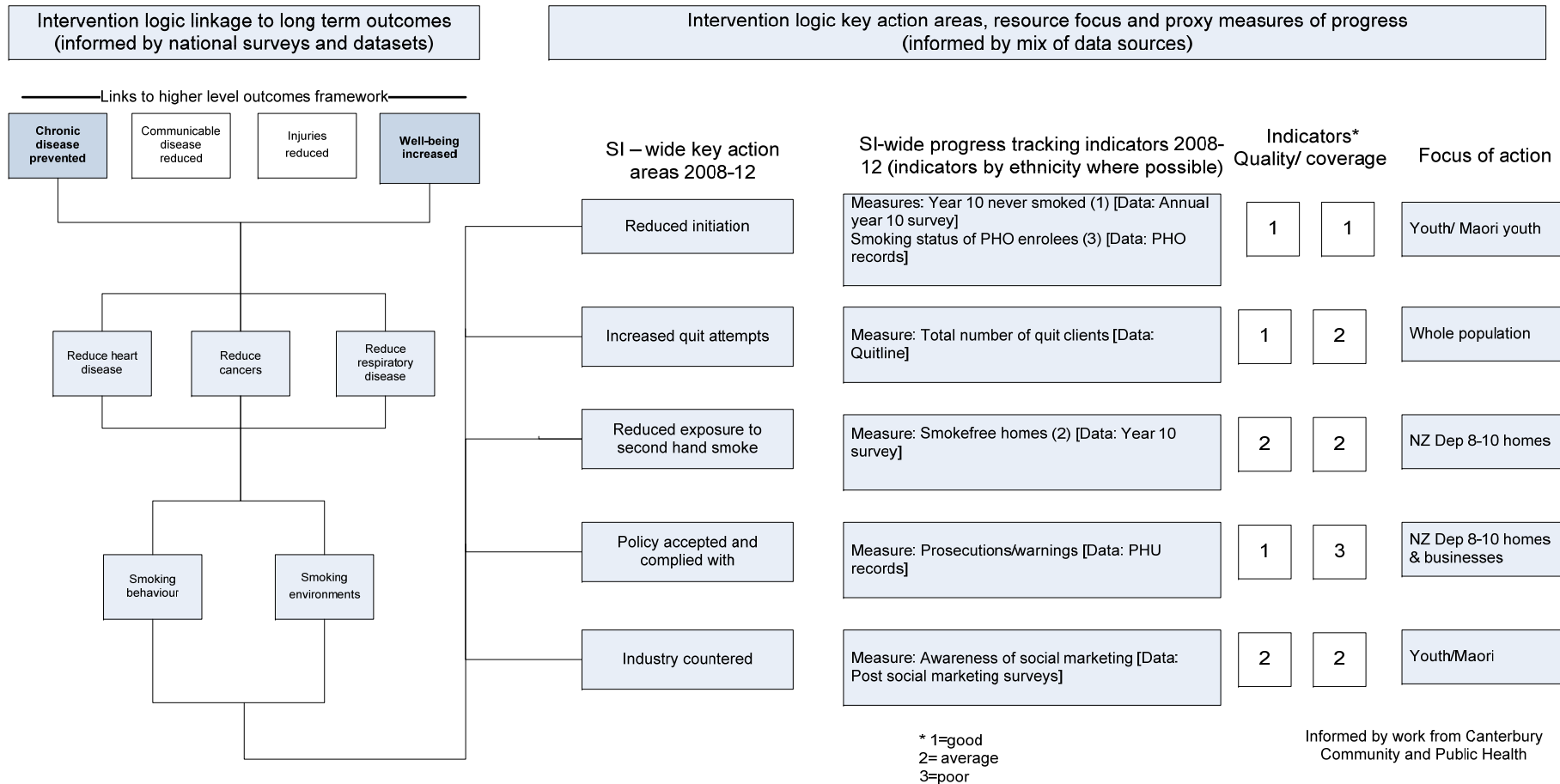
Health Target Indicators

1. Increase the proportion of never smokers among year 10 students by at least 2% (absolute increase) over 2008/09
2. Increase the proportion of homes which contain one or more smokers or one or more children that have a smokefree policy to over 78% in 2008/09

Indicators of DHB Performance (IDPs)

3. Smoking status of PHO enrolees aged over 14 years

SI-wide outcomes framework, action areas and indicators



Get moving with practical steps

There are challenges to implementing *Healthy South*, based primarily around the need to achieve coherent action in a complex system with distributed leadership and a network of multiple organisations, reflecting diverse world views.

There are also significant strengths and enablers to support the implementation, based on supportive national policies and a growing platform of collaborative action across the South Island.

Implementation is the responsibility of the alignment group. Maintaining a high level of communication, building relationships of high trust and achieving concrete progress will be key issues to developing momentum and stakeholder support for ongoing South Island-wide initiatives.

Ten initial steps are outlined below. There are areas where there should be tangible progress within the first 12 months of implementing *Healthy South*.

1. **Achieve endorsement** – (Lead: MoH/DHBs) Achieve endorsement of the plan by DHB Boards and MoH hierarchy (up to Director General of Health, to ensure a coherent response across MoH directorates).
2. **Iwi consultation** – (Lead: Iwi) Empower iwi to influence the design and delivery of population health services for Maori. Undertake in-depth consultation with iwi to develop priorities, outcomes and performance indicators for monitoring progress towards improving whanau ora. Acknowledging the principle of tinorangiratanga or 'self determination', the development and design of priorities, outcomes and performance indicators will be iwi led.
3. **Embed in DAPs/ DSPs** – (Lead: DHBs) Ensure that the key concepts from *Healthy South* are reflected in DHB District Annual Plans and District Strategic Plans. Develop a consistent cross-DHB approach to reflection of the iwi-led priorities and indicators in their DAPs and DSPs.
4. **Set up leadership and implementation infrastructure** – (Lead: MoH/DHBs) Establish a MoH/DHBs alignment group to oversee implementation. Ensure there are avenues for ongoing sector input into implementation process. Support iwi to develop appropriate relationships with the alignment group. Set up implementation infrastructure. Set up a cross sector leadership team to guide implementation, with dedicated project support. *Healthy South* has brought together many people and developed dialogue and ideas. This momentum should be actively maintained during the setting up of the *Healthy South* implementation infrastructure. The sector should be involved in informing implementation priorities and first steps.
5. **Support funding/contract review** – (Lead: MoH/DHBs) One of the first actions of the structure should be to begin the process of review and alignment of

MoH/DHB funding in each district. The review should seek to identify district-level and South Island-wide efficiencies and to look at where improved funding/contracting processes can develop cross-sector synergies. Findings from district-level reviews should inform the wider discussion about how the capability backbone can best add value.

6. **Support public health services re-orientation (building the backbone)** – (Lead: Public health services/wider sector) Link and orientate public health units to provide support services across the South Island which align with the capability backbone concept and support capability development, and achieving the key actions in the outcomes frameworks, especially in the national health target areas.
7. **Support DHB leadership in cross sector activity** – (Lead: DHBs) Encourage senior DHB leaders to focus on improving cross sector performance in the four domains (determinants, inequalities, whanau ora, wellness across the continuum) outlined in *Healthy South*.
8. **Expand joint DHB/MoH population health targets** – (Lead: MoH/DHBs) Progressively introduce a broader set of joint MoH/DHB population health targets (leveraging from the national health priority targets approach) which help to join-up effort towards medium term goals.
9. **Encourage greater within-MoH coherence around population health policy and funding** – (Lead: MoH) Undertake review to develop improved within-MOH coherence across service models and expectations regarding existing public health services and new investments into programmes focusing on the health of populations.
10. **Build population health capability with PHOs, NGOs and Maori providers** - (Lead: Wider sector) Utilise the process of funding reviews and allocation of new funding to encourage collaborative responses from across organisations to work together. In funding reviews place emphasis on building the health promotion capabilities of community-linked population health organisations, such as PHOs, NGOs or Maori providers.

Timeline

The graphic below has taken the 10 recommendations and placed them on a one-year timeframe to show the phasing of the various initial activities.

A detailed implementation plan needs to be developed. The phasing shows that some of the recommendations can get underway relatively quickly, whereas others may require lead time and some infrastructure to be put in place first.

We propose that development work and communications with the sector continues during November- December 2008 in order to maintain momentum and lay the groundwork for establishing the alignment group and project team.

