

# 2011-12 Implementation Plan Supplement

## South Island Health Services Plan



August 2011

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# 1 Introduction

The New Zealand Health and Disability Act 2000 Amendment Bill passed in October 2010 proposes that Regional Health Services Plans replace District Strategic Plans as the medium-term accountability document for DHBs. This Bill identifies that a more comprehensive Regional Plan will be required in future years with the expectation that these Plans will take a strategic focus on intended service configurations and provide a regional context for sub-regional and district planning.

The 2010 South Island Health Services Plan (SI HSP) is the first South Island Regional Health Services Plan. The document provides an overview of where District Health Boards (DHBs) in the South Island are at and where we are heading through a truly integrated and collaborative South Island approach to sustainable health and disability services for our population. It sets out a coherent strategic context to support DHBs to collaborate regionally over the next three to five years.

In brief, changing demographics and growing demand, increasing inequalities, clinical sustainability, fiscal sustainability, geographical distances, adverse weather, and increasing patient expectations are significant immediate pressures on the South Island (and NZ) health system.

An agreed regional approach to infrastructure, regional workforce, facilities and information system strategies will support service shifts and the delivery of new models of care. Regional health services planning will support the South Island DHBs to:

- Improve equity of access to health services across the South Island;
- Enhance the quality and consistency of care provided across the South Island;
- Enhance the sustainability of health services for the South Island population; and
- Engage with key stakeholders to ensure their understanding and acceptability of the way South Island services are organised and delivered.

The South Island Chief Executives and Chairs have engaged in a health services planning process which will deliver a regionally coordinated system of health services planning and service delivery, and make lasting improvements in the accessibility, quality and sustainability of health services. The vision is summarised as, “A clinically and financially sustainable South Island health system, where services are provided as close to people’s homes as possible.”

The SI RHSP has three major components; challenges, future service direction, and current work streams of services and enablers that are prioritised for regional and sub-regional focus. Rather than developing a comprehensive plan that will address all issues, the South Island DHBs have identified key areas of focus for which there is a collective commitment to see significant traction across the South Island during 2011/12. The priorities identified in this plan should not therefore be seen as an exhaustive list, and it is identified that other regional and sub-regional activity will occur, however formal accountability for the delivery of the six priority areas has been supported by the five DHBs, and a robust monitoring and reporting framework will be put in place to ensure achievement is forthcoming.

## **2011-12 Health Service Plan**

The SI HSP was submitted to the Ministry of Health (MoH) in October 2010 and included an implementation plan up to June 2011. This supplementary document is an implementation plan for the period 1 July 2011 to 30 June 2012 and needs to be read in conjunction with the SI HSP.

Regional Health Service Plans (RHSPs) are accountability documents to aid regional collaboration for four geographical areas (regions) of New Zealand. RSPs replace the District Strategic Plan for each DHB and contain both strategic (SI HSP) and implementation content (SI HSP Implementation Plan Supplement). The strategic section has a five to ten year view and the implementation section has a one to three year focus. Over the next three years implementation sections will undergo a step increase each year as DHBs plan to deliver a regionally integrated health system.

RHSPs are on an evolutionary pathway over the next three years, with 2011-12 RHSPs being a transitional year and laying the foundation for future implementation plans. The requirements for 2011-12 implementation plans are specific. They are

- To provide an action orientated implementation section that focuses on actions that will resolve service vulnerability for agreed prioritised services. These actions can be at sub-regional and regional levels to resolve problems during the 2011-12 and upcoming years.
- To demonstrate clinical engagement and clinical leadership for the identified services as a key feature for implementation plans.
- To be consistent with Annual Plan guidelines, especially the implications and outcome of specific actions need to be reflected.
- To ensure the linkages and implications for infrastructure are made, including IT and workforce, especially those that will resolve service vulnerability for agreed prioritised services.

Regions are also expected to demonstrate the regional governance, decision making and accountability framework that will underpin their regional priority areas. This is to specify how effective decisions can be made and to describe the processes that will be employed in those instances where consensus does not occur or disputes need to be resolved.

This SI HSP implementation supplement responds to Ministry of Health requirements (Appendix 1)

The implementation plan reflects however an emerging regional collaboration, through its governance arrangements as well as its clinical and non-clinical priorities. These arrangements will also build on and further strengthen individual service programmes (i.e. mental health and cancer) that have met national requirements being in existence for a number of years.

The regional workstreams and 2011/12 priorities areas also support the Minister of Health's expectations<sup>1</sup>. In particular health targets for cancer waiting times and elective services are specifically identified in the South Island workstreams. Health of Older people has been selected as a service alliance to ensure priority is given to the regions needs into the future. All our workstreams have clinical leaders to drive the changes needed for integration and collaboration.

The SI HSP is the Regional Service Plan (RSP) for the five South Island DHBs. The recent earthquake in Christchurch, 22 February 2011, was a catastrophic event and South Island DHBs through the RSP are committed to the recovery of the Canterbury Health System and the wider South Island region given the knock-on impacts to health services delivery. The Canterbury Health System Earthquake Recovery has been organised into four phases: Stabilise, Recover, Transition, Future Vision. The *stabilise* phase was based on a rolling 6 week planning cycle to respond to the events that were unfolding, the *recover* phase is designed to enable the system to focus on the immediate to medium term actions, in particular managing through winter in an environment of reduced capacity, the *transition* phase is taking a 6 month to 24 month phase which will emphasise service / facilities redesign based on future models of care, and then the *future vision* phase is aligning to the principles and strategies of Canterbury DHB's Vision 2020.

At the time of writing this plan, the Canterbury Recovery plan, particularly the transition and future vision phase are under development. As the plan develops relevant components will be discussed with the alliance groups and, where appropriate, actions incorporated into workstream plans for 11/12 and beyond. The Alliance Leadership Team and all South Island District Health Boards are committed to supporting Canterbury DHB recovery and will ensure recovery actions are a key component of regional planning as required and appropriate. In addition, learning's and outcomes of actions taken during this time will be shared regionally and nationally.

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<sup>1</sup> <http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/387>

## 2 Governance

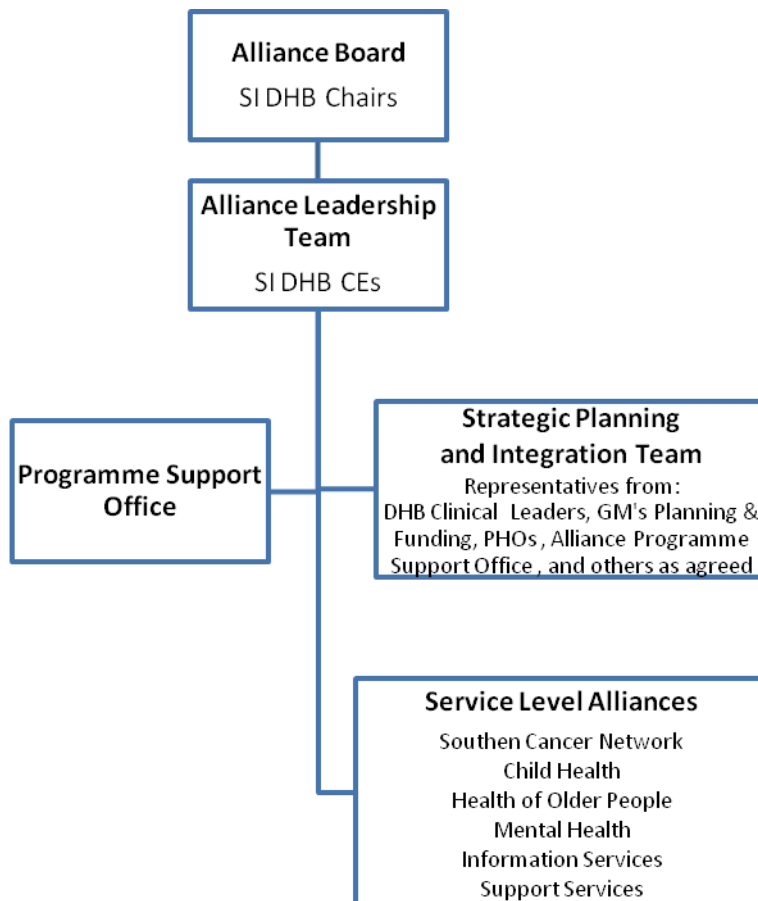
### Regional decision making & accountability alliance framework

The framework to enable regional collaboration was a fundamental issue for SI DHBs to reach agreement on. It is therefore featured in this supplement ahead of the regional priorities and their actions for 2011-12.

The current arrangements for regional collaboration are generally acknowledged to not have worked as well as they could have. DHB Chairs and CEOs have agreed that an important enabler for the SI RHSP is to establish regional collaboration under an alliance framework. The aim of the framework is to create a high-trust; low bureaucracy environment with expectations for delivery of outputs that are high quality and demonstrate shared accountability. The alliance framework provides clarity about collaboration and decision making by identifying roles and expectations. This is combined with a relationship based approach to support service development and innovation. It is important to note that the term Alliance framework does not mean alliance contracting. The alliance itself will influence the shape and nature of future funding and contracting mechanisms.

The South Island DHB Alliance framework is illustrated in the figure below.

Figure 1 –South Island DHB Alliance Accountability Framework



The South Island DHB Alliance framework supports South Island DHB collaboration through:

- An Alliance Board (the five SI Chairs) that sets the strategic focus, oversees and governs, and monitors overall performance of the Alliance
- An Alliance Leadership Team (the SI DHB CEOs) supported by the South Island GMs Planning & Funding Network that prioritises activity, allocates resources (including funding and support), and monitors deliverables
- Strategic Planning & Integration team that will support an integrated approach linking the Service Level Alliances and workstreams to the South Island vision and identifying gaps, recognising national, regional

and district priorities. The Team will provide a strategic and integrated view that is broader than the current priority areas and incorporates the SI Health Services Plan development.

- Annual workstreams or focus areas. CEOs and Boards recognise the need for focussed effort to gain momentum in achieving collaborative outcomes. The alliance approach will therefore be applied to four priority clinical service areas and two enabling work streams as the first tranche of a phased approach.

The alliance work streams are:

1. Cancer
2. Child Health
3. Health of Older People
4. Mental Health
5. Procurement
6. Information Technology

All workstreams have a Lead CEO. Five workstreams have Clinical leads and clinicians on working groups. The procurement workstream is evolving and currently includes clinicians at appropriate points in projects. Membership of Alliance workstreams are from across all DHBs and multi-disciplinary and provide a breadth of expertise and ownership for development initiatives. The next steps for the regional Alliance framework are to approve the Service Level Alliances (SLA) for each workstream, and to establish the new alliance groups, where required, that will progress the regionally agreed actions through to implementation. This establishment stage is expected to be completed by the end of June 2011.

It is important to recognise that the alliance framework is but one approach. Other regional priorities operate under an alternative regional collaboration approach. Over time these may be brought into the alliance framework if necessary e.g. Neurosurgery.

### Implementing the South Island DHB Alliance

In order to effect the implementation of regional service planning and delivery the South Island DHBs are establishing a modified alliance framework to enable rapid implementation of complex and evolving services without the need to disrupt current organisational structures.

This significantly shortens the timeframe for establishment and implementation and avoids the disruptive debate between current organisations allowing new arrangements to evolve over time in a “form follows function” approach.

The DHBs are adopting this approach to facilitate working together to jointly solve problems by sharing knowledge and resources with a focus on achieving the best outcomes for the region’s populations.

An alliance framework has been adopted because it is uniquely suited to:

- Collaborative ventures
- Diverse stakeholder interests
- Complex and evolving service development
- Complex risk situations where traditional “risk transfer” approaches are precluded because the scope is unclear or the circumstances and risks are unpredictable

*“If you want to be incrementally better, be competitive.”*

*“If you want to be exponentially better, be collaborative”*

In its contractual form it is a form of relationship contracting. It takes relationship contracting to a higher level where the participants take the ultimate step in “removing barriers” to getting the right thing done by eliminating misalignment of organisational interests.

Alliance contracting recognises that disputes will occur, but provides for most disputes to be resolved using an informal dispute resolution procedure. This usually consists of first, resolution at the operational level then, if need be, senior management level, followed by the alliance board and then, possibly, mediation.

### Alliance documentation

The implementation of the Alliance is supported by a Charter (draft attached as Appendix 2) which outlines the purpose, the principles and the expected behaviour of all of the participants in the Alliance at whichever level they participate. In more formal implementation this would also be supported by a contract but it is assumed that this is not strictly necessary in this context. The work-streams and Regional SLAs will also have a Terms of Reference which will define their activity (a template version is attached as Appendix 3). The members of the Regional SLAs will also sign the Charter.

Alliance documentation is premised on good faith obligations which are a powerful concept.

### 3 Regional Service Level Alliance

#### 3.1 Cancer Services

CEO Sponsor: Brian Rousseau (SDHB)
Clinical Lead: Dr Shaun Costello
Regional structure: Southern Cancer Network

The following actions will be implemented in 2011-12 to resolve issues of equity of access and clinical viability.

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
<ol style="list-style-type: none"> <li>1. Development and implementation of a South Island Blood and Cancer Service Plan.</li> <li>2. Implementation of the South Island Clinical Cancer Information System.</li> <li>3. Share cancer control knowledge and information to enable informed decision making.</li> <li>4. Efficiency gains and improvements to the patient journey are identified in the patient mapping reports (lung and bowel tumour streams), implemented and monitored.</li> <li>5. Development of an (electronic) integrated referral system, South Island Medical Oncology Protocols, e-prescribing and an enhanced system (via SICCIS) for recording the medical oncology prioritisation wait times (pending the outcome of the funding bid for Medical Oncology Prioritisation Wait Time RFP).</li> <li>6. Develop and support the implementation of a South Island 10-year plan for radiation oncology (including linear accelerator review).</li> </ol>	<ul style="list-style-type: none"> <li>• Facilitate regional collaboration and service quality improvement leading to better, sooner and more convenient cancer services.</li> <li>• Robust cancer data and information sources are developed and shared that describe outcomes, current service provision and enable informed service development &amp; planning decision-making.</li> <li>• To share knowledge and information to inform and enable decision making for consumers and health professionals within the cancer continuum.</li> <li>• Efficiency gains and improvements to the patient journey are identified, implemented and monitored.</li> <li>• Improve access and wait times: for lung and colorectal cancer, to radiotherapy treatment, to medical oncology /chemotherapy, improve access to cancer diagnostics including PET scans.</li> </ul>	<ul style="list-style-type: none"> <li>• The SCN Regional Strategic Plan.</li> <li>• The South Island Blood and Cancer Service Plan.</li> <li>• Cancer patients receive timely, high quality care, are supported across the cancer care continuum and have equitable access to services.</li> <li>• Cancer health targets are achieved in the South Island.</li> </ul>	<ul style="list-style-type: none"> <li>• Progress against the SCN Regional Strategic Plan.</li> <li>• South Island Blood and Cancer Service Plan complete and operational.</li> <li>• South Island Clinical Cancer Information System implemented and reporting South Island cancer information monthly<sup>2</sup>.</li> <li>• SCN website operational, Newsletters published quarterly.</li> <li>• Progress against the recommendations in the South Island Lung and Colorectal reports is monitored and achieved<sup>2</sup>.</li> <li>• Integrated referral system, e-prescribing implemented. South Island medical oncology protocols developed and implemented (pending successful bid)<sup>2</sup>.</li> <li>• South Island DHB's performances meet national cancer health target requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Regional system and service efficiencies and quality improvement opportunities identified and implemented resulting in the meeting of national health targets, economies of scale, increased consistency of practice and increased equity of access.</li> <li>• Robust cancer data and information sources are developed and shared that enable informed service development &amp; planning decision-making.</li> <li>• Innovation and infrastructure planning and development are supported to reduce inequalities and build regional capacity and capability.</li> </ul>

<sup>2</sup> References are to follow

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
<p>7. Implement the South Island Multi-Disciplinary Meeting (MDM) project to improve the supporting infrastructure and increase access and utilisation of MDM.</p> <p>8. Ongoing support and monitoring of the utilisation of PET Scans and other diagnostics in the South Island</p> <p>9. Reducing Inequalities projects are supported within the Local Cancer Networks</p> <p>10. All SCN network groups are provided with ongoing support to progress actions in their respective work plans.</p> <p>11. The advanced symptom management system (ASyMS<sup>®</sup>) bid (currently with Health Workforce NZ) will pilot an integrated cross tertiary and community technology based patient management system that will change current workforce and work flow while supporting a greater number of cancer patients self-manage (with support) while receiving chemotherapy in the community.</p>	<ul style="list-style-type: none"> <li>• Improve infrastructure and access to cancer multidisciplinary meetings.</li> <li>• Improve access and reduce inequalities to cancer services.</li> <li>• Workforce innovations are identified and adapted to the South Island setting.</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer patients receive timely, high quality care, are supported across the cancer care continuum and have equitable access to services.</li> <li>• Cancer health targets are achieved in the South Island.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase<sup>3</sup> in the percentage of patients with Lung and Colorectal Cancer are discussed at Multidisciplinary meetings.</li> <li>• Increase<sup>3</sup> in the number of patients with Lung or Colorectal cancer domiciled outside of Christchurch and Dunedin are discussed at Multidisciplinary meetings.</li> <li>• South Island PET Scan utilisation (including variant requests) is collected via DHB of domicile and national clinical indication or variant and reported monthly<sup>4</sup>.</li> <li>• SCN work groups progress their respective work plans.</li> <li>• The internationally linked ASYMS pilot is funded and piloted in the South Island.</li> </ul>	<ul style="list-style-type: none"> <li>• Regional system and service efficiencies and quality improvement opportunities identified and implemented resulting in the meeting of national health targets, economies of scale, increased consistency of practice and increased equity of access.</li> <li>• Robust cancer data and information sources are developed and shared that enable informed service development &amp; planning decision-making.</li> <li>• Innovation and infrastructure planning and development are supported to reduce inequalities and build regional capacity and capability.</li> </ul>

<sup>3</sup> The percent increase will be agreed once baseline data is confirmed through the SI Bowel Working Group and the MDM project. This will be available by July 21011.

<sup>4</sup> See South Island PET Scan utilisation report contained in Appendix 1 of the *Southern Cancer Network Six Monthly Report July – December 2010*

### Southern Cancer Network Steering Group

Name	Sector Representation	DHB	Name	Sector Representation	DHB
Dr Steve Gibbons	Haematology	Canterbury	Marj Allan	Consumer	
Dr Shaun Costello SCN Clinical Director	Radiation Oncology	Southern	TBC	Co-clinical Director	Canterbury
Danielle Smith	Community	West Coast	Dr Dean Millar-Coote	General Practice	Southern
Dr Frances Beswick	Clinical Secondary Services	South Canterbury	Liz Horn	Cancer Society	West Coast
Nicki Kitson	Palliative Care	Southland	Trish Clark	Oncology Nursing	Southern
Mr Konrad Richter	Surgical Services	Southern	Theona Ireton	Maori Health	Canterbury
Michel Manning	Maori Health	South Canterbury	Robert Mackway-Jones (TBC)	GM Planning and Funding	Southern
Glenis McAlpine	Primary Care Nursing	Nelson Marlborough	Dr Rob Corbett	Paediatric Oncologist	Canterbury
Sue Teague	Service Manager, Secondary Services	Canterbury	Annie Bermingham	Southern Cancer Network Manager	SISSAL

## 3.2 Child Health Services

CEO Sponsor: John Peters (NMDHB)  
 Clinical Lead: Nick Baker  
 Regional structure: SI Child Health SLA

Four actions will be implemented in 2011-12 to resolve issues of equity of access and clinical viability.

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
<ul style="list-style-type: none"> <li>Child Health Alliance developed workplan focussed on priority areas across the continuum of Children's Health</li> <li>Develop markers of processes of health care, (performance indicators) benchmark and work collaboratively to understand differences and identify opportunities for improvement.</li> <li>Monitor and evaluate paediatric epidemiology data to assess the health status of the SI child and youth population</li> <li>Develop and implement regional clinical pathways for children from secondary to</li> </ul>	<ul style="list-style-type: none"> <li>Ensure future development of Child Health Services across the SI is prioritised and focussed on meeting the needs of Children in a sustainable and equitable manner</li> <li>Enhance collaboration and communication across SI child health services and enable consistency of clinical practices, efficiencies and improved access across health providers.</li> <li>Support the implementation of an alliance framework and when appropriate alliance contracting.</li> <li>Provide regional baseline data to improve service planning and reduce inequalities for this population group in the SI</li> <li>Enhance collaboration and communication across SI child health</li> </ul>	<ul style="list-style-type: none"> <li>Coordinated service development and provision across the continuum of services for Children</li> <li>Clinically sustainable and affordable regional SI child health services that support clinicians to generate innovative changes to support holistic approaches across the network.</li> <li>South Island benchmarking and health status reports providing clarity around differences in care and outcomes with opportunities for improvement.</li> <li>Clinically sustainable and affordable regional SI child health services that</li> </ul>	<ul style="list-style-type: none"> <li>Progress against agreed workplan</li> </ul> <p>Process markers (performance indicators) are developed and implemented to measure and compare systems supporting quality improvement and sharing of innovation.                      For example:</p> <ul style="list-style-type: none"> <li>Reduction in did not attend (DNA) rates for outpatient appointments</li> <li>Reduction in procedural waiting times</li> <li>First specialist assessment (FSA) per capita for general and sub-specialty outpatient clinics (e.g. General paediatrics orthopaedics, ESPI compliance for paediatric surgery)</li> </ul> <p>Use of evidence about health status to focus service improvement and development.                      For example:</p> <ul style="list-style-type: none"> <li>Chronic disease management in childhood and young people</li> <li>Diabetes management</li> </ul> <p>Regional clinical pathways for gastroenterology and general surgery:</p> <ul style="list-style-type: none"> <li>Are used by paediatricians in the seven SI</li> </ul>	<p>Strengthened regional collaboration and integration of child &amp; youth health services.</p> <p>Strengthened regional collaboration and integration of child &amp; youth health services.</p> <p>Improved health outcomes for target groups of children and families.</p> <p>Whole of systems approach to improve quality,</p>

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
<p>tertiary care providers and where appropriate from secondary/tertiary to primary health care providers.</p> <ul style="list-style-type: none"> <li>Develop a SI regional paediatric workforce development plan in conjunction with national workforce development and planning, including succession planning for regional paediatric multi-disciplinary teams.</li> <li>Develop and implement regional early warning score protocol – a quality improvement tool to improve assessment of unwell children and ensure the right care, at the right time, by the right service is provided for all SI children.</li> </ul>	<p>services and enable consistency of clinical practices, efficiencies and improved access across health providers.</p> <p>Improve service quality and viability.</p> <p>Improve clinical assessment and early intervention of appropriate treatment</p>	<p>supports local child health services to provide safe and quality-focussed care with appropriate support from tertiary services and a multidirectional flow within the network.</p> <p>Maintenance of skills when workload alone is insufficient. Fewer isolated clinicians with better peer support. Linked services to achieve critical mass for viability</p> <p>Best practice clinical assessment and treatment of the unwell child / youth</p>	<p>paediatric services for referral of children and young people from secondary to tertiary care</p> <ul style="list-style-type: none"> <li>85% gastroenterology and general surgery referrals will be assessed, have diagnostic investigations completed and treated within agreed national guideline timeframes (audit review)</li> <li>Evaluate referrals to specialist services with a reduction of inappropriate clinical referrals</li> </ul> <p>SI regional paediatric workforce plan developed for:</p> <ul style="list-style-type: none"> <li>Opportunities for paediatric training rotations across SI paediatric services</li> <li>Shared clinical training/education opportunities</li> <li>Shared recruitment and retention policies</li> <li>Dual clinical appointments within DHB paediatric services</li> </ul> <ul style="list-style-type: none"> <li>Fewer episodes of unexpected clinical deterioration and sentinel events</li> <li>Improved staff awareness of normal physiological variation across the age span</li> </ul>	<p>access and sustainability of health services thereby increased sharing, reducing duplication and fragmentation of services.</p> <p>Sustainable workforce to ensure a viable child and youth health services in SI</p> <p>Improved health outcomes for at risk children and youth</p>

### South Island Child Health - Service Level Alliance Membership

Name	Sector Representation	DHB	Name	Sector Representation	DHB
Nick Baker	Community Paediatrician	Nelson Marlborough	Caroline Rain	Acting Group Manager	Southern
Sue Smart	Service Manager	Nelson Marlborough	Mick Goodwin	Paediatrician	South Canterbury
Wayne Turp	GM Planning & Funding	Nelson Marlborough / West Coast	Donna McCann	Service Manager	South Canterbury
Ian Shaw	Paediatrician	Southern	Jenny Humphries	Director of Nursing	Southern
Jane Wilson	Paediatric Nurse Specialist Community & hospital	West Coast	Pip Stewart	Group Manager, Women & Children's Health	Southern
Nicola Austin	Clinical Director, Neonatal	Canterbury	David Barker	Clinical Director, Women's Health	Southern
Anne Morgan	Service Manager	Canterbury	Barry Taylor	Professor of Paediatrics	Southern
Vivienne Patton	GP Liaison, General Practitioner	Canterbury	Clare Doocey	Paediatrician	Canterbury
TBC	Allied Health				

### 3.3 Health of Older People

CEO Sponsor: Chris Fleming (SCDHB)  
 Clinical Lead: Dr Jenny Keightly (Canterbury)  
 Regional structure: SI Health of Older People SLA

The following actions will be implemented in 2011-12 to resolve issues of equity of access and clinical viability.

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
<ol style="list-style-type: none"> <li>Develop a common approach to restorative service delivery of community services</li> <li>Roll out InterRAI across each of the South Island DHBs.</li> <li>Standardize the eligibility criteria and processes for entry to services across the South Island.</li> <li>Implement the South Island Dementia initiative.</li> <li>Health of Older People Alliance developed workplan focussed on priority areas across the continuum of Older People's Services</li> </ol>	<ul style="list-style-type: none"> <li>Ensure more consistent access to service provision, no matter which District users are domiciled in.</li> <li>Improve a restorative focus for home-based support services across the region.</li> <li>Improve the skill sets of those working with older people who have dementia.</li> <li>Ensure future development of Older People's Services across the South Island is prioritised and focussed on meeting the needs of the Older Person in a sustainable and equitable manner</li> </ul>	<ul style="list-style-type: none"> <li>Consistent approach to service allocation to ensure services are targeted appropriately to needs.</li> <li>Coordinated service development and provision across the continuum of services for the Older Person</li> </ul>	<ul style="list-style-type: none"> <li>Each DHBs service specifications reflect a common restorative approach</li> <li>All 5 DHBs have incorporated InterRAI into needs assessment processes.</li> <li>Each DHB has agreed the components and adopted a consistent approach to accessing support services for older people.</li> <li>Each DHB has run a first round of the regional dementia training programme (Walking in other's shoes).</li> </ul>	<ul style="list-style-type: none"> <li>Standard &amp; objective access criteria for HOP services.</li> <li>A restorative focus for home based support services.</li> <li>More predictable access to specialist services and better use of scarce resources.</li> <li>Reduced demand on residential services over time.</li> </ul>

#### South Island Health of Older People - Service Level Alliance Membership (to be confirmed)

Name	Sector Representation	DHB	Name	Sector Representation	DHB
Jenny Keightly	Clinical Chair (& Primary Care)	Canterbury	Stella Ward	Allied Health Services Lead	Canterbury
Jeff Kirwin (or Matthew Crocher)	AT&R Clinician	Canterbury	Michael Parker	Provider sector representation	South Canterbury
Professor John Campbell	Community Geriatrician / Academic	Southern	Ruby Aberhart	Aged Care advocacy	Nelson
Jane Wilson	Nursing Lead	Southern	Margaret Hill	Planning and Funding	South Canterbury

## 3.4 Mental Health

CEO Sponsor: John Peters (NMDHB)

Clinical Lead: Sue Nightingale (CDHB)

Regional structure: SI Mental Health SLA

The following actions will be implemented in 2011-12 to resolve issues of equity of access and clinical viability<sup>56</sup>.

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
1. Mental Health Alliance developed workplan focussed on priority areas across the continuum of Mental Health Services	<ul style="list-style-type: none"> <li>Collaborative planning and teamwork will enable the implementation of regional sustainable strategies to improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Support to enable all people with experience of mental illness and addiction to fully participate in society and in the everyday life of their communities and whānau</li> </ul>	Progress against agreed workplan	<ul style="list-style-type: none"> <li>Strengthened regional collaboration and integration of health services.</li> </ul>
<b>Mothers and babies<sup>7</sup></b>				
2. Regional provider expands the scope of regular education sessions beyond secondary care; tailoring specifically for individual districts and the needs of the wider health sector by utilising local/district expertise.	<ul style="list-style-type: none"> <li>Support the Better, Sooner, More Convenient philosophy enabling primary care and NGOs to help people earlier rather than waiting to meet secondary service criteria. Education sessions will be tailored to meet the specific needs of the individual DHBs and providers.</li> </ul>	<ul style="list-style-type: none"> <li>Regional provider delivers education sessions to the DHBs tailored to meet their needs, inclusive of the wider health sector.</li> </ul>	<ul style="list-style-type: none"> <li>Number of education sessions and number of people attending (primary, NGO, secondary).</li> </ul>	<ul style="list-style-type: none"> <li>Whole of systems approach to improve quality, access and sustainability of health services thereby increased sharing, reducing duplication and fragmentation of services.</li> </ul>
3. Regional service provides clinical supervision to District service staff.	<ul style="list-style-type: none"> <li>Individual staff and cases will be supported and receive additional training/education which can then be shared with the local team.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical supervision provided to District service staff by the regional provider.</li> </ul>	<ul style="list-style-type: none"> <li>Number of clinical supervision sessions provided.</li> </ul>	
4. The regional provider investigates a screening tool (peri natal and post partum) for use by service providers across the sector in the South Island.	<ul style="list-style-type: none"> <li>Consistency and quality of care across the South Island.</li> </ul>	<ul style="list-style-type: none"> <li>Screening tool made available to service providers across the sector in the SI.</li> </ul>	<ul style="list-style-type: none"> <li>Screening tool (peri natal and post partum) availability.</li> </ul>	

<sup>5</sup> Logan, F (2009), South Island Regional Mental Health Strategic Plan 2008- 2011. SISSAL, Christchurch, January 2009

<sup>6</sup> Minister of Health (2006). Te Kokiri: The Mental Health and Addiction Action Plan 2006-2015, Wellington, Ministry of Health

<sup>7</sup> Regional Models of Care Project: Identified Regional Model of Care; Mothers and Babies, SISSAL, Christchurch, December 2010

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
<b>Eating Disorders</b> <sup>891011</sup>				
5. The regional provider engages with DHBs to review the length of the weight recovery programme and trial utilisation of short stays.	<ul style="list-style-type: none"> <li>• Consumers beginning treatment more quickly.</li> </ul>	<ul style="list-style-type: none"> <li>• Short stays utilised.</li> <li>• Baseline measure: The median wait was 58 days (2009) and 32.5 days (2010).</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in waiting list to regional weight recovery programme to be determined by the MH Alliance group.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved health outcomes for service users, and family/whānau.</li> <li>• The health and disability system outcome of 'New Zealanders living longer, healthier and more independent lives'.</li> </ul>
6. Districts and the regional provider develop guidelines for a local "pre-admission programme", including medical stabilisation. The programme will provide active treatment at a District level for the consumer, while waiting for a tertiary level inpatient bed.	<ul style="list-style-type: none"> <li>• Consumers beginning treatment more quickly.</li> </ul>	<ul style="list-style-type: none"> <li>• Short stays utilised.</li> <li>• Baseline measure: The median wait was 58 days (2009) and 32.5 days (2010).</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in waiting list to regional weight recovery programme.</li> <li>• This will be determined by the MH Alliance group.</li> </ul>	
<b>Medical Detoxification</b> <sup>12</sup>				
7. The regional provider to provide education and support for medical detoxification, keeping Districts up-to-date on treatment options.	<ul style="list-style-type: none"> <li>• Consult liaison is currently provided to the wider health sector (primary, community and secondary services) in direct response to meeting Districts need for this type of service. Districts have identified a need for education and face to face consult liaison as provided by other regional mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>• Regional provider delivers education sessions to the DHBs tailored to meet their needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of education sessions and number of people attending.</li> </ul>	<ul style="list-style-type: none"> <li>• An intermediate outcome is that people receive better health and disability</li> </ul>
8. Each District improves pre-admission medical detoxification support.	<ul style="list-style-type: none"> <li>• All Districts will provide the intensive outpatient support required to increase the success of the medical detox programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Consumers on Nicotine Replacement Therapy on admission. Seen 48 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people on NRT prior to admission.</li> </ul>	

<sup>8</sup> Regional Models of Care Project: Identified Regional Model of Care; Eating Disorders, SISSAL, Christchurch, December 2010

<sup>9</sup> South Island Regional Eating Disorders Plan, SISSAL, Christchurch, 2009

<sup>10</sup> Regional Models of Care Project: Identified Regional Model of Care; Eating Disorders, SISSAL, Christchurch, December 2010

<sup>11</sup> South Island Regional Eating Disorders Plan, SISSAL, Christchurch, 2009

<sup>12</sup> Regional Models of Care Project: Identified Regional Model of Care; Medical Detoxification, SISSAL, Christchurch, December 2010

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
Districts work closely with consumers to reduce the daily intake to an appropriate level for successful medical detoxification, and promote the use of Nicotine Replacement Therapy before entry to the programme.		before admission to confirm suitability for treatment and fitness to travel, and daily dosage reduced to required amount.		services.
<b>Child and Youth AOD Residential<sup>13</sup></b>				
9. The regional provider purchase technology (e.g. videoconference equipment) for enabling distance collaboration (co-working with the District service) and ongoing communication.	<ul style="list-style-type: none"> <li>Better distance collaboration, family involvement, on-going communication and consult liaison support and advice to improve communication between the Districts and the regional provider.</li> </ul>	<ul style="list-style-type: none"> <li>Better communication between Districts and the regional provider.</li> </ul>	<ul style="list-style-type: none"> <li>Technology is made available and communication through this technology is improved.</li> </ul>	
10. Odyssey House are supported to undertake a facilitated process to clearly define eligibility criteria and define roles and responsibilities of both the regional provider and the District services.	<ul style="list-style-type: none"> <li>Increased engagement of young people in the service resulting in a higher completion rate.</li> </ul>	<ul style="list-style-type: none"> <li>A regional access SPF is completed.</li> </ul>	<ul style="list-style-type: none"> <li>Regional access SPF is completed; there is a higher completion rate as young people are more prepared for the programme.</li> </ul>	
<b>Inpatient Child and Youth Services<sup>14</sup></b>				
11. Regional provider improves the routine discharge planning process to facilitate a better transition process.	<ul style="list-style-type: none"> <li>Child/Youth and family are able to generalise the strategies learned in the regional service, to the local setting.</li> </ul>	<ul style="list-style-type: none"> <li>Child/youth and family are more resilient at the vulnerable transition period.</li> </ul>	<ul style="list-style-type: none"> <li>Child/youth able to generalise strategies</li> </ul>	

<sup>13</sup> Regional Models of Care Project: Identified Regional Model of Care; Child and Youth Alcohol and Other Drugs - Residential, SISSAL, Christchurch, December 2010

<sup>14</sup> Regional Models of Care Project: Identified Regional Model of Care; Inpatient Child, Adolescent and Family Mental Health Services, SISSAL, Christchurch, December 2010

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
12. Include District staff as early as possible in discharge planning, enabling District staff to work with the regional service prior to discharge if clinically indicated.				
<b>Forensic<sup>15</sup></b>				
13. Develop business rules for the consistent and standardised collection of data relating to Forensic services across the SI.	<ul style="list-style-type: none"> <li>Consistent understanding of Forensic activity across the SI to better undertake service development and planning.</li> </ul>	<ul style="list-style-type: none"> <li>Consistent understanding of Forensic activity across the SI</li> </ul>	<ul style="list-style-type: none"> <li>All activity is collected is consistent and standardised.</li> </ul>	
14. Develop a South Island Forensic Outpatient service provision framework.	<ul style="list-style-type: none"> <li>Consistent access to services across the South Island.</li> </ul>	<ul style="list-style-type: none"> <li>South Island Forensic Outpatient Service Provision Framework completed.</li> </ul>	<ul style="list-style-type: none"> <li>SI Forensic Outpatient Service Provision Framework completed.</li> </ul>	

**South Island Mental Health - Service Level Alliance Membership** (to be confirmed)

Name	Sector Representation	DHB	Name	Sector Representation	DHB
Sue Nightingale	Clinical Chair	Canterbury	Jane Collins	Nursing (Secondary)	Southern
Toni Gutschlag	Planning and Funding	Canterbury	Sally Feely	Nursing (Primary)	South Canterbury
Robyn Byers	Provider Arm management	Nelson Marlborough	Rose Henderson	Allied Health	Canterbury
Paul Wynands	Primary Mental Health (Clinical)	Canterbury	Daryl Gregory	Maori	Canterbury
Alfred Dell 'Ario	Medical	Canterbury & Southern	Key Frost	Pacific	Southern
David Bathgate	Medical	Southern	Sal Faid	Consumer	Canterbury
Glenn Dodson	NGO (Clinical)	Canterbury			

<sup>15</sup> South Island Regional Forensic Plan, SISSAL, Christchurch 2007

## 4 Regional Business Service Level Alliances

### 4.1 Information Technology

CEO Sponsor: Brian Rousseau (SDHB)

Clinical Lead: Dr Andrew Bowers

Regional structure: SI Information Technology SLA

The following actions will be implemented in 2011-12 to resolve issues of equity of access and clinical / financial viability. These actions are consistent with the roadmap set out in the South Island Regional IT Plan submitted to the National Health IT Board in September 2010 and aligned with the goals and aims set out in the National Health IT plan,

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
<ol style="list-style-type: none"> <li>1. Establishment of a South Island (SI) IT Alliance with agreed Terms of Reference and a clinical component that will enable collaboration.</li> <li>2. The following deliverables and actions are the focus: <ul style="list-style-type: none"> <li>• Clinical information systems which includes clinical data repository, clinical workstation</li> <li>• Imaging/picture archive (PACS-Radiology and regional archive)</li> <li>• Clinical Support Systems (Laboratory and Pharmacy)</li> <li>• Patient Administration System (PAS)</li> </ul> </li> <li>3. Implementation of the South Island Clinical Cancer Information System (including ASYMS).</li> </ol>	<ul style="list-style-type: none"> <li>• Ensure IT developments appropriately link the South Island's DHBs and clinical networks.</li> <li>• Develop appropriate clinical pathways and administrative, IT and other support systems.</li> <li>• Enhance collaboration and communication across SI IT services to enable consistency of IT practices and clinical application, efficiencies and improve access across health service providers</li> <li>• Enable greater sharing of information across continuums of care including e-referrals/ e-discharges and clinical pathways</li> <li>• Robust cancer data and information sources are developed and shared that describe outcomes, current service provision and enable informed service development &amp; planning decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainable technology and associate infrastructure</li> <li>• Regional access and consistent access to clinical information</li> <li>• Regional access and consistent access to clinical information</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the SI Regional IT Plan</li> <li>• South Island Clinical Cancer Information System implemented and reporting South Island cancer information monthly.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthened regional collaboration and integration of health services across the continuum of care</li> <li>• Whole of systems approach to improve quality, access and sustainability of health services thereby increased sharing, reducing duplication and fragmentation of services.</li> <li>• Enhanced productivity and risk management</li> <li>• Robust cancer data and information sources are developed and shared that enable informed service development &amp; planning decision-making.</li> </ul>

### South Island Information Technology - Service Level Alliance Membership

Name	Sector Representation	DHB	Name	Sector Representation	DHB
Andrew Bowers (chair)	Clinician	Southern DHB	John Beveridge	DoN	Canterbury DHB
Nigel Trainor	Chief Financial Officer	South Canterbury DHB	Stella Ward	Allied Health	Canterbury DHB
Chris Dever	Chief Information Officer	Canterbury DHB	Bev Nicolls	Clinician	Nelson Marlborough DHB
Martin Wilson	Local GP	Canterbury DHB	Nigel Millar	Clinician	Canterbury DHB
Lexie O'Shea	COO	Southern DHB	Russell Rarity	Clinician	South Canterbury DHB

Since October 2010 SCDHB has begun to implement a number of CDHB information systems (CIS and RIS). West Coast DHB is next in line to follow SCDHB.

Resource is required however, to support the processes to develop business cases for larger regional information systems e.g. PMS. The alliance agreement approach is a vehicle to significantly enable the implementation the regional IS plan. As part of the upfront alliance agreement DHBs would identify and agree the contribution, risks and processes to clarify the parameters for the regional project; thus providing certainty and streamlining the project.

## 4.2 Support Services - Procurement and Supply Chain Workstream

CEO Sponsor: David Meates (CDHB)

Regional structure: SI Support Services SLA

The following actions will be implemented in 2011-12 to support financial viability and clinical safety and quality

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
<p>Projects for the Procurement and Supply Chain Alliance have been identified as follows:</p> <ol style="list-style-type: none"> <li>1. Processes and Documentation – building on work already done to enable SI DHBs to work together in this area.</li> <li>2. Savings and general Reporting – a single SI savings report will be developed for DHBs, CEOs and HBL.</li> <li>3. Planning – based on planning in the previous two years this will include consumables, services, and Capex.</li> <li>4. Training and Development – to enable and grow the capability of supply and procurement staff in the SI.</li> <li>5. Supply Chain – this will include warehousing, and place and chase of goods.</li> <li>6. High Spend Commodity Groups – in the first instance short reports on key high spend groups will be developed to inform future decision making in these areas. These groups are likely to include fleet, vehicles, laundry, food, orderlies, cleaning, locums, temporary labour, radiology, laboratory, and coal.</li> </ol> <p>In addition to the above projects this alliance will continue to:</p> <ol style="list-style-type: none"> <li>7. align contracts, overcoming the lead-in time to develop new contracts by using the opt-on clause on contracts as they expire.</li> <li>8. Strengthen relationship with clinical staff, through promoting the work of this group to clinician leaders including goals and processes</li> <li>9. Take advantage regionally of 'All of Government' contracts via MED.</li> </ol>	<ul style="list-style-type: none"> <li>• Enhance collaboration and communication across SI procurement functions. This will enable greater purchasing power and savings for SI DHBs.</li> <li>• Enable alignment of clinical material between CDHB and WCDHB in order to reduce clinical risk where clinicians are working between the two DHBs.</li> <li>• Provide stability and opportunities for procurement staff to improve and broaden their skill bases, which aid recruitment and retention of skilled staff in this sector.</li> <li>• Improve relationships with clinical staff will improve processes and ensure that the best decisions are made.</li> <li>• Alignment with the target of collective procurement driven by HBL and MED to take advantage of bulk purchasing savings.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased financial sustainability through cost savings in goods and services procured by SI DHBs.</li> <li>• Reduced repetition of competitive tendering' processes across the SI.</li> </ul>	<p>Measured by</p> <ul style="list-style-type: none"> <li>• Increased savings in SI procurement and supply chain to deliver to individual boards</li> <li>• Increased standardisation of processes and range of consumables</li> <li>• Increase in the number of collaborative projects</li> <li>• HBL are in agreement with the work plan</li> <li>• Standard reporting on procurement activity to all SI boards</li> </ul>	<p>Achievement of</p> <ul style="list-style-type: none"> <li>• Timely access to products and services required in the provision of health services</li> <li>• Less clinical variation to achieve safer and easier clinical exchanges</li> </ul>

**Strategic South Island Support Services – Service Level Alliance Membership** (to be confirmed)

Name	Sector Representation	DHB	Name	Sector Representation	DHB
Jock Muir		Canterbury			

## 5 Other Service Areas

### 5.1 Neurosurgery

Chair: Professor Andrew Kaye
Regional Clinical Director: Mr Martin MacFarlane
Regional structure: SI Neurosurgery Governance Board

Neurosurgery has not been included as an area under the alliance model as a separate governance structure reporting to the National Health Board has been established. The focus for 2011/12 however is:

What actions are to be taken in 2011-12?	We expect these actions will...	To deliver	Measured by	In support of system outcomes
<ol style="list-style-type: none"> <li>1. Establishment of a South Island governance board to oversee the service, including a Clinical Director for the Service.</li> <li>2. Development of vision and structure for the service</li> <li>3. Development of a recruitment plan and pathway for all neurosurgeons and other key clinical staff in partnership with the University of Otago, RACS, DHBs and Neurosurgeons.</li> <li>4. Review the funding of the service across the South Island DHBs; consider alternative funding models within the existing population share of Vote Health.</li> <li>5. Development of a service delivery plan for the new South Island Neurosurgical Service.</li> <li>6. Ensure the service is appropriately linked to the South Island's provincial hospitals and clinical networks. Development of appropriate clinical pathways and of administrative, IT and other support systems.</li> </ol>	<ul style="list-style-type: none"> <li>• Develop strong clinical leadership for neurosurgical services across the South Island.</li> <li>• Maintain stable staffing of neurosurgeons across both the Christchurch and Dunedin sites, deliver sustainable acute rosters and allow greater sub-specialisation and research across the entire service, as well as greater integration and co-operation with other specialties.</li> <li>• A service that is viewed as attractive in the long-term for the recruitment of the appropriate staff to make it a leader clinically and in research and teaching.</li> <li>• Sustainable funding model that supports the service's clinical goals</li> <li>• Equitable access to neurosurgery services across the whole of the South Island</li> <li>• Development of appropriate clinical pathways and of administrative, IT and other support systems</li> </ul>	<ul style="list-style-type: none"> <li>• One integrated neurosurgery service for the whole of the South Island, delivered from two sites – Christchurch Hospital and Dunedin Hospital.</li> <li>• The Service is clinically sustainable, high quality and financially viable.</li> <li>•</li> </ul>	<p>Measured by</p> <ul style="list-style-type: none"> <li>• Establishment of a South Island governance board and its governing policies.</li> <li>• Staffing appointments made as per the Expert Panels recommendations</li> <li>• Revised Funding model presented.</li> <li>• Clinical indicator programme in place for whole service.</li> </ul> <p>Implementation of a South Island-wide service delivery plan that has:</p> <ul style="list-style-type: none"> <li>• Single points of access for consistent prioritisation, assessment and treatment processes</li> <li>• Clearly defined volumes for first specialist assessments and inpatient case loads</li> <li>• Equivalent access to diagnostics such as MRI, neurophysiology and interventional neuro-radiology.</li> <li>• Availability and pathways between associated services such as rehabilitation, intensive care and transport/ retrieval services, this will also include hospital beds. Community beds and other services.</li> </ul>	<p>Achievement of a single regional Neurosurgery Service across the South Island.</p> <p>Strengthened regional collaboration and integration of health services.</p> <p>Whole of systems approach to improve quality, access and sustainability of health services thereby increased sharing, reducing duplication and fragmentation of services.</p> <p>Improved health outcomes for service users, and family/whānau.</p>

## 5.2 Other Workstreams

As set out in the introduction, there are a number of services and activities where there is regional and sub-regional collaboration. This regional activity will continue to develop over 2011/12; however the critical distinguishing factor is that on entering the alliance framework for each of the priorities identified, a commitment to ensuring that the deliverables placed in the alliance are achieved. The 6 alliance areas are therefore the highest priority, and as such other regional or sub regional activity can only occur where this neither conflicts nor competes with achievement of the agreed alliance outcomes. Areas where it is recognised that there is continued value in taking a regional approach include:

### Clinical services

- Cardiac
- Public health
- Radiology
- Ophthalmology
- Stroke

### Regional enabling projects

- The economic and social impacts of clinician vs. patient travel
- Elective Service Planning

## 6 Linkages with Workforce, IT, Primary Care

### **Workforce Linkages**

The South Island workstreams are conscious of the workforce pressures that are evident now and will continue as population demographics change. Work underway to understand current workforce dynamics, and the opportunities to link with the work being undertaken at a national level, is evident in the workforce activities identified by the alliance groups. Those that link specifically with Health Workforce NZ and mental health national activity include:

- The South Island Multidisciplinary Meeting (MDM) Project will support greater utilisation and provide support for better infrastructure for MDMs. The development of MDM coordinators which will effectively free up clinician time to focus on clinical work. This proposal is supported by Health Workforce NZ).
- The Chair of the SI Child Health Alliance provides a link to Health Workforce NZ (paediatric workforce project), as a member of the national workforce planning activities and the National Child Health Network group.
- Workforce linkages are already established with the mental health workforce development centres. The Southern Regional Workforce Development Coordinator from Te Pou has been appointed
- The South Island DHBs are working together to provide workforce training through regional hubs. This includes the sharing of resources (training packages) to reduce duplication. The focus for 2011/12 is PG Year 1 and Year 2.

### **Linkages with IT**

The SI IT Plan aligns with the National IT Plan. Alongside this the IT components of the workstreams will be aligned and prioritised within the overall activity. The activity to date includes:

- The South Island Clinical Cancer Information System Project will develop and implement the first regional cancer information system in New Zealand with representation from CIOs, IT, Clinicians, clinical coders, management from the 3 cancer centres (2 public and 1 private).
- The ASYMS bid (Health Workforce NZ) will pilot an integrated cross tertiary and community technology based patient management system that will change work flow and aim to support a greater number of cancer patients receiving chemotherapy in the community.
- SCN Lead CEO, Clinical Director, Manager and SICCIS project manager on the national clinical cancer information working group.
- Child Health actions link to the National Health IT Board and the Canterbury DHB, Canterbury Initiative referral pathways project. Collaboration with the Canterbury Initiative clinical pathway team allows the sharing of resources and expertise when developing regional clinical pathways. Any IT enhancements

for the integration of referral pathways across the SI will be covered within the 2011-12 year by CDHB. Any IT investment will be identified up front as part of an alliance agreement approach and supported with a business case

- Mental Health actions will be enabled by the Regional IT strategy for better sharing of information across the South Island. Increased investment in and use of videoconferencing will be required, as will working with IT to enable efficient sharing of clinical information across the DHBs.
- IT Business Alliance actions link to the National Health IT Board and the Canterbury DHB, Canterbury Initiative referral pathways project.
- Health Benefits Ltd is linked to the SI Procurement Alliance through having membership on the group

### **Linkages with better, sooner, more convenient BSMC (Primary Care)**

The BSMC initiatives focus on the role of primary care in developing comprehensive and integrated care and providing the support for our population to stay well. Sharing and learning from these will support the transformation of service models across the continuum of care and across DHB boundaries. At this stage linkages are through representation in regional workstream groups.

- PHO and GP representation on the SCN Steering Group, all 5 Local Cancer Networks.
- Primary care engagement on Lung and Bowel Working streams report development.
- The SI regional child health services phase one report: hospital-based paediatric services, August 2010 identifies opportunities to link into BSMC primary care initiatives that would benefit and/or be enhanced from a regional approach. The report identifies phase two – primary care integration as an area for future planning and acknowledges that parts of that system will occur as clinical pathways are developed across paediatric hospital services.
- Linkages with better, sooner, more convenient (BSMC) Primary Care: The SI Procurement Alliance will work to ensure that the right product is in the right place at the right time, enabling the goals of BSMC.

## **7 Clinical leadership**

The Alliance workstream terms of reference identify that the membership of the alliance will include professionals who participate (e.g. referrers or providers) in the relevant services, those who work in key related services, and management from relevant health services organisations. Membership and the Chair will be agreed by ALT/AB therefore include representatives from:

- Clinicians from relevant professional groups
- Provider organisations
- DHB Planning and Funding
- Other expertise as required by the scope

The evolution of the existing regional groups into the new Alliance approach is currently 'work in progress'. The Alliance groups are expected to have strong clinical leadership and be multi-disciplinary and be representative of SI DHBs.

Alliance training for these groups will take place before July 2011. The need for clinical leadership training will be reviewed.

The regional groups that have been in place for some time have strong clinical involvement including:

- The SCN management team is clinically led and each working group, regional and local networks include clinical leaders and clinicians:
- The SI Child Health Group has a strong clinician focus, including a team of 6 paediatricians, 1 academic paediatrician, 3 paediatric nurses, 1 Director of Nursing, 5 operational paediatric managers and project facilitator.

- Mental Health clinicians have been involved in the development of the regional workplan that best meets the current and future needs of the South Island population.
- Clinicians will participate in the Procurement and Supply Chain Alliance in specific procurement projects as required, supporting the successful purchase and integration into use of clinical products. The role of clinicians in the Alliance is being reviewed as the group evolves. Clinical engagement models developed by HBL will be utilised.
- Guiding the implementation of the South Island Regional IT Plan is a clinical reference group. The clinical reference group may become part of the overall regional SI IT Alliance as this becomes established.

## 8 Regional funding and capital expectations

*Consolidated financial templates to be inserted*

### Regional Funding

Identifying the regional cost of the DHB Alliance framework is difficult at this present time. While there has been a delay with the implementation of the Alliance framework due to the Christchurch earthquake, implementing the Alliance framework is expected to now take shape over the next three months. In addition, a review of the SI shared services agency (SISSAL) will see likely change to occur to best meet the needs of the regional alliance priorities. Further detail will be provided by way of an update to the Ministry of Health when SI DHB CEOs meet with NHB Directors in July 2011. It is expected that the financial contribution by DHBs for Alliance Management Team services will not exceed the current level of investment in SISSAL.

### Capital Expectations

Capital items were identified in the SI Regional Health Service Plan (pages 47 to 51). A Business Case supporting a significant facilities development in Canterbury has been submitted to the NCC in October 2010 following support via the RCC, This Business Case will now need to be reviewed as a result of the September and February earthquakes particularly the need to progress urgently.

The assembly of DHB capital plans are not yet aggregated to provide a regional view. A summary of capital items that have been identified from regional Alliance priorities are as follows:

- **Capital Investment expectations for Southern Cancer Network Alliance.** Approval for two Linear Accelerators has been supported for development in 2011/12, one at each Oncology Centre in Christchurch and Dunedin.
- **Capital investment expectations for the Child Health Alliance.** \$6.5m development of Children's Haematology Oncology Centre (CHOC) based at Christchurch Hospital servicing the South Island as well as Wellington, Hutt Valley and Capital and Coast DHB populations.
- **Mental Health Alliance Capital investment expectations.** There is a proposal for approx \$3m investment for the Acute Inpatient Service on the Hillmorton Site to reconfigure the inpatient acute beds to improve patient flow and align to the community sector teams.
- **IT Business Alliance Capital Investment expectations.** There is expected to be capital investment required for 2011-12, although the amount is unclear at this time. Where requests are made, capital investment requests will follow business case development processes, Capital Investment Committee guidelines and work closely with the NHITB.

## 9 Appendices

### Appendix 1 - Ministry of Health feedback letter



29 November 2010

Chris Fleming  
Chief Executive, South Canterbury DHB  
Chair, South Island Health Services Plan Steering Group  
C/- SISSAL  
P O Box 3877  
CHRISTCHURCH

Dear Chris

#### **Ministry of Health feedback on Draft South Island Regional Services Plan and Southern Region Information Systems Plan (SRISP)**

Thank you for the recently submitted initial draft South Island Regional Services Plan (RSP) and the opportunity for National Health Board (NHB) staff to video conference with South Island Region representatives on 6 December 2010.

This letter is structured in two sections. The first section provides further guidance for the overall development of the next iteration of the RSP and the second section provides specific feedback on the information strategy component of the RSP as outlined in the SRISP.

I would like to acknowledge the work completed to date by the South Island DHBs. The draft plan signals a clear strategic direction appropriately aligned with key Government priorities. Overall structure and format is well tailored for key audiences, particularly the lay reader.

As you have acknowledged, your RSP is a work in progress and there is a need to undertake significant activity during the next few months to move the RSP from being 'a plan to produce a plan' to being 'a plan for action'.

In this context, you are being asked to focus on practical real time action that will quickly resolve prioritised service areas for a small number of services facing issues of equity of access or clinical/financial viability. I therefore recommend a particular focus on the following key areas of the plan:

- An action orientated implementation section that focuses on actions that will resolve service vulnerability for agreed prioritised services. In your implementation plans there should be specific reference to the problem to be solved and what will be done collaboratively at both regional and sub-regional levels during the next year and upcoming years;
- A key feature of the implementation plans for each agreed prioritised service will be to demonstrate clinical engagement and leadership involving clinicians from these identified services for a different model of care;
- The provision of more detailed implications (including financial) and outcomes for implementing specific actions. I suggest that you consider reflecting these actions

consistent with the draft 2011/12 Annual Plan Guidance (especially modules 2, 3, 4, 6 and 8);

- Review of the governance decision making and the implementation accountability framework, including a need to specify how instances where consensus is not reached will be resolved. Evidence of an effective dispute resolution process is required, and your process may need to be reviewed following the recommendation of the South Island neurosurgery expert panel;
- Documented linkages and implications for infrastructure including IT and workforce that will resolve service vulnerability for agreed prioritised services.

With the passing of the New Zealand Public Health and Disability Amendment Act 2010, the RSP will form part of the accountability framework for DHBs. I would like to take the opportunity to emphasize the importance of collaborative working and DHBs ownership of RSPs.

### **Specific Feedback on Regional IT Plan**

The South Island Region Information Systems Plan (SIRISP) aligns with the goals and aims set out in the National Health IT Plan. It supports the aims of the draft Regional Service Plan, and in particular, aims to strengthen vulnerable services by providing a common information platform to support clinical care in a regional context.

The National Health IT Board (the Board) and Information Strategy Group in the National Health Board will continue to work with South Island Region CIOs and regional governance groups to assist with the development of SIRISP, and to prepare for its implementation.

Ongoing information about progress and risks will be collected during the course of the year through the Health Information and Communication Technologies Application Register (HICTAR). This will become a requirement under the OPF for 2011/12.

The Board agrees with the priorities set out in the regional plan which emphasise the development of the clinical workstation, clinical data repository and PACS Archive for the region. The Board also stresses the importance of Canterbury DHB replacing their soon to be unsupported Patient Administration system (PAS). These implementations need a very focussed approach to meet the expectations of Phase 1 of the National Health IT Plan.

The Board notes that the South Island Plan groups work into 5 streams which are different from the 9 work streams laid out in the National Health IT Plan. The Board requests that in the next iteration of the Plan, South Island activities are categorised into the 9 work streams – this will make the roll-up of the regional plans into a national overview much simpler.

The Board would like to highlight the important role Canterbury DHB is undertaking in working with South Canterbury and West Coast DHBs to achieve a common platform for clinical workstation and the Clinical Data Repository. It also notes the important role that the region plays in developing the Shared Care Record for Maternity.

The Board would like to reiterate the importance of regional project governance to the overall success of the implementation and notes that the region intends to set up a CIO Steering Group. The Board recommends also involving clinical leaders and other members of the DHB executive working together with CIOs in a leadership role for the region.

Another aspect of regional governance is the on-going requirement for governance of clinical information collections which will be formed as part of this plan. Regional clinical information

governance will govern how information from clinical data repositories is accessed, kept secure and made available to interested parties, and will require participation by clinicians, IT professionals and consumers.

The Board would like further clarification on how the South Island Region intends to set up these governance structures, their make-up and when they will be in place.

The Board will expect to see Regional IT Plan investments reflected in the DAP for 2011/12 and anticipates reviewing a more detailed implementation plan in Feb/March as part of the 2011/12 Regional Service Plan.

Finally as we also discussed with you at our video conference of 6<sup>th</sup> December 2010, this letter provides written feedback concerning:

- Confirmation of key milestones for progressing the regional service plans and
- Detailed feedback to the draft RSP.

The NHB look forward to working with the South Island Region to support the ongoing development of the 2011/12 RSP. Please liaise with Michael Johnson, Acting Director Planning and Analysis, NHB on any matters relating to the regional services plan process.

Yours sincerely



Chai Chuah  
**National Director**  
**National Health Board**

cc: Michael Hundleby, Director, Performance, Accountability, Monitoring and Funding, NHB  
Michael Johnson, Acting Director Planning and Analysis, NHB  
Graeme Osborne, Director, Information Strategy, NHB  
Brenda Wraight, Director, Health Workforce New Zealand

## Appendix 2: Alliance Leadership Team Charter

# SOUTH ISLAND DISTRICT HEALTH BOARD ALLIANCE GOVERNANCE BOARD & LEADERSHIP TEAM CHARTER

This Charter document outlines our commitments and the key principles and “rules of engagement” we will follow as members of the South Island District Health Board Alliance Governance Board and Leadership Team, for the South Island District Health Board Alliance.

We are appointed to the Alliance on the basis of our position within our respective District Health Boards, and are tasked with successfully governing and leading the South Island District Health Board Alliance to achieve its objectives.

While we serve at different levels within the Alliance framework, we share common objectives and commitments which are outlined in this Charter, and are committed to ensuring the South Island District Health Board Alliance is successful.

### PURPOSES

Our purpose is to govern, lead and guide our Alliance as it seeks to improve health outcomes for our populations. We aim to provide increasingly integrated and co-ordinated health services through clinically-led service development and its implementation within a ‘best for patient, best for system’ framework. We have formed this Alliance to enable the District Health Boards in the South Island region to work effectively together, utilising our combined resources to jointly solve problems, develop innovative solutions to health sector challenges and achieve outcomes for the people of the South Island Region.

In the first instance, our priority is to implement the agreed regional priorities as outlined in the South Island Health Service Plan.

### PRINCIPLES

The foundation of our Agreement is a commitment to act in good faith to reach consensus decisions on the basis of ‘best for patient, best for system’. As a leadership team we will conduct ourselves and undertake our governance and leadership roles in a manner consistent with the following Alliance principles.

- We will support clinical leadership, and in particular clinically-led service development;
- We will conduct ourselves with honesty and integrity, and develop a high degree of trust;
- We will promote an environment of high quality, performance and accountability, and low bureaucracy;
- We will strive to resolve disagreements co-operatively, and wherever possible achieve consensus decisions;
- We will adopt a patient-centred, whole-of-system approach and make decisions on a Best for System basis;
- We will seek to make the best use of finite resources in planning health services to achieve improved health outcomes for our populations;
- We will balance a focus on the highest priority needs in our communities, while ensuring appropriate care across all our rural and urban populations;

- We will adopt and foster an open and transparent approach to sharing information; and
- We will actively monitor and report on our alliance achievements, including public reporting.

We acknowledge that there may be areas within the scope of the activities of this Alliance where a particular DHB may wish to either fully or partially be excluded from the Alliance activities. Each Board will have this option at the time of commencing however once agreed, the Board will be bound to operate within the scope and decision making criteria agreed. We understand the DHB intending to exercise this right will do so in good faith and will consult each other before exercising this right.

## COMMITMENTS

We will work closely and collaboratively with our team members, in an innovative and open manner, to produce outstanding results. To achieve this we make the following commitments:

- **Shared responsibility:** We will actively address all tasks and duties of our role as members of our leadership team, and will comply with the operational provisions and guidance for our team.
- **Shared decision-making:** We agree that our decisions will be supported by the best available evidence. We will use our best endeavours to facilitate unanimous decisions, and will not prevent a consensus being reached for trivial or frivolous reasons.
- **Shared accountability:** We agree that we will have a robust airing of views, but that once our team has reached a decision we will all abide by that decision and support it publicly. (This includes keeping confidential the views of particular individuals expressed during the discussion, but does not prevent us sharing the issues that were balanced in reaching that decision.)
- **Good faith:** We agree to openly discuss all matters that affect our ability to make firm decisions, including any conflicts of interest and any limits on our mandate (where we carry these from participant organisations), so that all members of our team are fully aware of any restrictions, caveats or further authority that may be required.
- **Treaty of Waitangi:** We agree that the Treaty of Waitangi establishes the unique and special relationship between Iwi, Māori and the Crown. Parties with Treaty obligations will honour these when participating in Alliance activities.
- **Confidentiality:** To encourage the open and transparent sharing of information we agree to keep confidential matters shared on a confidential basis, to enable improved decision-making.
- **Active engagement:** We agree our members' continuous involvement in and attendance at our team meetings is critical, and will make every effort to attend and participate fully.

If a member of our team does not act in accordance with our principles and commitments, we will collectively discuss the situation with the member involved and seek an appropriate resolution in a timely manner. We recognise that if no resolution can be found, then depending on the magnitude of the issue, this may jeopardise the existence of the Alliance moving forward. If this arises the South Island District Health Board Alliance Governance Board will address the issue and determine the pathway forward.

## MANDATE AND FUNCTIONS

### South Island DHB Alliance Governance Board

For members of the South Island DHB Alliance Governance Board, our role is set out in the Agreement. Broadly, our functions are to:

- Determine the strategic focus for the South Island District Health Board Alliance

- Approve the annual work plan through the South Island Health Service Plan
- Approve any change of scope of priorities
- Monitors overall performance of the Alliance
- Resolve any conflicts that arise from the Alliance Leadership Team in a timely manner

### South Island DHB Alliance Leadership Team

For members of the South Island DHB Alliance Leadership Team, our role is set out in the Agreement. Broadly, our functions are to:

- Agree our Alliance Objectives and Key Results Areas within the scope of our Alliance Activities , including the systems and KPIs for assessing achievement of these;
- Agree the work, activity and services that need to be provided to meet our Alliance Objectives;
- Make recommendations on the method and form of contracting to give effect to agreed priorities and service delivery mechanisms, on a best practice basis;
- Monitor the outcomes of Alliance Activities, and use that information to inform our stakeholders (particularly our populations) and to guide further decisions on prioritisation and service change;
- Develop a process for how our alliance will annually review its scope and objectives, to keep refreshing our strategy and approach to meet our Alliance Objectives;
- Discuss with any DHB any potential exercise of its right to make an independent decision.

### RELEASE OF LIABILITY

As members of the governance board and leadership team for the South Island DHB Alliance, we are committed to govern, direct and lead the Alliance in accordance with this Charter. It is not our intention that our actions as members of our governance board or leadership team will give rise to an action in law from alliance participants or other members of our leadership team.

## COMMITMENT TO SERVE

On the basis of the above, I agree to serve as a member of a leadership team for the South Island DHB Alliance.

Alliance Governance Board	Alliance Leadership Team
<p><b>Signed:</b></p> <p><b>Date</b></p> <p><b>Jenny Black</b> Chair Nelson Marlborough District Health Board</p>	<p><b>Signed:</b></p> <p><b>Date:</b></p> <p><b>John Peters</b> Chief Executive Nelson Marlborough District Health Board</p>
<p><b>Signed:</b></p> <p><b>Date:</b></p> <p><b>Bruce Matheson</b> Chair Canterbury District Health Board</p>	<p><b>Signed:</b></p> <p><b>Date:</b></p> <p><b>David Meates</b> Chief Executive Canterbury &amp; West Coast District Health Boards</p>
<p><b>Signed:</b></p> <p><b>Date:</b></p> <p><b>Paul McCormack</b> Chair West Coast District Health Board</p>	
<p><b>Signed:</b></p> <p><b>Date:</b></p> <p><b>Murray Cleverley</b> Chair South Canterbury District Health Board</p>	<p><b>Signed:</b></p> <p><b>Date:</b></p> <p><b>Chris Fleming</b> Chief Executive South Canterbury District Health Board</p>
<p><b>Signed:</b></p> <p><b>Date:</b></p> <p><b>Joe Butterfield</b> Chair Southern District Health Board</p>	<p><b>Signed:</b></p> <p><b>Date:</b></p> <p><b>Brian Rousseau</b> Chief Executive Southern District Health Board</p>

## Appendix 2: Service Level Alliance - Terms of Reference

# .....SERVICE LEVEL ALLIANCE

### TERMS OF REFERENCE

#### 1. PRINCIPLES OF ALLIANCE CHARTER .. VERSION 20/12/10

The foundation of the Alliance Charter is a commitment to act in good faith to reach consensus decisions on the basis of 'best for patient, best for system.' Each alliance member will sign the Alliance Charter and agree to the principles contained within it.

#### 2. GUIDING PRINCIPLES

- Taking a whole of system approach to make health and social services integrated and sustainable;
- Focussing on people, their families and communities, keeping them at the centre of everything we do;
- Enabling clinically-led service development; while
- Living within our means.

#### 3. SERVICE ALLIANCE

##### SCOPE OF [NAME] ALLIANCE

###### PURPOSE

[insert text]

###### SCOPE

[insert text]

###### ANTICIPATED TIMEFRAME

Group to report back to the CE Alliance Leadership team within 2 months of being established on a project plan including timeline, reporting arrangements and the budget for the SLA group to complete the work .

[insert text]

##### ROLES AND RESPONSIBILITIES

###### MEMBERSHIP

The membership of the alliance will include professionals who participate (e.g. referrers or providers) in the relevant services, those who work in key related services, and management from relevant health services organisations. Membership and the Chair will be agreed by ALT therefore include representatives from:

- Clinicians from relevant professional groups
- Provider organisations
- DHB Planning and Funding

- Other expertise as required by the scope

The members of the SLA can recommend to the ALT the addition of consumer or technical expertise as and when required

In some cases the Membership may include a member of the ALT

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## MEMBER SKILL SET

- Excellent communication
- Understand and utilise best practice and alliance principles
- Ability to analyse services and participate in service design
- Ability to analyse proposals using current evidence bases
- An understanding of:
  - The South Island Health Services Plan
  - Government Health Policy
- Willingness to work as part of a team and share decision making
- A range of pragmatic, practical and grounded skills
- Innovative, strategic, high level thinking and decision making

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## FUNCTION

The alliance's functions are to:

- Participate in strategic planning, design and prioritisation in the specific area of health and social services within a defined scope in which the alliance partners operate or have been tasked to review
- Build on the guidance developed by workstreams
- Link with other SLA work programmes
- Balance the demands on the system for patients care and wellbeing with the need for sustainable services
- Influence the implementation of service design
- Recommend how services will be funded using collective decision making and available resources from a range of sources
- Apply delegated funding where available to lead the required service/service change
- Promote effective communication and collaboration among all key stakeholders
- Link with other service level alliance groups and workstreams
- Design evaluation criteria
- Ensure that monitoring and evaluation is occurring
- Report to ALT on service design, progress and activity, and evaluation
- Feed into Annual Plans around deliverables, targets, etc.
- Attend and participate in relevant meetings
- Monitor ongoing effectiveness of service delivery

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## ADMINISTRATIVE SUPPORT

Administrative support will be provided via the Alliance Management Team. Agendas and meeting reports will be published on a website to facilitate communication.

## CONFLICTS OF INTEREST

Conflicts of interest will be stated prior to the start of any new alliance of programme of work and managed accordingly.

## 4. THE SERVICE

### SERVICE VISION

[insert text]

### SERVICE TARGETS/KEY RESULT AREAS

[insert text]

### SERVICE BUDGET

[insert text]

### EVALUATION

Any evaluation will comply with the evaluations framework established by the ALT or as specified by the funding organisation. .

### REPORTING

The SLA group will agree with ALT in their project plan the reporting framework they will use. This will be influenced by the SI Health Services Plan, legislative and other requirements

## 5. AMENDMENTS

These terms of reference will be reviewed regularly and may be altered to meet the needs of its members.

## 6. TERMINOLOGY

- Alliance Charter – outlines the purpose, principles, commitments and mandate of alliance leadership teams; provides a basis for individuals on the leadership teams to commit to the approach
- Strategic Planning & Integration team – The team will support an integrated approach linking the Service Level Alliances and workstreams to the South Island vision and identifying gaps, recognising national, regional and district priorities. The Team will provide a strategic and integrated view that is broader than the current priority areas and incorporates the SI Health Services Plan development..
- Alliance Leadership Team (ALT) – represents the CEs of the five District Health Board alliance leadership team to support the guiding principles of clinically-led service development.
- Workstream – a group of clinical and non-clinical professionals drawn together to lead the transformation of a sector or service. Not a contracting entity, they guide the decision making of the ALT through initiative design.