Central Region
Regional Services Plan 2018/19
Part 1
Collaboration among the Central Region Directors of Allied Health, using Health Workforce New Zealand funding, will ensure that funding is allocated to our region’s DHBs to meet service need and demand.

Through the implementation of a regional telesstroke service, all Central Region patients have access to time-critical, lifesaving treatment for stroke, 24/7. This means they have a greater chance of early survival and are more likely to walk out of hospital rather than require transfers to rehabilitation or institutional care.

With the number of New Zealanders living with dementia expected to triple by 2050, our health system is prioritising work to ensure timely diagnoses and effective management. A new online dementia education resource supports general practitioners and practice nurses to build their confidence, competence and consistency in assessing, diagnosing and managing mild cognitive impairment and dementia. The resource, which is available nationwide, was a collaborative development between primary, secondary and tertiary care providers and Alzheimers New Zealand, and is based on the latest dementia research.

A new Alcohol and Drug Service Model was implemented, which includes peer support and whānau ora and aims to provide patients with service pathways through which they can receive treatment closer to home. Residential services are being implemented in the first stage of implementation, enabling patients to access a range of services locally rather than outside their regions.

The Central Cancer Network, in partnership with the Cancer Society of New Zealand and the Cancer Nurses College, worked with the sector to develop a national consensus statement for cancer survivorship in New Zealand. The Ministry of Health’s cancer programme is planning to develop this foundation work into a national framework.

Foreword

In 2017/18 the Central Region district health boards (DHBs) developed a strategy that will take a truly regional approach to improving the health of the region’s population.

The strategy is our key accountability document for regional collaboration and has been developed in conjunction with the region’s clinical networks, DHBs, and regional governance groups.

A plan for the next year

This Central Region Regional Service Plan for 2018/19 articulates our region’s strategic direction and provides a high-level overview of the Central Region DHBs’ planned actions for the year. Through these actions we will continue to focus on the strategy’s three strategic objectives:

- a digitally enabled health system
- a clinically and financially sustainable health system
- an enabled and capable workforce.

Our plan is to prioritise investment in four areas of significant need: cancer; cardiac; mental health and addiction; and regional care arrangements. We believe that this more targeted approach will have a vital role in improving the health outcomes of the people in our region.

We will also focus on achieving better outcomes for Māori through reducing the variations in disease rates and health outcomes among this population. Our work will align closely with He Korowai Oranga: Māori Health Strategy and the Government’s priorities, as well as our obligation to identify inequities and develop actions to improve outcomes.

Work on our existing regional programmes will continue, covering areas including:

- diagnostic services
- elective services
- healthy ageing
- health quality and safety
- hepatitis C
- major trauma
- stroke
- technology and digital services
- the regional workforce.

In everything we do, we are committed to the direction outlined in the New Zealand Health Strategy 2016, with all actions built on its key themes of people-powered, closer to home, value and high performance, one team, and smart system.
Working together for good

As well as detailing our work programmes, this plan explains our approach to improving quality, safety and the patient care experience, against an overall goal of improving patient health outcomes and equity. It has been led by the Central Region’s Chief Operating Officers, General Managers Planning and Funding, and General Managers Māori and Pacific to provide assurance that time and effort are being invested in the most appropriate way to address the four priority areas and meet the needs of our population.

The plan is underpinned by a region-wide understanding that the diverse nature of our population requires us to take a coordinated, regional approach that allows for flexible implementation to meet the needs of individual communities. Through working regionally we address our shared challenges, and as individual DHBs we provide services to our own populations, which allows for agility in service provision.

Reflecting this, this Central Region Regional Service Plan does not include work programmes in palliative care, sudden unexpected death in infancy, and Well Child Tamariki Ora, which are managed at local and/or sub-regional levels. A review of the programmes and our population’s needs has identified that this remains the best approach.

A commitment to wellbeing

Together, the six Central Region DHBs are dedicated to offering a sustainable health system that is focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services that are as close to people’s homes as possible. In the coming years we will deliver this through a combination of work programmes, regional clinical networks and a commitment to identifying and responding to emerging national priorities.

Our new investment focus means that we can allocate funding and effort to programmes that provide the greatest health benefits for our population and the greatest value for the DHBs. We look forward to implementing the plan and building on its actions in years to come.
20 MAY 2019

Dr Kevin Snee
Lead Chief Executive
Central Region DHBs
kevin.snee@hawkesbaydhb.govt.nz

Dear Kevin,

Central Regional Service Plan 2018/19

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

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

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

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

Yours sincerely,

Hon Dr David Clark
Minister of Health

cc: Central Region DHB Chairs and Chief Executives
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1. Introduction

1.1 The Central Region: context

The Central Region’s six district health boards (DHBs) – Hawke’s Bay, Whanganui, MidCentral, Wairarapa, Hutt Valley and Capital & Coast – are responsible for delivering health services to a population of 914,000, which represents about 19% of New Zealand’s total population. Together, we know that regional collaboration is essential if we are to achieve equity of outcomes for this population.

During 2017/18 the DHBs developed a vision and values for the Central Region and a strategy for achieving that vision in the next three to five years, as well as agreed regional values, behavioural statements, roles and responsibilities for governance groups, clinical networks, DHBs and TAS, and a decision-making framework for regional planning and prioritisation.

The strategy reflects and responds to the evolving strategic environment for health care nationally. It aims to balance the emerging priorities for primary care, mental health and integrated models of service delivery with the needs of the communities in our region.

During 2018/19, the Central Region DHBs will continue to focus on the strategy’s three strategic objectives:

- a digitally enabled health system
- a clinically and financially sustainable health system
- an enabled and capable workforce.

This Central Region Regional Service Plan outlines the steps we plan to take in implementing the strategy. It focuses on four priority areas:

- Cancer
- Cardiac
- Mental health and addiction
- Regional care arrangements.

In developing the Regional Service Plan, the six DHBs recognised and acknowledged:

- the guiding principles of the New Zealand Health Strategy 2016
- the Ministry of Health’s system outcomes and Government commitments
- the evolving nature of the health sector
- the challenges we face in improving outcomes for our population.

To guide progress in achieving our objectives, the DHBs have developed six key principles for regional programmes:

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The Central Region vision and values

The Central Region’s vision is:

‘Central Region DHBs leading together to achieve New Zealand’s healthiest communities’.

To realise this vision, as partners we will:

Strive for excellence
Act with integrity
Be courageous
Inspire each other

Mahi ngātahi – Partnership

We all share responsibility for this kaupapa
We actively support our partners and colleagues
We understand and take ownership of our role

Kounga – Excellence

We strive for best practice in everything we do
We are patient and whānau centred
We constantly drive improvements

Whai mana – Integrity

We demonstrate understanding, honesty and openness
We build trust by turning our words into actions
We embody respect with the way we treat others

Māia – Courage

We don’t shy away from hard decisions or difficult conversations
We are not afraid to take calculated risks when the benefits warrant it
We are prepared to challenge the accepted wisdom

Whakaohoho – Inspire

We celebrate and share success
We are role models by living our values
We proactively develop our teams and our successors

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• Deliver positive outcomes that can be measured.
• Include equity measures to work towards better outcomes for Māori.
• Prioritise the development of IT (information technology) enablers and integrated electronic records.
• Integrate with regional clinical networks in developing clinical pathways and protocols.
• Have clear primary care expectations.
• Be linked to a wellbeing approach across the lifespan.

1.2 About this plan

This Regional Service Plan outlines our strategy and priorities for the Central Region DHBs’ services in 2018/19. It has been developed by the six DHBs in collaboration with the TAS Regional Planning Team and Regional Programme Managers. It supports the Central Region Outcomes Framework (see section 4.1) and is governed by the DHBs’ governance and decision-making frameworks (see section 5).

The plan builds on our successes and provides a foundation for achieving our long-term goal of having the healthiest communities possible. It reflects our commitment to working together to deliver services for our population that are clinically and financially sustainable and provide the best quality of care.

For 2018/19 the DHBs have prioritised action in four areas of significant need: cancer, cardiac, mental health and addiction, and regional care arrangements. We also recognise the need to measure and understand more clearly the equity of outcomes for Māori, and for this reason have included equity performance measures and planned outcomes in our regional work programme (see Part 2 for more detail).
2. The plan’s strategic direction

2.1 Regional strategic approach

In 2017/18 the six Central Region DHBs committed to moving beyond a sole focus on compliance with Ministry of Health priorities – instead developing a truly regional strategy that addresses regional and local service priorities and planning. This reframed Regional Service Plan for 2018/19 provides the basis for our planning for future years.

While previous Regional Service Plans have recognised the diverse nature of the Central Region’s population requirements with a coordinated approach to meeting individual communities’ needs, this 2018/19 plan sets the scene for the future by focusing more strongly on wellbeing throughout patients’ lifespans. It responds to the diversity of patient needs and a requirement for tailored services that improve equity in health outcomes. It marks a major step towards implementing a regional approach focused on delivering the very best care for New Zealanders.

2.2 National direction

At the highest level, all DHBs are guided by the New Zealand Public Health and Disability Act 2000, with the New Zealand Health Strategy 2016 providing the overarching direction. The New Zealand Health Strategy is supported by a range of population health strategies that include:

- the New Zealand Disability Strategy 2016 – 2026
- ‘Ala Mo’ui – Pathways to Pacific Health and Wellbeing 2014–2018
- the Healthy Ageing Strategy (2016)
- the Primary Health Care Strategy (2001)
- Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017
- He Korowai Oranga: Māori Health Strategy (2002) – a priority strategy, regionally and nationally, which aims to ensure that Māori health outcomes reflect more closely those of non-Māori populations. The success of He Korowai Oranga is key to achieving the goals of the New Zealand Health Strategy.

The New Zealand Health Strategy’s high-level goals for the health system are that all New Zealanders live longer, healthier and more independent lives, and that the health system is cost-effective and supports a productive economy. Our region continues to focus on implementing the strategy’s five themes, which are described in Figure 1. Implementing these themes requires local, sub-regional and region-level planning responses as well as partnerships and collaboration outside traditional boundaries.

Figure 1: Five strategic themes of the New Zealand Health Strategy
This 2018/19 Regional Service Plan reflects the empowering direction of the New Zealand Health Strategy, as it enables us to facilitate behaviour shifts at a system level, from:

- treatment to prevention and support for independence
- service-centred delivery to people-centred services
- competition to trust, cohesion and collaboration
- fragmented health sector silos to integrated social responses.

These shifts in focus, which challenge traditional, established ways of working in health and care, also challenge the Central Region’s collaboration and planning processes. They are the driving force for our commitment to improving collective decision-making processes and ensuring strong, shared responsibilities and accountabilities. We also acknowledge the importance of sharing lessons learned and being able to adopt/adapt and implement ideas rapidly, and we plan to create opportunities to enable these across the region.

Alongside these longer-term goals and commitments, the Minister of Health’s Annual Letter of Expectations outlines annual priorities for the health sector. For 2018/19, the Government has signalled a higher priority for primary care, mental health and the public delivery of health services, and a strong focus on improving equity in health outcomes. There is a greater expectation for DHBs to work closely with public health units and health promotion providers, and the Central Region DHBs are working to strengthen the importance of primary care in developing our regional processes.
3. Our population

3.1 Our region – and the changes we expect to see

The Central Region’s population is forecast to grow by 7% in the next 20 years, with an 84% increase in people aged over 70 years. Our health workforce is ageing too, with a forecasted decrease in health professionals aged 50-59 years.

Our communities are expected to become more diverse, with more Māori, Asian and Pacific people. The number who identify as Māori is forecast to increase by 36%, while the Asian population is expected to grow by 70% and the number of Pacific people by 22%.

The region has pockets of people who exhibit risky health behaviours, live in highly deprived areas and have limited access to transport and employment. Approximately 89,500 people, or 10% of our population, live in our most deprived areas.

Māori have higher rates of disease and mortality than non-Māori.

Figure 2: Central Region population distribution across DHBs

The Central Region’s population is 914,000 (19% of the New Zealand total).

In the next 20 years the region’s population is expected to increase to 978,000.

85,000 more people will be aged 70+.

3.2 Forecast population growth rates vary – with a decrease in one DHB area

The Central Region’s estimated population growth won’t be evenly distributed across the six DHB regions: Capital & Coast DHB is expected to see the greatest increase, while Whanganui DHB’s population is expected to decrease (see Part 3 for detailed Central Region demographics).

Figure 3: Central Region population estimates and changes

<table>
<thead>
<tr>
<th>DHB</th>
<th>% change in population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital &amp; Coast DHB</td>
<td></td>
</tr>
<tr>
<td>MidCentral DHB</td>
<td></td>
</tr>
<tr>
<td>Hawke’s Bay DHB</td>
<td></td>
</tr>
</tbody>
</table>
4. Improving health outcomes for our population

4.1 Key focus and actions for 2018/19

The changing make-up of the Central Region population, together with the challenges for service providers in ensuring equity of access for geographically dispersed populations, is placing increasing pressure on, and demand for, patient services.

To address these challenges, our focus is on ensuring equity of access and outcomes for all our population, in ways that make best use of advances in technology and are both clinically and financially sustainable. Figure 4 shows the three strategic objectives that we identified in 2017/18 and will continue striving to achieve through this Regional Service Plan 2018/19.

Figure 4: The Central Region strategic objectives

Supporting this work, we have developed four priority areas as well as clear outcomes and outputs for 2018/19. This means that, while the Central Region DHBs will continue with existing regional work programmes, we will prioritise our investment in:

- cardiac
- cancer
- mental health and addiction
- regional care arrangements.

Figure 5 illustrates the resulting Central Region Outcomes Framework, which includes our six outcomes (what we want to achieve through our work) and three outputs (what we will deliver to achieve the outcomes).
4.2 Our priority areas

4.2.1 Cancer

In recent years the Central Cancer Network (CCN) has concentrated on implementing the Faster Cancer Treatment programme. The programme, which aims to improve the quality and timeliness of services for patients along the cancer pathway, is now embedded in all the Central Region DHBs.

With this work complete, CCN is now considering system-level challenges, such as how the Central Region DHBs will organise and deliver services in the future, how the region can strengthen collaboration and enhance the roles and relationships of the various parties, and CCN’s role in those endeavours.

It is specifically looking at:
- the adoption of a more clinically governed approach
- how cancer services are delivered in the region

DHBs delivered a sustained performance against the Faster Cancer Treatment 62-day and 31-day indicators.

The MDM future state gap analysis and findings report was completed.

A priority cancer clinical pathway project was completed by the Health Pathways and Collaborative Clinical Pathways teams.

We reviewed (against the priority areas) the services provided for adolescent and young adult cancer patients in New Zealand, including the standards of care.

Kia Ora – E te Iwi programmes (survivorship programmes for Māori) were delivered in most districts.

The National Bowel Screening Programme was implemented in Hutt Valley and Wairarapa DHBs and the Bowel Screening Regional Centre was established.

Note: RCA = regional care arrangements; BAU = business as usual (our regional work programme).
• access and models of care, to ensure that they serve all the region’s communities effectively
• the mechanisms and processes for improving quality and outcomes for the people and communities using the services.

The success of any changes will depend on the commitment of senior executives and clinical leaders and a strong and shared sense of common purpose and direction. The structures and processes underpinning the region’s cancer service will need to be defined and consolidated in the regional work programme.

The cancer work programme aligns with the New Zealand Cancer Plan: Better, Faster Cancer Care 2015–2018, which underpins cancer-related activities for the Ministry of Health, all DHBs and the regional cancer networks that work across boundaries to improve patient outcomes by:

• reducing the incidence and impacts of cancer
• increasing equitable access to cancer treatment and equitable outcomes.

4.2.2 Cardiac

The New Zealand Cardiac Network developed an Echocardiography Workforce Plan, which recognises and responds to the vulnerable echocardiology workforce. The plan is part of the Cardiac Health System Plan and proposes to implement a ‘grow our own’ approach to building workforce capacity. This would involve training echocardiographers where appropriate and, for smaller rural DHBs (Whanganui and Wairarapa), recruiting qualified sonographers because these DHBs have a limited capacity for training or supervising echocardiographers. Whanganui has already secured funding to recruit a qualified sonographer.

An echocardiography dataset was defined, and the Central Region DHBs will pilot the collection of this data.

The Regional Cardiology Service Development programme supported a comprehensive cardiology service, including percutaneous coronary intervention (PCI) services in Hawke’s Bay and MidCentral DHBs, as well as work to ensure that all regional services remain viable. MidCentral DHB acquired board approval to appoint a project manager and progress the development a full business case for cardiology services, including PCI. Hawke’s Bay DHB completed an independent review of its cardiology service.

Nelson Marlborough and Capital & Coast DHBs both have ST elevation myocardial infarction (STEMI) Coordinators in place.

The Central Region DHBs are taking a whole-of-system approach to heart health through an evidence-based Cardiac Health System Plan. The plan’s development included research into the prevalence of different disease groups, as well as a literature review on health promotion, disease prevention and early intervention, and treatment strategies.

The plan aims to enhance the primary care detection and management of heart failure and atrial fibrillation. This reflects the strong evidence that stroke morbidity and mortality can be reduced through cost-effective approaches, such as:

• screening and medically managing atrial fibrillation
• improving heart health by dispensing heart medications
• having good access to echocardiography for heart failure diagnosis.

The work to develop the echocardiography workforce is important in supporting this.

The Cardiac Health System Plan builds on the National Expected Standards for common cardiac conditions, which were developed in the Central Region then rolled out nationwide. Its implementation will require us to work with Alliance Leadership Teams, primary health organisations and DHB planning and funding specialists throughout the region. It includes a focus on addressing Māori equity issues through the Ministry of Health’s Equity of Health Care for Māori: A Framework (2014) in collaboration with General Managers Māori and Central Region Māori Relationship Boards (Te Whiti Kī Te Uru).
4.2.3 Mental health and addiction

The number of New Zealanders needing mental health and addiction services has continue to grow: the 32,771 people seen in 2014/15 (3.7% of the population) rose to 34,591 in 2015/16 (3.9% of the population).\(^1\)

All of New Zealand’s DHBs agree that mental health and addictions is a priority area – as do many agencies in the social and health sectors, from Oranga Tamariki and primary care providers to the Ministry of Education, the Ministry of Justice and New Zealand Police.

In 2018/19 the Central Region DHBs will build on this focus by improving data quality and use, as well as IT systems, to ensure the best possible experiences and outcomes for tangata whaiora (those who receive mental health care, assessment and treatment services).

We also recognise the need for inter-agency and inter-sector collaboration to ensure that tangata whaiora receive the support they need quickly and close to the communities where they live. To achieve this, the Central Region DHBs will align their work with two national initiatives: the Health Quality & Safety Commission’s (HQSC’s) quality improvement programme, and the Government Inquiry into Mental Health and Addiction.

It is clear that there are equity issues at many levels of the mental health and addiction sector. According to \textit{Blueprint II: Improving mental health and wellbeing for all New Zealanders How things need to be} (2012), Māori and Pacific peoples have lower access rates to services than others, while the Ministry of Health’s \textit{Suicide Facts} (2015) indicates that Māori have higher rates of suicide than non-Māori.\(^2\) We need to improve preventive approaches in the community to support people before they require secondary or tertiary services, and provide sector participants with key information on areas with equity issues so that they can respond more readily to people's needs.

To support this work, the Central Region is committed to improving both data quality and the way data is used – including through sharing it with other sectors and health agencies. This will help in identifying equity issues and barriers to access among different population groups.

The Central Region has also been developing its IT systems to capture high-quality data that is:

- critical to ensuring that tangata whaiora receive the best treatment options and care (such as data on service use and experiences and outcomes achieved)
- useful in planning and improving services for tangata whaiora (such as through insights into service successes, pressures and issues).

This information, combined with that from the HQSC quality improvement programme and the Inquiry into Mental Health and Addiction, will enable us to provide in-depth information to sector participants to assist them in prioritising initiatives that meet the needs of tangata whaiora in the years to come.

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\(^1\) Source: PRIMHD data set.

4.2.4 Regional care arrangements

The 2018/19 regional care arrangements work programme aims to ensure that regional services are planned and service changes are managed in ways that improve:

- equity of outcomes for those who use the services
- service sustainability
- cross-sector integration
- financial viability.

A key challenge is to implement a regional planning and decision-making process in which challenges are resolved collectively rather than locally by individual DHBs. To date there has not been a strong focus on regional transparency and agreement in making patients’ clinical care arrangements.

Regional care arrangements will support the Central Region DHBs in planning services that:

- help to build equity and improve health outcomes for our population
- deliver the right care in the right place at the right time for people and their families/whānau
- are as local as possible and as specialised as necessary
- are delivered in ways that are planned and financially sustainable
- use funding mechanisms that incentivise a regionwide effective use of resources.

The 2018/19 work programme aims to ensure that Central Region DHBs have care arrangements that:

**Key benefits**

Better care arrangements will enable a more effective approach to service planning and change that incentivises agreed care arrangements and reduces unnecessary patient movements.

More transparent regional and sub-regional services will enable Central Region DHBs to plan effectively and be better informed of future capability and capacity requirements, and support greater service stability.

Having stronger links to the regional work programme will enable a whole-of-system approach to planning and knowledge-sharing and build a strong foundation for working together.

We expect arrangements and models of care to change as our health services evolve to meet the needs of our communities, improve equity and respond to financial and resource-allocation pressures. As a result, the region will be better able to manage service development and changes to existing services.

4.3 Regional enablers

The Ministry of Health has specified six ‘regional enablers’ for 2018/19. The regional enablers are:

1. Equitable access and outcomes – regions are expected to continue to identify inequities and outline actions to improve equitable access and outcomes
2. Workforce – regions are expected to outline leadership and commitment to supporting the development of the region’s workforce by putting in place workforce development initiatives
3. Technology and digital services – delivery of ICT enabled changed and innovation
4. Quality – be aligned with the Health Quality and Safety Commission’s strategic priorities for quality
5. Clinical leadership – demonstrate how the region will strengthen clinical engagement and leadership
6. Pathways – develop regional pathways to improve the patient experience and make best use of regional resources and capacity.
The Central Region DHBs are also focusing on radiology as a priority.

4.3.1 Equitable access and outcomes

The improvement of Māori health outcomes is a combined responsibility for New Zealand’s health and social sectors.

Under the New Zealand Public Health and Disability Act 2000, DHBs are required to reduce health disparities by improving the health outcomes of Māori. Our work is guided by the DHB Operational Policy Framework, which sets out the business rules, policy and guideline principles underlying DHBs’ operating functions, which include working with Māori.

We also acknowledge He Korowai Oranga: Māori Health Strategy, which guides the Government and the health and disability sector in achieving the best health outcomes for Māori. Updated in 2014, He Korowai Oranga’s vision and overarching aim for Māori health is Pae Ora (Healthy Futures), which builds on the original foundation of Whānau Ora (Healthy Families) to include Mauri Ora (Healthy Individuals) and Wai Ora (Healthy Environments).

Essentially, Pae Ora articulates a future where Māori live with good health and wellbeing in an environment that supports a good quality of life, and encourages everyone in the health and disability sector to work collaboratively to provide high-quality services.

Figure 6: Pae Ora framework

Achieving Pae Ora requires a wider response from all sectors, in which structured inter-sector approaches ensure that Crown agencies are aligned and working together to support the aspirations of whānau and communities.

The Central Region DHB’s response

He Korowai Oranga provides clear guidance for the Central Region DHBs for addressing the inequities in our Māori population. The key is to ensure that we integrate actions and measures that clearly align with the strategy’s aim.
We know that Māori communities in the region have significantly higher health and social needs than non-Māori. We need to ensure that, through our health systems and services, equity of health outcomes in communities is on every agenda and there are specific actions for and measures of improvements in Māori health.

We also know that Māori equity issues vary, so we need to support local solutions that are resourced and integrated with regional capacity and planning.

The Central Region DHBs are committed to maintaining their focus on Māori health, and through the actions in this Regional Service Plan aim to accelerate improvements in Māori health and contribute to better outcomes for Māori. During 2018/19:

- the DHBs will strive to improve the way they monitor relevant indicators by increasing ethnicity data use in performance dashboards. A regional summary of these dashboards will be provided at the end of quarters two and four to illustrate trends and share knowledge gained
- DHB General Managers Māori will continue to partner with the regional work programme to ensure that sound advice and support are provided. They will also continue implementing the Pae Ora framework in DHBs and other sectors, as appropriate, with the aim of improving the region’s health status.

In addition, the Central Region will continue developing actions that measure outcomes for Māori, drawing heavily on Equity of Health Care for Māori: A framework — a Ministry of Health document that guides health practitioners, health organisations and the health system in achieving equitable health care for Māori. Three actions support the framework:

- Leadership: by championing the provision of high-quality health care that delivers equitable health outcomes for Māori
- Knowledge: by developing a knowledge base on ways to deliver and monitor high-quality health care for Māori effectively
- Commitment: to providing high-quality health care that meets the health care needs and aspirations of Māori.3

Complementing this framework, the DHB Health System Performance framework will be applied in deciding on the measures required to tell a balanced story of progress, taking a health system perspective (see Figure 7).

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4.3.2 Workforce

The Central Region DHBs are committed to ensuring that regional workforce development aligns with service and population demands, while remaining focused on improving the way we recruit, retain and position health professionals. We acknowledge that, as practice evolves and models of care develop in response to population need and innovations in health and care, the role and scope of practice of health professionals and the wider workforce must also change.

Workforce initiatives for 2018/19 will build on the alliance formed between the six regional DHBs, Health Workforce New Zealand and the National Strategic Workforce Team. They are underpinned by a focus on building capability and capacity, leadership and strong workforce values and cultures. Where regional work programmes identify workforce issues, these will be addressed through a collaborative planning process that uses regional and national data and networks to create innovative and flexible regional solutions.

Our regional workforce programme will continue to strengthen support for vulnerable workforces while building on existing recruitment and retention strategies. It will also align with changing scopes of practice and emerging models of care.

Regional workforce: key achievements in 2017/18

The Skill Sharing Framework (Calderdale Framework was further developed, and approval was gained for two more sub-regional practitioners through a joint initiative with the South Island.

The Central Region received support to help the northern region to start work on the Skill Sharing Framework.

A Māori midwifery consultant was appointed in Hawke’s Bay DHB and the number of DHB scholarships for Māori midwives increased.

The supervision framework for sonographers was developed further.

Health Workforce New Zealand agreed to support both separate trainee funding for Allied Health Scientific and Technical professionals and a collaborative approach by all six DHBs to pool resources and ensure that capacity matches need.

All DHBs progressed their wellbeing initiatives for staff.

A palliative care workforce plan was completed.

DHB Pacific leads were reconvened as a group under the Workforce Hub, to support work on equity.
4.3.3 Technology and digital services

The Central Region DHBs are working to eliminate their reliance on legacy solutions by deploying more modern and integrated technological and digital solutions. This will:

- enable regional information-sharing
- ensure the best possible use of scarce clinical resources
- allow new models and processes of care to be supported.

With this foundation, it is expected that, in the next four years, this work will support the Central Region’s drive to digitise provider, patient and consumer interactions in support of the move to care in the home and self-care. End-to-end processes will also be digitised to enable electronic referrals, a smoother workflow and shared care and service coordination across and within care environments.

Other technology innovations are also being progressed, including an online regional clinical portal that will support:

- the secure sharing of clinical information, including clinical documents, data on patient demographics and patient administration and shared care records
- a regional image and communication archive to store X-ray records
- DHB access to data taken from the regional system
- enhancements in the health care practitioner database.

4.3.4 Quality

The Central Region Quality and Safety Alliance (CRQSA) is a multidisciplinary, cross-sector forum that leads quality improvement and patient safety initiatives across the continuum of care. These initiatives aim to enhance the quality of health services, deliver the best possible health outcomes, and reduce health disparities in the Central Region.

Through collaboration and sharing knowledge, resources, data and lessons learned, the CRQSA promotes a patient safety culture and leads the uptake of a clinical governance framework. It also connects with national quality and safety programmes, including HQSC, to ensure high-quality, person/whānau-centred care throughout the region.

In 2018/19 CRSQA will focus specifically on:

- supporting the implementation of the National Adverse Events Reporting Policy in the Central Region
- increasing the region’s capability and capacity to support quality improvement initiatives
- supporting HQSC with the implementation of the Central Region Quality Dashboard
- working collaboratively to improve the patient experience and responses to the lowest-scoring question in the national adult inpatient experience survey: “Did a member of staff tell you about medication side effects to watch for when you went home?”
- supporting the implementation of a region-wide person- and family/whānau-centred approach, including access to training in implementing the approach
- ensuring equity in all workstreams.

Regional health quality and safety: key achievements in 2017/18

The CRQSA Terms of Reference were reconfigured and a new chair appointed.

Collaboration with HQSC increased, and included its regular attendance at meetings.

Collaboration with regional work groups increased, focusing on areas of high harm.

CRQSA was advised on reporting requirements.
4.3.5 Clinical leadership
As a fundamental operating principle, all regional work in the Central Region is led by clinicians and is overseen by a clinical network governance structure that supports them through planning, scoping and estimating the value of new initiatives.

During 2018/19 the region’s clinical networks will be working more closely to assess opportunities for improved care arrangements. These will be driven through the networks, with the clinical leads involved throughout the process.

4.3.6 Pathways
The development of regional pathways, processes, guidelines and models of care provides opportunities to improve the sustainability, quality and accessibility of services. Through our regional programme we plan to evaluate some of our existing pathways and develop new pathways and care models in some areas.

4.3.7 Diagnostics/Radiology
We recognise that providing people with access to diagnostics/radiology services is a key enabler for achieving the region’s strategic objectives, so we aim to deliver a high-quality, timely, affordable and sustainable patient- and population-focused imaging service.

The demand for radiology services is increasing in the Central Region, largely owing to:
- an ageing population
- an increased reliance on imaging as part of clinical assessments
- an increase in the number of emergency presentations
- expectations of both shorter turnaround times to meet compliance requirements and improvements in acute patient treatment times
- expectations of improved turnaround times to meet indicators and ‘better, sooner, more convenient’ treatment for cancer services and primary care access
- an increase in elective treatment targets and an emphasis on meeting them
- an increased use of imaging by new consultants
- innovations such as newly funded drugs that require mandatory imaging
- the increasing identification of incidental lesions that require follow-up
- increased intervention using CT
- bowel screening.

Given these pressures the implementation of the Regional Radiology Information System is a key priority for the Central Region DHBs.

4.4 Clinical services and regional networks
The Central Region has several established, operationally focused and clinically led regional programmes that support the achievement of our three strategic objectives. In addition to the four priority areas and key enablers already described, clinically led programmes are associated with elective services, healthy ageing, hepatitis C, major trauma, stroke and workforce.

In 2017/18 the Central Region DHBs reviewed their existing clinical networks and regional programmes, having recognised the need for flexibility to respond to changing needs and advances in technology (for example). During 2018/19 we will broaden the scope of our existing networks and potentially introduce new ones to develop and implement expert responses to new service configurations, changing models of care and opportunities to review the use of existing capacity.

4.4.1 Elective services
The Central Region is taking a regional approach to improving elective services by developing regional collaboration and information-sharing mechanisms, and working with key stakeholders to identify opportunities to maximise regional resources and capacity. The aim is improve equity of access and quality of care for patients through developing better systems and processes.
In 2018/19 the regional elective services programme will focus on:

- regional models of care for vascular services, breast reconstruction and ophthalmology
- community-based and primary care initiatives that minimise the requirement for surgical interventions. In particular, we plan to review and identify the outcomes of projects completed as part of the Mobility Action Programme.

### 4.4.2 Healthy Ageing

The Health of Older People work programme supports the Central Region in meeting the priorities of the Healthy Ageing Strategy Implementation Plan 2016-2019. It is based on the principle of working with others to find new and better ways of organising, funding, delivering and continually improving services for older people in the region.

The work programme is closely aligned with the Healthy Ageing Strategy’s vision of older people “living well, ageing well, and having a respectful end of life in age-friendly communities”. It also recognises the guidance and actions outlined in the Ministry of Health documents New Zealand Framework for Dementia Care and Improving the Lives of People with Dementia.

**Healthy ageing: key achievements in 2017/18**

*Four infographics were published on the characteristics of older people, generating conversations about, and requests for, information from a range of community agencies, councils and health professional groups. We promoted the Goodfellow e-learning course on dementia in a range of forums.*

- focusing on equity for older people
- contributing to national and regional efforts to provide guidance for carers of those with dementia
- developing care pathways that support the early diagnosis and management of people and their families/whānau with young-onset dementia.

### 4.4.3 Hepatitis C

The Central Region hepatitis C programme supports the implementation of the New Zealand clinical guidelines for the diagnosis and treatment of hepatitis C. The work is led by the Central Region Community Hepatitis C Programme.

**Hepatitis C: key achievements in 2017/18**

*A programme coordinator was recruited and a community programme established. We established a robust database of hepatitis C patients, with records of fibroscans and recalls updated and followed up. We worked to re-engage with those lost to follow-up. Six health pathways were published. Monthly clinics were established in all needle exchanges in the Central Region. We engaged regularly with the regional prison service, including on fibroscans and teaching sessions. We established a communication process with the New Zealand Prostitutes’ Collective, the AIDS Foundation and sexual health services. We developed and disseminated health promotion material on hepatitis C.*

During 2017/18 the Central Region DHBs established a community programme and began work on establishing relationships, providing education and information and setting up systems and processes in relation to hepatitis C.

In 2018/19 we will continue to consolidate relationships and establish assessment/testing and treatment pathways consistently in the Central Region.

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4.4.4 Major trauma

The Central Region’s major trauma work programme supports that of the Major Trauma National Clinical Network in implementing a contemporary trauma system throughout New Zealand.

Severely injured patients stand the best chance of making a good recovery if the trauma system performs well. That performance can be measured using information on the incidence of injury (where prevention has a role), the severity of injury, and death resulting from injury (where the process of care is important).

In New Zealand, injury is the leading cause of lost years of life in people under aged 45 years, mostly due to road-related accidents (52%), followed by falls (26%).¹ Out of the four New Zealand DHB regions, the Central Region has the highest proportion of major trauma patients aged 65+ (27%) and the highest incidence of major trauma patients presenting following falls (31%).¹ Falls account for 46% of all deaths and the risk of death increases with age, with case fatality rates in the 70+ age group at 12%. Delivering the best possible trauma care for patients in the Central Region will achieve efficiencies throughout the health system through reductions in trauma mortality, improvements in long-term disability outcomes and cost savings.

In 2018/19 the Central Region Major Trauma Network will:

- look closely at workforce development to ensure that there are enough nursing staff to support the major trauma programme regionally and nationally and enable case management for complex patients
- continue to report elements of the National Minimum Dataset for major trauma patients to the New Zealand Major Trauma Registry
- drive improvements in the key process indicators set by the Major Trauma National Clinical Network
- continue to develop and implement regionally focused major trauma clinical guidelines
- develop a process for inter-hospital referrals and transfers of major trauma patients in the region
- publish a Central Region major trauma annual report to stakeholders and the public to demonstrate the burden of trauma in the region and identify opportunities for trauma quality improvements regionally and in individual DHBs.

4.4.5 Stroke

The Central Region Stroke Network was set up to drive a regional approach to implementing the New Zealand Clinical Guidelines for Stroke Management (2010). Its priorities are to ensure that:

- all stroke patients are admitted to acute stroke units or organised stroke pathways
- acute stroke reperfusion therapy is accessible for all patients 24/7
- rehabilitation and community-based services are as accessible for stroke patients under 65 as they are for those over 65

A regional telestroke service was established.

People in the Central Region now have equitable access to stroke services, and the resulting reduction in door-to-needle time has had a significant impact on patient outcomes – including a greater chance of early survival and walking out of hospital rather than requiring transfers to rehabilitation or institutionalised care.

We hosted a Central Region Stroke Study Day.
• Māori and Pacific peoples are involved in the decision-making on and planning, development and delivery of stroke services
• health practitioners receive training and support in delivering stroke care.

In 2018/19 the Central Region Stroke Network will continue to focus on implementing the guidelines. In particular, the work programme will include:

• developing protocols and pathways to support the implementation of a regional endovascular clot service
• assessing equity of access to support early discharge and rehabilitation
• continuing to work with primary, community and secondary health services on improving primary stroke prevention and promoting the TIA (transient ischaemic attack) diagnostic tool in primary care.

4.5 How we plan to achieve identified outcomes

This section provides the rationale for our focusing on each of the outcomes in Figure 5 and the actions we will be taking. Part 2 has more detailed information on the Central Region’s work programmes.

### Outcome: Access to information and patient records

<table>
<thead>
<tr>
<th>Rationale</th>
<th>Actions being taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated information processes provide opportunities to improve clinical outcomes for patients in the Central Region</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiac</th>
<th>Information technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess the feasibility of moving to a regional system to report on and monitor echocardiography data</td>
<td>Continue implementing the regional clinical portal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health and addiction</th>
<th>Diagnostics/Radiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the implementation of a shared electronic health record for mental health</td>
<td>Continue implementing the Regional Radiology Information System to ensure that it provides the greatest possible benefits for the region</td>
</tr>
<tr>
<td>Identify data quality issues with PRIMHD and develop recommendations to correct those issues</td>
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</table>

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Major trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve MDM business processes and data reporting</td>
<td>Report elements of the National Minimum Dataset for Major Trauma to the New Zealand Major Trauma Registry no more than 30 days after patient discharges</td>
</tr>
<tr>
<td>Investigate the causes of variations in treatment and reduce unwarranted variations</td>
<td></td>
</tr>
</tbody>
</table>

### Effective decision-making and prioritisation

<table>
<thead>
<tr>
<th>Rationale</th>
<th>Actions being taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through effective decision-making and prioritisation, investments are made in the most appropriate way to address areas of priority and meet the needs of our population</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Elective services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement the priorities of the New Zealand Cancer Plan: Better, Faster Cancer Care 2015–2018</td>
<td>Explore opportunities arising from adopting early intervention programmes to support patients in the community before they need surgical intervention</td>
</tr>
<tr>
<td>Support DHBs to deliver on the actions for cancer in their annual plans</td>
<td></td>
</tr>
<tr>
<td>Develop and implement a prioritised tumour stream approach for the region</td>
<td></td>
</tr>
</tbody>
</table>
## Networked specialist services identified and actively promoted in the region

### Rationale
Through working regionally we can better address our shared challenges.

### Actions being taken

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Healthy ageing</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Develop a single cancer service approach to addressing equity of access and outcomes for people affected by cancer, informed by appropriate analytics and driven by a tumour stream approach</em></td>
<td><em>Develop pathways of care to support the early diagnosis and management of young-onset dementia between primary care, neurology services and specialist services for the health of older people</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regional care arrangements</th>
<th>Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Progress work so that regional care arrangements reflect local secondary and regional tertiary service delivery</em></td>
<td><em>Implement a regional clot retrieval service to improve equity of access for patients across the region</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elective services</th>
<th>Cardiac</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Develop and implement regional models of care for vascular services, breast reconstruction and ophthalmology that include regional clinical leadership to support the development, implementation and standardisation of practice</em></td>
<td><em>The Regional Cardiology Service Development Working Group to work with Hawke’s Bay and MidCentral DHBs to finalise total cardiology service business cases</em></td>
</tr>
<tr>
<td></td>
<td><em>Improve cardiac pathways in primary and secondary services</em></td>
</tr>
</tbody>
</table>

| Major trauma | |
|--------------| |
| *Continue to develop and implement regionally focused major trauma clinical guidelines* | |

### Equity of patient access and outcomes

### Rationale
Health systems and services need to ensure equity of health outcomes for our region’s population, in particular better outcomes for Māori.

### Actions being taken

<table>
<thead>
<tr>
<th>Regional programmes</th>
<th>Cardiac</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>All regional programmes to collaborate on the development of an equity framework by engaging with the regional equity workstream</em></td>
<td><em>Work with local alliance teams to identify initiatives to standardise atrial fibrillation and heart failure initiatives to reduce barriers of access for Māori</em></td>
</tr>
</tbody>
</table>

| Mental health and addiction | |
|-----------------------------| |
| *Reduce waiting lists for people in prisons requiring assessments by forensic services* | *Identify gaps and ways to improve access to echocardiography to support diagnoses of heart failure and other conditions, including those requiring cardiac surgery* |
| *Increase access to perinatal and maternal mental health services* | *Engage with primary health organisations to identify current data being collected on atrial fibrillation and heart failure, including ethnicity data* |
| *Increase access to youth forensic services* | *Develop an inequalities framework for cardiac services* |
| *Improve the capability and capacity of services to provide for high and complex needs* | *Meet cardiothoracic and cardiology health targets* |

<p>| Major trauma | |
|--------------| |
| <em>Review the workforce to ensure there are enough nursing staff to support the major trauma programme and enable case management for complex patients</em> | |</p>
<table>
<thead>
<tr>
<th>Equity of patient access and outcomes</th>
<th>Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elective services</strong></td>
<td></td>
</tr>
<tr>
<td>Improve access to elective services, and maintain reduced waiting lists for FSA and treatment</td>
<td>Develop protocols and patient pathways for a regional endovascular clot retrieval service</td>
</tr>
<tr>
<td>Identify areas of pressure and barriers to access and, where appropriate, develop a solution with a regional approach</td>
<td>Explore regional solutions for rehabilitation to ensure equity of access for all patients regardless of age, ethnicity and geographic location</td>
</tr>
<tr>
<td><strong>Healthy ageing</strong></td>
<td></td>
</tr>
<tr>
<td>Publish a comparative infographic that highlights access by Māori to interRAI Home Care assessments and key risks or issues in this group of older people</td>
<td></td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
<td></td>
</tr>
<tr>
<td>Develop protocols and patient pathways for a regional endovascular clot retrieval service</td>
<td></td>
</tr>
<tr>
<td>Explore regional solutions for rehabilitation to ensure equity of access for all patients regardless of age, ethnicity and geographic location</td>
<td></td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td></td>
</tr>
<tr>
<td>Meet CT and MRI waiting time targets to work towards reduced waiting lists and improved timeliness to diagnostics for patients</td>
<td></td>
</tr>
<tr>
<td><strong>Health quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Work collaboratively to improve the patient experience</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Support for vulnerable workforces</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rationale</strong></td>
</tr>
<tr>
<td>An enabled and capable workforce is critical to the delivery of a strong system that meets patient needs</td>
</tr>
<tr>
<td><strong>Actions being taken</strong></td>
</tr>
<tr>
<td><strong>Cardiac</strong></td>
</tr>
<tr>
<td>Confirm a system for reporting and monitoring echocardiography data</td>
</tr>
<tr>
<td>Develop an echocardiographer trainee funding model that supports a regional approach to training</td>
</tr>
<tr>
<td>Develop and implement a workforce plan to ensure that training, recruitment, retention and other relevant workforce issues are addressed to support all pathways to cardiac services sufficiently, including cardiac surgery</td>
</tr>
<tr>
<td><strong>Regional workforce</strong></td>
</tr>
<tr>
<td>Continue to analyse data and intelligence to understand trends and support workforce planning</td>
</tr>
<tr>
<td>Support DHBs with training placements for eligible new graduates</td>
</tr>
<tr>
<td>Work with GMs Māori and Pacific to develop DHB workforce development action plans</td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
</tr>
<tr>
<td>Support Central Region stroke teams to access stroke-specific education</td>
</tr>
<tr>
<td><strong>Major trauma</strong></td>
</tr>
<tr>
<td>Undertake workforce development to allow for enough nursing staff to support the major trauma programme and enable case management for complex patients</td>
</tr>
<tr>
<td><strong>Mental health and addiction</strong></td>
</tr>
<tr>
<td>Progress prioritised actions from the national Mental Health and Addiction Workforce Action Plan 2017–2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support for skilled and courageous leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rationale</strong></td>
</tr>
<tr>
<td>Effective leadership results in an integrated approach that supports improvements in quality and safety, patient care and outcomes, and value for money.</td>
</tr>
<tr>
<td><strong>Actions being taken</strong></td>
</tr>
<tr>
<td>Support for skilled and courageous leadership</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>Health quality and safety</strong></td>
</tr>
<tr>
<td>Increase Improvement Advisor capabilities in the region using the HQSC ‘From Knowledge to Action’ framework and integrating the State Services Commission’s (SSC’s) ‘Leadership Success Profile’ framework</td>
</tr>
<tr>
<td><strong>Healthy ageing</strong></td>
</tr>
<tr>
<td>Contribute clinical leadership to the development of Informal Carer Education Guidelines in collaboration with the regions and the Ministry of Health</td>
</tr>
<tr>
<td><strong>Major trauma</strong></td>
</tr>
<tr>
<td>Provide clinical leadership for the Major Trauma National Clinical Network to support service improvements for people with major trauma</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>Support clinicians to engage effectively with regional cancer clinical leadership positions</td>
</tr>
<tr>
<td><strong>Health quality and safety</strong></td>
</tr>
<tr>
<td>Increase the Central Region’s capability and capacity to support quality improvement activities, using the HQSC From Knowledge to Action framework and integrating the SSC’s Leadership Success Profile framework</td>
</tr>
</tbody>
</table>
5. Regional governance and decision-making

5.1 Governance structure

The Central Region DHBs are committed to ensuring that each DHB benefits from our investment in collaborative regional work.

As a fundamental operating principle, all regional work in the Central Region is led by clinicians and is overseen by a governance structure that supports them through planning, scoping and estimating the funding required and the value of new initiatives. The DHB boards (the Regional Governance Group) meet biannually to provide oversight, review the regional priorities against performance, and determine new priorities that may emerge with a changing landscape.

In 2018/19 the region’s governing groups and clinical networks will explore the opportunity to create regional agreements on service care arrangements. This will include opportunities to improve care arrangements, which will then be driven through the clinical networks. Clinical leads will be involved in the entire process, from design to implementation.

The Central Region DHBs’ General Managers Māori and Pacific are invited members of the DHB Chief Operating Officer (COO) and GMs Planning and Funding (P&F) group. This:

- provides an opportunity at governance level for them to participate in the development of health and disability services
- demonstrates our focus on equity of health outcomes for Māori and Pacific peoples
- provides an accountability mechanism for ensuring that our programmes have a strong equity focus.

Each regional programme has an assigned lead DHB Chief Executive (CE) and DHB COO/GM P&F sponsor to provide governance and support. The sponsors also help to manage risks and provide a point of escalation to resolve issues where necessary. Governance arrangements are a key factor in developing improvements in our regional decision-making processes.

Figure 8 shows the governance structure for the Central Region.

**Figure 8: Central Region governance structure**

The escalation pathway is as follows:

- Regional networks to Central Region Service Planning Forum (regional COOs, GMs P&F, GMs Māori and Pacific)
- Central Region Service Planning Forum to regional DHB CEs
- Regional DHB CEs to the Regional Governance Group (regional DHB chairs)
Regional Governance Group to shareholding Minister.

5.2 Decision-making framework

The Central Region’s approach to making decisions and prioritising regional work is a two-stage process. Stage 1, the Acid Test, assesses a work proposal according to whether it:

- aims to resolve a clearly defined problem or achieve a clearly defined outcome
- is regional work
- has measurable targets
- has a feasible timeframe
- ensures equity of health outcomes.

Proposals that meet the Acid Test criteria move on to stage 2, which assesses:

- the work’s fit with local, regional and national priorities
- the health needs of the population
- the work’s role in improving quality, safety and the user experience
- the work’s affordability and sustainability
- the basis of best practice and evidence
- the work’s ability to build workforce capacity and capability.

Figure 9: Decision-making process for regional work

Stage 1: Acid Test

- Clearly defined outcome and/or problem
- Regional vs local
- Identify actions with measureable targets
- Is feasible at this time
- Results in equity of outcomes for Māori

Stage 2: Decision-making criteria

- Consistent with national / regional / local priorities
- Addresses need
- Improves quality, safety, and user experience
- Affordable and sustainable
- Evidence based
- Develops workforce capacity and capability