
SOUTH ISLAND HEALTH SERVICES PLANNING

Programme Initiation Document

March 2009

FINAL DRAFT

Programme Leader:
Steering Group Chair:
Programme Executive:

Jan Barber
Chris Fleming
SI DHB Chief Executive Group



Nelson Marlborough
District Health Board

South Island
Shared Service Agency Limited

Supporting the South Island District Health Boards
E tautoko ana ngā Paari Hauora ki Te Waipounamu



West Coast District Health Board
Te Paari Hauora a Rohe o Tai Poutini

Canterbury
District Health Board
Te Paari Hauora o Waitaha



South Canterbury
District Health Board



Otago
District Health Board
Paari Hauora ā-roto ki Otago



Southland District
Health Board
Te Paari Hauora o te Rahe a Murihiko

SOUTH ISLAND HEALTH SERVICES PLANNING

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SOUTH ISLAND HEALTH SERVICES PLANNING

1. PROGRAMME SCOPE

Programme Title: South Island Health Services Planning

Summary	Scope prepared by:	Jan Barber	Programme Executive	South Island Chief Executive Group
	Date	January 2009	Programme Leader	Jan Barber (SI Health Services Planner)
			Steering Group Chair	Chris Fleming, CE South Canterbury DHB)
			Steering Group	Members from across stakeholder groups within the South Island DHB regions
Programme statement	The South Island Health Services Plan will be developed through a collaborative approach of key stakeholders across the South Island.			
Background	<p>The New Zealand Ministry of Health have recognised that the New Zealand health system will face significant challenges over the next 20 years, including:</p> <ul style="list-style-type: none"> ▪ population growth, redistribution and ageing ▪ increasing risk and prevalence of long term conditions ▪ reducing health inequalities ▪ managing within an affordable funding path ▪ effective utilisation of the available workforce ▪ effective application of technological advances; and ▪ rising consumer expectations <p>To support the health system in meeting these challenges the Ministry of Health and the DHB sector are developing a Long Term Systems Framework.</p> <p>The South Island DHBs agree that access to timely and accessible health and disability services, of a high quality, is a right that all New Zealanders have regardless of where they live. Services will only be accessible if they are sustainable. Services will only be sustainable in the medium to long term if they are of a high quality reflecting contemporary evidence based practice. These two issues create a counterbalancing effect when considering the configuration of health and disability services across the South Island, and indeed across New Zealand. This dichotomy ultimately results in a balancing between local provision of services and centralisation of services.</p> <p>In undertaking South Island Health Service Planning, the concept of provision as close to the patient / clients home as possible is an underlying principle to be aspired to. It is recognised that some services, particularly lower volume and more specialised levels of care, will not be able to be undertaken at all locations.</p>			
Purpose	To develop a South Island Health Service Plan that provides the principles and framework to support sustainable health and disability services for the population in the South Island.			
Objectives	<p>The vision of the SIHSP is to:</p> <ul style="list-style-type: none"> • reduce inequalities in access to health services across the South Island • enhance the quality of health services across the South Island • enhance the sustainability of all health services for the South Island population that are appropriately delivered in the South Island • engage with key stakeholders to ensure understanding and acceptability of South Island Health Services 			

SOUTH ISLAND HEALTH SERVICES PLANNING

Principles

Equity of Access	Clinical engagement	Quality & safety	Clinical sustainability
<p>Planning will be based on the health needs of our constituent communities</p> <p>Historical demand and service provision will not determine future needs.</p> <p>Planning for health services relates to recognising and planning for changing demand and providing an equitable level of service for the population catchments with a continuing focus on reducing inequalities in health status.</p>	<p>Clinician input, through active clinical leadership, into the planning and decision making process is recognised as a critical component of the success of the SIHSP</p> <p style="text-align: center;">Patient centred consumer involvement</p> <p>Health care services will be co-designed with service users including the patient. This will be a collaborative process allowing a sharing of perspectives and experiences.</p>	<p>The health consumer is the primary focus of any model of health care quality management</p> <p>Health treatment and care is based on the best available evidence with appropriate monitoring and evaluation.</p> <p>All health care providers have access to systems that enables outcomes of care to be assessed</p> <p>Quality of care systems that focus on: safety, access, effectiveness, efficiency, acceptability, appropriateness, and consumer participation.</p>	<p>The identification of future need and supply of clinical skills.</p> <p>Design of service delivery models that allow appropriate access, meet credentialing requirements, support evidence based practice, and are consistently delivered to a high standard of quality & safety.</p> <p>Clinical education and ongoing training for all health care providers must be considered to ensure quality service delivery</p>
Māori health service needs	Community engagement	Continuum of care	Fiscal sustainability
<p>We recognise our commitment to partnership with Maori</p> <p>We recognise that Māori in our communities do not have equal access to health care or equal health outcomes.</p> <p>We aim to reduce health disparities by planning for services to address these</p>	<p>The Community will be informed and involved so that they have an awareness of the SIHSP, the drivers of sustainable health services that may result in changes to health service configuration and can accept the outcomes as being in the long term best interest of the population</p>	<p>SIHSP will consider the full continuum of care</p> <p>Continuum of care refers to services and integrating mechanisms that guide & track patients/clients over time through a comprehensive array of services spanning public health through to tertiary & including supports required to enable service delivery</p>	<p>Acknowledgement that efficient and effective use of resources will be required across the SI.</p> <p>Resources include workforce, facilities and infrastructure (including: information systems, clinical equipment, and transport) to deliver the models of care within the allocated funding system.</p>
<p>Value add/ROI</p> <p>To facilitate a collaborative approach to meeting the needs for sustainable service delivery across the South Island DHBs.</p> <p>To provide options that allows identification of opportunities to improve patient care across sectors and services.</p> <p>To ensure a regional approach to ongoing service development to prevent unnecessary duplication and best use is made of the limited resources of people, time & money.</p> <p>To ensure a regional approach that links with national frameworks and developments</p> <p>To provide a robust approach to development, prioritisation and implementation of the</p>			

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**Deliverables/Key
Milestones /review
points**

SIHSP.	
Deliverable	Date
1. Programme Initiation Document <ul style="list-style-type: none"> - Draft - Final - CE sign-off 	15 Jan 2009 19 Feb. 2009 20 Feb 2009
2. Regional Planning Service Assessment <ul style="list-style-type: none"> - South Island stocktake completed - Selection of 2nd service for regional planning - Review & prioritisation of service assessment 	30 Jan 2009 19 Feb 2009 May 2009
3. Clinical Service Plans <ul style="list-style-type: none"> - Neurosurgery - Children's Services - Other regional services plans 	30 June 2009 30 Sep 09 As agreed
4. Regional Service Developments <ul style="list-style-type: none"> - Electives Initiative - Healthy South - Others e.g. Chronic Conditions 	As agreed
5. Conceptual Framework <ul style="list-style-type: none"> - Facility - Service - Role Delineation Model (Current v Future) 	30 June 2009
6. Enabler Workstreams - initial plans <ul style="list-style-type: none"> - Communications - Technology - Human Resources - Transport & Accommodation - Demand forecasting - Funding mechanisms 	Ongoing 30 Nov 2009 30 Nov 2009 30 Nov 2009 30 June 2009 To be agreed
7. SIHSP - Planning approach outline <ul style="list-style-type: none"> - Framework - Regional Statement of Intent - Tools e.g. role delineation - Health Networks 	30 June 2009
8. SIHSP Stage One Report –to include: <ul style="list-style-type: none"> - Regional Service Assessment Report - Initial Clinical Service Plans - Regional Service Developments - Conceptual Framework - Enabler Workstream Reports - SIHSP Planning Approach - Summary of Sub-regional Developments - How principles are addressed in plans and reports - Stage Two work plan 	17 Dec 2009

SOUTH ISLAND HEALTH SERVICES PLANNING

Programme Scope	<ul style="list-style-type: none"> ■ Regional Service Assessment & Report ■ Clinical Service Plans development ■ Facilitation of Health Network establishment ■ Enabler workstreams ■ Conceptual Framework development ■ Overview of sub-regional approaches ■ Regional Planning Approach' ■ Alignment of outcomes to agreed principles 																													
Inclusions	<p>This programme includes:</p> <ul style="list-style-type: none"> • Strategic framework for South Island Health Services planning • Overview of sub-regional & regional work across the South Island • Facilitation of clinical service plans • Determining options for implementation of longer term recommendations and ongoing service development. • Identification & recommendations relating to enablers that will support regional service delivery 																													
Exclusions	<p>This programme excludes:</p> <ul style="list-style-type: none"> • Detailed consideration of service delivery at a local level • Implementation activity at a national or local level; • Implementation of sub-regional and regional work underway through separate work streams. • Ad hoc requests for service planning 																													
Stakeholders	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #333; color: white;"> <th style="width: 50%;">Internal</th> <th style="width: 50%;">External</th> </tr> </thead> <tbody> <tr> <td>SI HSP Steering Group</td> <td>Linked DHBs – CCDHB (CEO, COO, GM P&F)</td> </tr> <tr> <td>SI DHB Boards</td> <td>Minister of Health, Hon Tony Ryall Local Members of Parliament</td> </tr> <tr> <td>SI DHB CEOs</td> <td>Ministry of Health, LTSF team, DHB Relationship Managers, Clinical Advisors</td> </tr> <tr> <td>SI DHB GMs Planning & Funding & teams</td> <td>SI community and primary care providers & representative groups</td> </tr> <tr> <td>SI DHB COOs & Service Managers</td> <td>SI Aged Care providers</td> </tr> <tr> <td>SI DHB CMAs, DONs, Clinical Directors</td> <td>Professional Colleges and Associations</td> </tr> <tr> <td>Other SI DHB senior staff – CIOs, CFOs, GMs Māori Health, GMs HR</td> <td>SI Private Hospitals</td> </tr> <tr> <td>SI DHB health professional & other staff</td> <td>DHBNZ</td> </tr> <tr> <td>SI DHB GP Liaisons</td> <td>North Island DHBs</td> </tr> <tr> <td>SI DHB Communication Managers</td> <td>North Island DHB Shared Service Agencies or nominated representative</td> </tr> <tr> <td>Wider SI DHB community</td> <td>Unions</td> </tr> <tr> <td>SI Regional Networks – Mental Health, Cancer Control</td> <td>SI local news media, health reporters</td> </tr> <tr> <td>SISSAL</td> <td>SI community Te Wai Pounamu Iwi and Māori community</td> </tr> </tbody> </table>		Internal	External	SI HSP Steering Group	Linked DHBs – CCDHB (CEO, COO, GM P&F)	SI DHB Boards	Minister of Health, Hon Tony Ryall Local Members of Parliament	SI DHB CEOs	Ministry of Health, LTSF team, DHB Relationship Managers, Clinical Advisors	SI DHB GMs Planning & Funding & teams	SI community and primary care providers & representative groups	SI DHB COOs & Service Managers	SI Aged Care providers	SI DHB CMAs, DONs, Clinical Directors	Professional Colleges and Associations	Other SI DHB senior staff – CIOs, CFOs, GMs Māori Health, GMs HR	SI Private Hospitals	SI DHB health professional & other staff	DHBNZ	SI DHB GP Liaisons	North Island DHBs	SI DHB Communication Managers	North Island DHB Shared Service Agencies or nominated representative	Wider SI DHB community	Unions	SI Regional Networks – Mental Health, Cancer Control	SI local news media, health reporters	SISSAL	SI community Te Wai Pounamu Iwi and Māori community
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Programme relationships and linkages	<p>Develop networks across intersectoral groups</p> <p>Links to current Programmes across the South Island including:</p> <ul style="list-style-type: none"> – DHB strategic planning including: District Strategic Plans, District Annual Plans, District Statements of Intent. 																													

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Resources

	<ul style="list-style-type: none"> - Healthy South (Public health) - Chronic Care Framework - Mental Health Network - Southern Cancer Network - Sub regional clinical & non-clinical developments 	
	Milestones	Resource need
	Programme Initiation document	Programme Leader
	Communication Plan	Programme Leader DHB Communication Managers
	Regional Service Assessment	Programme Leader Clinical input Analytical Resource
	Enabler Workstreams	Programme Leader Relevant DHB, PHO & community representatives Clinical input
	Conceptual Framework	Programme Leader Analyst resource DHB Clinical, Management and Planning & Funding
	Facilitation of agreed regional service plans	Programme Leader Project Leaders DHB Clinical, Management and Planning & Funding Analytical resource Consumer input
	SI Health Service Plan Approach	Programme Leader MoH – LTSF team support and documentation SI DHB P&F

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2. PROGRAMME MANAGEMENT TEAM STRUCTURE

Role	Responsibilities	Outcomes	Person
Programme Executive (PE)	<p>Act as champions of the Programme.</p> <p>Are accountable for the delivery of planned benefits associated with the Programme.</p> <p>Ensure resolution of issues escalated by the SIHSP Steering Group Chair or SIHSP Steering Group.</p> <p>Sponsors the communications programme;</p> <p>Supports appropriate processes to enable key resourcing decisions for the Programme;</p> <p>Assures availability of essential programme resources.</p> <p>Support use of the SIHSP principles for all regional and subregional service development.</p>	<p>Programme can deliver expected results</p> <p>Decisions made to ensure Programme continues to timeframe</p>	South Island DHB Chief Executives
Steering Group Chair	<p>In contact with PL and PE if changes occur relating to SIHSP</p> <p>Assist PL to identify stakeholders, risks, and review documentation as appropriate.</p> <p>Supports PL in meetings with stakeholders, where appropriate.</p> <p>Supports resolution of issues escalated by the Programme Leader or the Programme Steering Group.</p>	<p>Programme completed within timeframes.</p> <p>PL supported.</p> <p>PE aware of plan risks and options.</p> <p>Decisions made to ensure Programme continues to timeframe</p>	CE representative on SIHSP Steering Group
Steering Group	<p>Provide leadership and guidance to the Programme Leader.</p> <p>Support all regional and subregional service development using the SIHSP principles</p> <p>Supports and enables the develop of a SI Health Service plan through:</p> <ul style="list-style-type: none"> - To act as key communicators for the distribution of information among project participants and key stakeholders; in particular local DHBs and professional groups - Encouraging representation on workstreams 	<p>Recommendations prioritised</p> <p>Stakeholder buy-in to implementation.</p>	<p>Representatives from South Island DHBs including:</p> <ul style="list-style-type: none"> - CE - GM P&F - COO - CMA - DON - GP Liaison - GM SISSAL - Te Herenga Hauora o Te Waka o Aoraki - CTU

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Role	Responsibilities	Outcomes	Person
Programme Leader (PL)	<p>Creates Programme Initiation Document</p> <p>Facilitates service plan development</p> <p>Ensure milestones are met</p> <p>Writes reports</p> <p>Communicates as per communication plan</p> <p>Communicates changes to PE & Steering Group</p> <p>Develop a SI Health Service plan (SIHSP) that;</p> <ul style="list-style-type: none"> - will improve patient care outcomes across the continuum of care. - scopes resource requirements and implications of implementation; - Develop a communications plan to advise stakeholders of the issues, activities and priorities related to the implementation of the plan; - Ensure all activities and interventions, planned to be used/implemented throughout the Programme, meet acceptable standards of best practice and clinical efficacy. - Ensure accountability and responsibility for outcomes are defined for each initiative. - Monitor the achievement of each service plan initiative, timeline and outcome(s). - Take responsibility for the prompt response to ad hoc matters, issues or risks, which may rise during the Programme. - Address any other issues that the Steering Group identifies that are within the realms of the South Island Health Services Plan - Determine options for ongoing oversight, monitoring and guidance of the development of regionalised services. 	<p>PID created</p> <p>Agreed recommendations implemented.</p> <p>Effective communication to all parties throughout</p> <p>Well supported and implementable SIHSP</p>	<p>South Island Health Service Planner</p>
DHBs	<p>Support and enable the develop of a SI Health Service plan through:</p> <ul style="list-style-type: none"> - Reallocation of existing resources (literally or in kind to SISSAL) to provide workstream resources. 	<p>Timely development of SIHSP</p> <p>DHB & Clinician "buy-in" to SIHSP development and implementation</p>	<p>DHB P&F, management & clinical staff</p>

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3. PROGRAMME QUALITY PLAN

Change Management Procedures

All issues and/or correspondence generated and emanated from the South Island Health Services Planner will be escalated to the SIHSP Steering Group for discussion and decision as appropriate.

Version Control

All original documents will be held by the South Island Health Services Planner on the SISSAL server.

Product Descriptions

1.0 Regional Planning Service Assessment Report	
Purpose	To ensure an appropriate and rigorous process is applied to selecting recommendations for implementation
Composition	Word document, Health Equity & Assessment Tool, Decision Matrix.
Derivation	Creation by South Island Health Services Planner following workshop with Steering Group
Allocated to	South Island Health Services Planner
Quality Criteria	<ul style="list-style-type: none"> - representative members of Steering Group participate in workshop - prioritisation tools agreed and used appropriately - easy and not arduous to complete - logical format - clear instructions on use
Quality Method	Workshop

2.0 Individual Workstreams (Clinical Services, Enablers, Conceptual Framework)	
Purpose	To develop plans that support sustainable South Island health and disability services
Composition	Word document
Derivation	Agreement with relevant DHBs & MoH on need for regional approach
Allocated to	South Island Health Services Planner
Quality Criteria	Service plans accepted by key stakeholders Media reports positive Service financially and clinically sustainable over foreseeable future
Quality Method	Meetings, tele/videoconference Key stakeholders from relevant SI DHB services and key related services involved in Steering Group & / or consultation process Key DHB P&F & Management stakeholders involved in Steering Group & / or consultation process Relevant primary, community and consumer involvement.

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3.0 South Island Health Service Plan development	
Purpose	Determine South Island Health Service Plan framework & approach
Composition	Links with Ministry of Health, LTSF & tools Linkages with DHB strategic planning
Derivation	MoH LTSF
Presentation	Word documents
Allocated to	SI Health Services Planner
Quality Criteria	<ul style="list-style-type: none"> - will be clear and succinct - will identify strategic linkages with DHB planning processes e.g. DSP - will identify tools and criteria for inclusion in SIHSP; - Evidenced based approach
Quality Method	<ul style="list-style-type: none"> - Will include input from stakeholders - Community consultation undertake and input recognised in outcome - SI DHBs all involved in Steering Group process - SIHSP Steering Group to approve before sending to Regional CE Group

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4. RISK LOG

Risks will be reported by the Programme Leader in monthly updates.

Risk	Mitigation
1. Willingness to participate	<p>Chief Executive & Board Chair support and approval of programme</p> <p>SIHSP included in each DHB District Annual Plan and Statement of Intent</p> <p>Each DHB & stakeholder group represented in the steering group</p> <p>Collaborative approach to Programme development and implementation</p> <p>Time input kept to a minimum through minimal face to face meetings, use of teleconference, regular communications</p>
2. Level of commitment	<p>Recognition and contingencies developed to manage constraints, provisos and inhibitors. These may include political drivers, professional rivalry, conflicting practices and community reactions.</p> <p>CE & Board commitment to manage local issues</p>
3. Disagreement as to prioritised recommendations	<p>Use of a robust prioritisation process that addresses need, cost and feasibility.</p> <p>Obtain early sign off from all parties for the project to proceed.</p> <p>Engage senior manager and clinicians throughout the project.</p> <p>Inform unions and seek support for engagement with DHB staff.</p>
4. Community views and changes at the Board & senior management level impede project	<p>Robust communication plan in place</p> <p>Engage communities in the process as early as possible</p> <p>Board members and clinicians support visible at community level</p> <p>Include SI Health Service Planning material in Board agendas</p> <p>Steering Group members communicate updates to local DHB management teams and health professional groups</p>
5. Reluctance of individual DHBs to participate in implementation as not viewed as high priority	<p>Chief Executives and Board Chairs support for programme</p> <p>Steering Group members to encourage individual DHBs to complete</p> <p>Clinical leadership across all aspects of plan development</p> <p>Escalation process in place</p>

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6.	Lack of input and buy-in by Māori	Te Herenga Hauora o Te Waka o Aoraki and key stakeholder advise and support
7.	Programme becomes low priority for Steering Group	Face to face meetings kept to a minimum. Ensure regular contact and updates as to Programme and their input.
8.	Programme timeline slippage	Reporting and discussion at each SIHSP Steering Group meeting Realistic timelines established Prioritisation on new work
9.	Lack of evidence	Use of research tools and identification of references to support recommendations.
10.	Lack of resource	Prioritisation to include estimate of implementation cost. Planning in advance to enable costs to be included in DHB planning processes. Identify likely resources required and make commitment prior to commencement Re-prioritisation of DHB & SISSAL work plans
11.	Levels of expectation	Realistic timelines in PID and workstreams Clear process and reporting Regular communication with stakeholders

5. OUTLINE PROGRAMME PLAN 2008 -09

Workstreams	Activity	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Steering Group	Steering Group formed & active															
	Steering Group Terms of Reference agreed															
	SIHSP Principles developed & approved															
	Service assessment stocktake															
Regional Service Planning Assessment	Regional service assessment report															
	Regional Neurosurgical Service development															
	Child Health Regional Service Development															
	Other Clinical Service Plan development as agreed															
Regional service Developments	Healthy South															
	Electives Initiative															
	Other regional service development as agreed															
	Facilities -- principles & framework development															
Conceptual Framework Enablers	Communications															
	Technology															
	Demand Modelling															
	Human Resources															

6. COMMUNICATION PLAN

The communication strategy supports the vision to undertake engagement of key stakeholders to ensure understanding and acceptability of the South Island Health Services Plan (SIHSP). The Communication Plan will also support development and implementation of the SIHSP. The communications plan is a living document and will be updated as required.

Communication Plan Approach

The Communication Managers at the South Island DHBs will be involved with the development of the SIHSP Communication Plan together with the SI Health Services Planner. Development of communication resources, such as information updates and news releases, will be distributed to identified Lead Communicators in each DHB to distribute through its own channels and contacts.

Communication Objectives

- To raise awareness of the SIHSP
- To support the engagement of relevant stakeholders in the development of the SIHSP
- To keep key stakeholders informed of the SIHSP progress
- To foster support of the SIHSP
- Provide a mechanism for seeking and acting on feedback to encourage the involvement and participation of key stakeholders.

Corporate Objectives

- To develop a South Island Health Services plan that provides the principles and framework to support sustainable health and disability services for the population in the South Island.

Key Messages

The South Island Health Services Plan aims:

- To ensure everyone has an equal opportunity to get the care they need and to "make a difference for those who need it"
- Enhance the quality of clinical services
 - By making sure our patient's needs are the key focus for what we are doing
 - Through quality of care systems that focus on: safety, effectiveness, access, efficiency, acceptability, appropriateness, and consumer participation
 - by considering all the services patients use and the linkages that support easy movement across the health system
- Enhance the long sustainability of all clinical services
 - Through the identification of future need and supply of clinical skills.
 - Through acknowledgement that efficient and effective use of resources will be required across the South Island.

Communication Methods

Spokespeople

To support consistency of messages and well informed comment, it is recommended that the SIHSP lead communicators are:

- Regional / National – SIHSP Steering Group Chair
- Local DHB Board Chair
- Local DHB – in accordance with DHB communication / media policies
- DHB Internal spokesperson – DHB senior executive nominee
- Steering Group members within local DHB and professional groups

Written communications

- Monthly report to SISHP Steering Group and South Island CE group
- Monthly update to Steering Group members for distribution to local DHB & professional groups
- Ad hoc email updates to relevant stakeholders
- Regular newsletters – e.g. quarterly
- SIHSP Information Kit of core resources for use by SIHSP Lead Communicators e.g.
 - Project Scope
 - Project snapshot
 - Q & A
 - Presentation

Presentations

- Lead communicator presentations to relevant stakeholders as requested and deemed appropriate
- Workshops as per programme and work stream plans

Intranet and Websites

- SIHSP updates on DHB intranet and external websites as new information comes to hand.
- Use of SISSAL internet as a repository for information about SIHSP work programme, and activities
- Email information line information requests and comments

Media

- Media kit to be developed with and provided to each South Island DHB Communication Manager
 - News release announcing the SIHSP
 - Information sheet outlining:
 - What the SIHSP is
 - Why it is being developed
 - How it is to be developed
 - Who is involved
 - Q&A

Audience

Internal	External
SI HSP Steering Group	Linked DHBs – CCDHB (CEO, COO, GM P&F)
SI DHB Boards	Minister of Health, Hon Tony Ryall
SI DHB CEOs	SI Community and Primary Care providers
SI DHB GMs Planning & Funding & teams	SI Aged Care providers
SI DHB COOs & Service Managers	Professional Colleges and Associations
SI DHB CMAs, DONs, Clinical Directors	DHBNZ
SI DHB Executive teams – CIOs, CFOs, GMs Maori Health, GMs HR	Ministry of Health, LTSF team, DHB Relationship Managers, Clinical Advisors
SI DHB health professional and other staff	SI Private Hospitals
SI DHB GP Liaisons	North Island DHBs
SI DHB Communication Managers	North Island DHB Shared Service Agencies
Wider SI DHB community	Unions
SI Regional Networks – Mental Health, Cancer Control	SI local news media, health reporters
SISSAL	SI community Te Wai Pounamu Iwi & Māori communities

Communication Plan

The following plan identifies communication options for key stakeholders for the South Island Health Services Plan.

Stakeholder	Communication Objectives	Communication Methods	Frequency	Who
South Island DHB Board Chairs	SIHSP has CEO and Board approval and support.	Written progress reports.	Monthly	Steering Group Chair
South Island DHB CEOs		Written progress reports.	Monthly	Steering Group Chair
South Island Health Services Plan Steering Group		Meetings, written progress reports, video or teleconferencing, ad hoc email	Monthly Additional contact as required	SI Health Services Planner
South Island DHB Executive Management	Ensure awareness and compliance with service changes.	Meetings Project newsletters. Email, DHB intranet,	Quarterly Quarterly Ad hoc Minimum quarterly	SI Health Services Planner SI HSP Steering Group Members
South Island DHB Senior Medical Staff	To ensure an understanding of and involvement in developing and acceptability of the SIHSP.	Service development work streams Presentations DHB intranet,	Minimum quarterly updates To be agreed	DHB CMAs SI Health Services Planner Workstream project members,

Stakeholder	Communication Objectives	Communication Methods	Frequency	Who
		project newsletters		Clinical Leaders
South Island DHB clinical and operational support staff		Internal newsletters Weekly CEO updates Email.	Minimum quarterly updates	SI Health Services Planner Workstream project members, Clinical Leaders
Primary care providers, including PHOs, general practitioners and practice nurses.	To ensure an understanding of and involvement in developing and acceptability of the SIHSP.	Meetings, service development work streams SISSAL & DHB websites Project newsletters Email.	Minimum quarterly updates	Clinical Leaders SI Health Services Planner
Community providers, e.g. Rural Nurse Specialists, District Nurses, Allied Health				
Māori Health providers				
NGO service providers				
South Island community	Provide an understanding of the drivers of sustainable health services that may result in changes to health service configuration. To provide an opportunity for input into the SIHSP.	Patient involvement in service development work streams Community DHB publications Community newspapers SISSAL & DHB websites	To be determined at key points during programme	SI Health Services Planner DHB Communications Managers
Professional Bodies and Unions	Constructive engagement and an understanding of the drivers of sustainable health services that may result in changes to health service configuration, so they can support the acceptance of outcomes that will be in the best interest of the population and employees.	Meetings, Email SISSAL & DHB websites.	As agreed Quarterly	SIHSP Steering Group Chair Union Steering Group member SI Health Services Planner Clinical Leaders

Stakeholder	Communication Objectives	Communication Methods	Frequency	Who
Other DHBs and shared agencies	Sharing of approaches, issues and opportunities.	Meetings, Email SISSAL & DHB websites	Ad hoc Quarterly updates	SI Health Services Planner
South Island Shared Service Agency Ltd (SISSAL)	Alignment of principles and approaches across all SI Regional work.	Meetings, Email SISSAL & DHB websites Project newsletters.	Monthly	SI Health Services Planner GM SISSAL
Wider health sector, e.g. Ministry of Health, DHBs	Highlight South Island DHB commitment to quality improvement. Celebrate achievements. Share learning.	Media releases Email, SISSAL & DHB external websites Project Newsletters.	To be determined at key points during programme	SIHSP Steering Group Chair SI Health Services Planner

Media and Communication Channels

Media Channel	Contact / Comments
Newspapers, radio, television including Iwi communications	Spokesperson – Chair SIHSP Steering Group Nominated DHB representatives DHB Communications Managers
Newsletter	SI Health Services Planner & DHB Communications Managers
South Island DHB Intranet	South Island DHB IT departments & DHB Communications Managers
South Island DHB Website	South Island DHB IT departments & DHB Communications Managers
Internal DHB Newsletters	SI Health Services Planner & DHB Communication Managers
Group email	For communication with regional DHBs, professional bodies, unions, and external providers.

**South Island Health Services Plan
Programme Initiation Document Approved by**

DISTRICT HEALTH BOARD	NAME	SIGNATURE	DATE
Nelson Marlborough	John Peters		
West Coast	Joel George		
Canterbury	David Meates		
South Canterbury	Chris Fleming		
Otago & Southland	Brian Rousseau		

APPENDIX ONE: PRIORITISATION TOOLS

1. Health Equity Assessment Tool (MoH)

1. What health issue is the policy/programme trying to address?
2. What inequalities exist in this health area?
3. Who is most advantaged and how?
4. How did the inequality occur? (What are the mechanisms by which this inequality was created, is maintained or increased?)
5. What are the determinants of this inequality?
6. How will you address the Treaty of Waitangi in the context of the New Zealand Public Health and Disability Act 2000?
7. Where/how will you intervene to tackle this issue? Use the Ministry of Health Intervention Framework to guide your thinking.
8. How could this intervention affect health inequalities?
9. Who will benefit most?
10. What might the unintended consequences be?
11. What will you do to make sure it does reduce/eliminate inequalities?
12. How will you know if inequalities have been reduced/eliminated?

2. Decision Matrix (Sharon Ketchko)

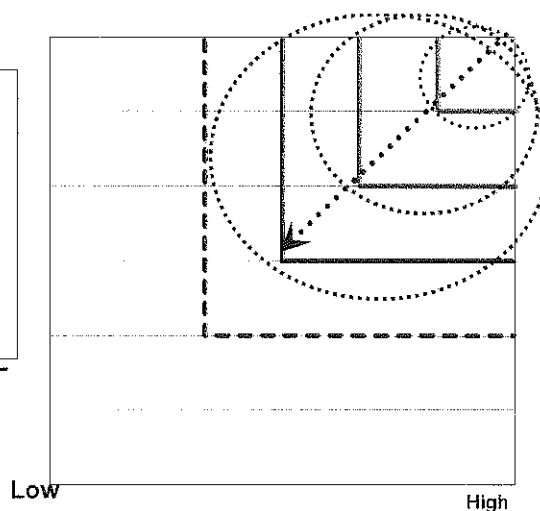
Amenability Answers the Question
*"If we address this problem,
 can we implement the solution?"*

Is it feasible?

- Effectiveness
- Efficiency
- Acceptability
- Sustainability

The Decision Matrix Grid

The highest priority problems are those in the top right hand corner of the grid. Problem priority decreases moving down and to the left as indicated by the arrow



Impact — Answers the Question
*"If we solve this problem,
 how will the solution impact on.....?"*

- improving functioning and/or wellbeing?
- reducing the prevalence of the condition?
- reducing /compressing avoidable morbidity?
- reducing premature death rates?
- connecting the local provider sector ?

3. Maori Health Impact Assessment



whanau-ora-hia-200
7.pdf

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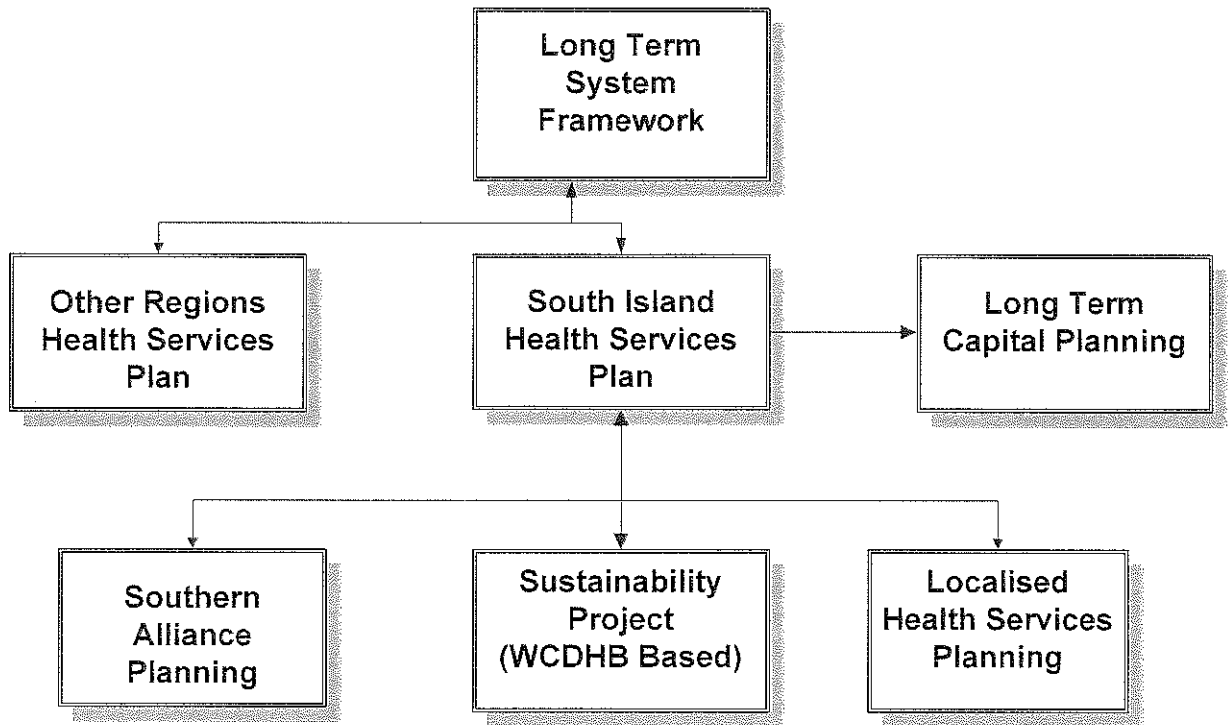
APPENDIX TWO: SOUTH ISLAND HEALTH SERVICES PLANNING (SIHSP) STEERING GROUP - TERMS OF REFERENCE

South Island Health Services Planning (SIHSP) Steering Group Terms of Reference															
Preamble	<p>Major challenges to health service sustainability are anticipated in the future. These challenges will result from population changes (redistribution and ageing), the sparse and widespread population, increasing burden from long term conditions, health inequalities, managing within an affordable funding path, effective utilisation of the available workforce and of technological advances together with rising consumer expectations.</p> <p>Planning for sustainable health services for the population of the South Island will require clinicians, health managers and the community to work together to understand the issues and determine the options and opportunities..</p>														
Purpose	To oversee the development and implementation of effective South Island wide Health Service Planning.														
Vision	<p>An established group that will work together effectively and efficiently with an aim to:</p> <ul style="list-style-type: none"> • reduce inequalities in access to health services across the South Island • enhance the quality of health services across the South Island • enhance the sustainability of all health services for the South Island population that are appropriately delivered in the South Island • engage with key stakeholders to ensure understanding and acceptability of South Island Health Services 														
Responsibilities	<p>It is the responsibility of the SIHSP Steering Group to:</p> <ol style="list-style-type: none"> 1. Develop the work plan and priorities for SIHSP 2. Develop overarching principles to be adopted across all SIHSP 3. Oversee the SIHSP work plan 4. Recommend regional health services plans to the SI CEOs Group for adopting 5. Remove barriers to progressing SIHSP 6. Ensure linkages with other regional and national priorities 7. Ensure that there is wide spread acceptance of both the processes utilised to develop and implement the SIHSP and the results of the SIHSP 8. Adopt a whole of system approach to SIHSP 9. The SIHSP will not change the need for local and sub-regional planning where access, clinical, and/or financial sustainability does not require a South Island perspective 														
Membership	<p>Membership for this group will comprise of the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Position</th> <th style="width: 50%;">Primary Linkages</th> </tr> </thead> <tbody> <tr> <td>CEO (Chair): Chris Fleming (SCDHB)</td> <td>SI CEOs, DHB of employment</td> </tr> <tr> <td>COO: Lexie O'Shea (SDHB)</td> <td>SI COOs, DHB of employment</td> </tr> <tr> <td>CMO: Richard Bunton (ODHB)</td> <td>SI CMOs, DHB of employment</td> </tr> <tr> <td>DoN: Mary Gordon (CDHB)</td> <td>SI DoNs, DHB of employment</td> </tr> <tr> <td>GM Planning & Funding: Sharon Kletchko (NMDHB)</td> <td>SI GMs P&F, DHB of employment</td> </tr> <tr> <td>Primary care representative: Carol</td> <td>SI GP Liaison Officers, DHB of</td> </tr> </tbody> </table>	Position	Primary Linkages	CEO (Chair): Chris Fleming (SCDHB)	SI CEOs, DHB of employment	COO: Lexie O'Shea (SDHB)	SI COOs, DHB of employment	CMO: Richard Bunton (ODHB)	SI CMOs, DHB of employment	DoN: Mary Gordon (CDHB)	SI DoNs, DHB of employment	GM Planning & Funding: Sharon Kletchko (NMDHB)	SI GMs P&F, DHB of employment	Primary care representative: Carol	SI GP Liaison Officers, DHB of
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	Atmore (WCDHB)	service
	GM SISSAL: Rob Weir	SI CEOs, SI Health Services Planner
	Nicola Ehau	Te Herenga Hauora o Te Waka o Aoraki
	TBC	Trade Union Representative
Accountability	<p>The SIHSP Steering Group is responsible to the South Island Chief Executive Group.</p> <p>Membership of the Steering Group brings three primary responsibilities:</p> <ul style="list-style-type: none"> • Active engagement and contribution to the SIHSP program • Ownership of ensuring communication strategies within the professional group each member represent are understood and effective • Ownership of ensuring communication strategies within the district each member represent are understood and effective 	
Decision making	<p>The group does not have decision making responsibility. All decisions to be referred to SI CEOs. All views will be documented when decisions are referred to SI CEOs.</p>	
Quorum	<p>All members (or representatives) to be in attendance where possible. A quorum will require representation from four DHBs. The first priority for representation will be the professional role you represent.</p>	
Meetings	<p>The majority of meetings will be via monthly video conferencing; face to face meetings will be scheduled well in advance but are expected to be limited to a maximum of 4 per year unless otherwise required.</p> <p>Agendas will be set in consultation between SISSAL and the Chair, for agenda requests first contact should be through the South Island Health Service Planner.</p>	
Secretariat Support	<p>SISSAL will ensure secretariat support is available.</p> <p>An agenda and papers for each meeting will be circulated five working days prior to the meeting.</p> <p>Minutes will be compiled and distributed within three working days of the meeting.</p>	
Linkages	<ul style="list-style-type: none"> • South Island District Health Boards, including: <ul style="list-style-type: none"> – Chief executive officers – Chief operating officers – Chief medical officers – Directors of nursing – General managers planning and funding – Service managers – Clinical staff • South island primary health organisations and primary care clinicians • Maori organisations • Pacific island organisations • Regional services planning (RSP) • Non-governmental organisations (NGOs) • Consumer groups • Ministry of health • Professional bodies and colleges • Staff representation • Regional networks • DHBNZ • Media • Others 	
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Where does It Fit

Item 3 ToR Chart



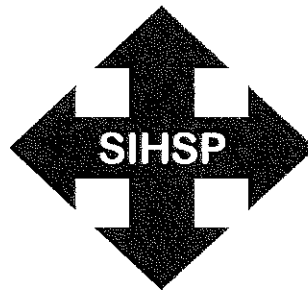
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What does it look like

WHOLE OF SYSTEM – HEALTH SERVICE PLANNING

Principles							
Equity of Access	Maori Health Service Needs	Clinical engagement	Patient centred consumer involvement	Community acceptance	Quality & safety	Continuum of care	Clinical sustainability

Service Developments
Clinical service plans e.g. Neurosurgery, Child Health, others TBA
Regional Services e.g. Health South, Electives initiative, others TBA
Health Networks E.g. SIRMHN, SCN, others TBA
Conceptual Framework Facilities considerations



Sub-Regional
Clinical service developments
Non-clinical service developments

Enablers						
MoH Tools	Funding Options	Demand forecasting	Technology	Human Resources	Transport & Accommodation	Communications Plan

