STRATEGIC DIRECTION

2020-2030

HAUORA MŌ TĀTOU
WE ARE

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

KŌRERO MATUA

Ko Wairarapa tēnei

Tū ake nei

E karanga ki te iwi

Kia kaha kia maia kia manawanui Mā

te mārama arataki

This is Wairarapa

Standing firm

I implore you

Let us be strong brave and steadfast

Let knowledge guide us

Na matua Mike Kawana i tuku mai te korero nei ki a matou, i roto i te tau o 2020, mo te urutā o Covid-19

This piece of encouragement was gifted to the WrDHB by Mike Kawana during the Covid-19 outbreak of 2020

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FOREWORD

Tēna koutou katoa

Health inequities are well documented in Aōtearoa-New Zealand and internationally, and represent arguably the most significant quality issue in healthcare. The most consistent and compelling health inequities in Aōtearoa-New Zealand are those between Māori and Pākehā.

Despite significant attention to health equity over the past two decades significant progress has not been made to address this issue. An independent, transparent and honest stocktake of the appropriateness of our current range of services and providers is required and must be completed within the next two years to complement and add strength to the broad direction set in Hauora Mō Tātou.

Te Oranga o Te Iwi Kainga endorse this new strategic direction knowing that the future must paint a very different picture of health and wellbeing for Iwi Māori. Hauora Mō Tātou builds on the work of the past and the toil of many hands and we acknowledge that hard work. The challenge ahead requires cohesion and a determination for change. This must come initially from the top of the organisation and permeate down to the providers of healthcare services.

The focus on addressing inequities through the strategic direction for Iwi Māori is supported by Te Oranga o Te Iwi Kainga. However, there is a note of caution - implementation must be realistic, able to be funded and evidence-based to ensure we achieve our goals. We have recently refreshed the membership of Te Oranga O Te Iwi Kainga and there is a palpable mood of excitement and a renewed energy within our ranks. Unfortunately, we were unable to participate as a Governance Board in the design and consultation of Hauora Mō Tātou as Te Oranga o Te Iwi Kainga was in the process of reforming and reshaping itself. We have had an opportunity to assess the final draft and agree that it is fit for purpose. We also endorse the strategic direction “Hauora Mo Tatou” keeping in mind we did not have the level of input we would expect in normal circumstances.

Sir Paul Collins
Chair
Wairarapa District Health Board

Deborah Davidson
Chair – Iwi Kainga
Wairarapa District Health Board

Dale Oliff
Chief Executive
Wairarapa District Health Board

Acknowledgements

Firstly, thank you to the people of Wairarapa who generously gave their personal stories and experiences about health and wellbeing. Your wisdom has helped us shape this plan. Thank you to all the contributors that have brought this plan to fruition and a special mention to the team at Printcraft + Design Hive along with photographer Jade Cvetkov for the wonderful arrangement of design, look and feel they have provided us.

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THINKING ABOUT THE FUTURE

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The Whakatauki (proverb) above that runs through this strategic direction talks about our vulnerability as a DHB. It is a call to our community to open their arms and work alongside us for the health and wellbeing of all. We need a united effort with our providers and the community to lift our collective health status. The goal is that everyone improves together; not just sections of our community, everyone benefits.

The New Zealand population is changing and so is the population in Wairarapa, over the next 20 years we will feature a much older population overall. The ethnic breakdown is also changing and we have a growing proportion of Māori, Pacific and Asian peoples in the area which, collectively, are predicted to be around 50% of the total population within the next 20 years. When we are bound together we are strong but in isolation we are weak and vulnerable. We are changing as a community our people living in Wairarapa come from different backgrounds, ethnic groups, religions, persuasions, disciplines, knowledge bases, and age groups. This diversity is what makes our place an exciting prospect for the future as it brings a renewed vigor and freshness for the future. Alongside higher birth rates and longer life expectancy, some of the growth can be attributed to an influx of professionals and their families to the area from the greater Wellington region, lifestylers, and retirees wanting a change of scenery and pace.

The response to the Covid-19 pandemic brought our strengths and weaknesses to the fore and was a real wakeup call for our health system. It was a reminder that we must plan and prepare for the future. We saw some excellent community engagement take place during the highest level of lock-down especially amongst our grassroots community groups, our local Iwi, and Māori providers and front-line health services who worked tirelessly to keep things running. The day to day functioning of our health system was under immense pressure and we must applaud the staff that continued to provide quality services to our community during such an unprecedented and challenging time.

One translation of Hauora Mō Tātou would be 'Health for all', but it's more than just physical health – it's about the complete wellbeing of individuals and whānau including the generations to come after us.

While the Covid-19 pandemic gave us a jolt into a new normal we know that the future cannot be built on today's crisis. It must be built on what we learn through this process and more importantly the collective aspirations we have for ourselves, our children and our children's children. It is clear that we need a major shift in the way we do things if we are to achieve Hauora Mō Tatou and if we are to see the most vulnerable people in our community cared for and supported.

We all know that things need to change, and during our consultation with you we heard you say over and over again "we have been here before, what's new - what will change?" Hauora Mō Tātou is our first step in the right direction to make the changes required. It will take some monumental shifts in the way we organise ourselves, the way we think and conduct ourselves, and the way we commission health services into the future.

Over the last decade the DHB has experienced a number of changes in leadership and sub-regional arrangements which haven't always been beneficial to the people of Wairarapa or optimal in terms of what services were available for our people. We can't ignore the fact that the DHB has a fairly hard road ahead and that we have held a significant deficit for a number of years which must be addressed. Balancing, monitoring and understanding what we invest in will be critical.

Finally, from the DHB Board, Te Oranga o te Iwi Kainga and the Chief Executive, we would like to say thank you; thank you for supporting us in our endeavour to serve you. Our aim is to provide the services you need to be healthy and stay healthy.

2 A MAJOR SHIFT

Strong leadership and organisational culture

Strong leadership is shared leadership. Ensuring the way we lead is effective means investing in change management. This means ensuring that the process of change is adequately resourced, rather than becoming an expectation over and above existing roles for busy clinicians, and ensuring that there is a clear, shared view of goals and timeframes for specific projects.

Prioritisation will be key to ensure resources are focused on specific projects to achieve goals, rather than trying to change too many things at once and spreading resources too thinly.

We have to look first at our leadership and culture across the whole system. We've already identified a need for change to achieve positive, long-lasting changes which have buy-in from a wide range of stakeholders across the system. We seek to create a culture that permits decision making without the need for authorisation at each step, and leadership that supports and motivates staff to participate in constant review and improvement of services. Achieving culture change is a long term prospect. Identifying a range of short term initiatives that will have an immediate positive impact for patients and health providers is a good place to start, signalling that the DHB is open for business and ready to make decisions. Some easy wins might be things like improving staff facilities or changing the hours and or location of a key service.

"The way we treat people is critical to our success"

Executive Leader, Planning & Performance

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"The DHB, local Iwi and the community can lead this together"

Chair, DHB Board

Getting the basics right

There is a need to develop more effective basic business processes in order to support change. For example, providing greater transparency over budgeting and fiscal management, so that both internal and external stakeholders can see where resources go and can participate in re-engineering processes with an understanding of both positive and negative impacts on financial goals. Improved non-financial information is also important. A fundamental part of building the capacity for change is making better use of quality improvement information and ensuring that such information, along with targets and progress on measures, is widely shared.

Authentic co-design and collective action

Collective action will take over from collaboration. Listening to, and working with, communities about what will work for them is the path towards the most effective services. There are a variety of mechanisms for this, from including patient perspectives in clinical pathway workshops, to direct engagement with communities across the Wairarapa. Engagement must be authentic if it is to be effective. Communication with communities must therefore be open about resource constraints (whether financial resources or workforce resources), be clear about where services are vulnerable, and what the clinical and professional requirements are for effective, safe care. Informing communities on the basis of robust, relevant information, will be a pre-requisite for authentic co-design of specific services.

Effective commissioning

This picture shows you our commissioning cycle, we will take a much broader approach to commissioning services in our district, this approach means we will take a wider view, that is well informed by analytics and data and takes into account the narrative of whānau and communities. Key features of this type of commissioning include:

- Understanding the efficacy of current providers in meeting the needs of whānau
- Robust needs assessment that takes a broad approach to community resources and captures the voices of communities, consumers and whānau
- Resources being refocused in the areas that make the greatest difference to eliminating unmet need
- Whānau and communities as equal partners in planning and co-design of services and incentives that support providers to innovate, with robust monitoring and evaluation to measure impact.

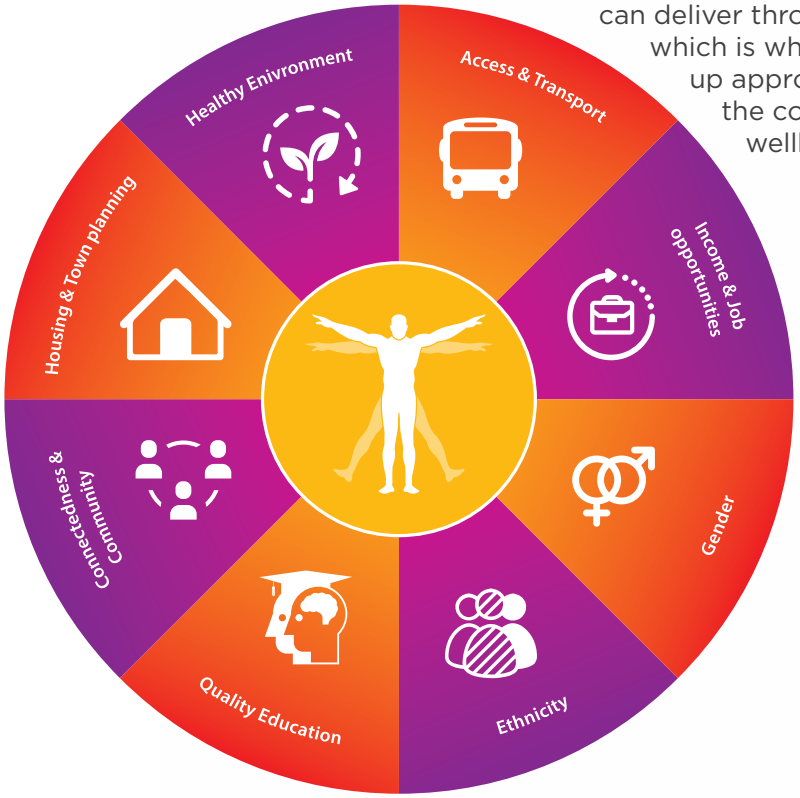
Whānau Ora

Part of the culture shift required by the DHB must be led from the top of the organisation in order to refocus on specific whānau-centred approaches to planning, commissioning, delivery and evaluation. A Whānau Ora approach in our DHB includes the work done by our Māori health providers alongside a shift in thinking toward more considered modalities for health and wellbeing. Whānau Ora is an inclusive approach to providing services and opportunities to all whānau regardless of ethnicity across our entire service platform. The primary goal is to empower communities, neighbourhoods and whānau to support each other within a community, neighbourhood or whānau context rather than individuals within an institutional context.

Social determinants impact on your health

We recognise that every person's health and wellbeing is influenced by an entire spectrum of different experiences. The social determinants of health are the conditions in which people are born, grow, live, work and age.

These circumstances are shaped by a variety of factors such as education, family situation, housing, gender, wealth, the type of work you do, where you live, ethnicity or age. Health status is not simply determined by the health sector or access to health services. We know the solutions for better health and wellbeing are much more complex than what the DHB alone can deliver through traditional health services; which is why we need to provide a joined up approach utilising what is available in the community to enhance health and wellbeing services for all.



"We need to look deeper than just the surface issues"

Anonymous, community consultation 2019

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Continuum of Healthcare

Below shows you our continuum of activities to improve health which moves from left to right from individual focused activities delivered in primary healthcare settings to population focused health promotion activities. Many of our current activities and our focus tends to be aligned to primary health care and an individual focus, such as the provision of individualised healthcare, treatment, health information, health education, and personal skill development.

As opposed to broader activities as part of comprehensive healthcare, such as advocacy, supporting community action, influencing public policy and research for social change.

Individual focus ◀▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▶ **Population focus**

◀ Internal partnerships and organisational capacity

Cross sector partnerships and community capacity ▶

- Screening individual risk assessment and immunisation
- Health information
- Health education, health counselling and skill development
- Social marketing
- Community action and community participation
- Structural change, supportive environments and settings approaches
- Policy development and review and economic and regulatory activities

Medical approach ◀▬▬▬▬▬▬▶

Behavioural approach ◀▬▬▬▬▬▬▬▬▬▬▬▬▶

Socio-environmental approach ◀▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▶

3 A RAPID REVIEW

In 2019 we undertook a rapid review with stakeholders across a number of Wairarapa health services which highlighted a range of challenges for our health system. In summary:

1. Health needs are not being met. There is a growing older population, a growing population of young Māori, and sizeable areas of deprivation with poor health outcomes.
2. There is longstanding underinvestment in Māori health specific funding and also little to no understanding of expenditure required to tackle inequities.
3. The hospital and primary care are at full capacity and personnel are increasingly stressed. The model of care in the hospital is out of date. Referral hospitals are full and discharge is inefficient.
4. There is a lack of resilience in the workforce with an over reliance on locums and over-worked GPs. This is compounded by high recruitment costs and gaps in other health-related workforces.

You told us what needed to change

There are eight broad areas of activity where change is needed in order to shift to a responsive, effective health system that achieves equitable outcomes for all people in our communities. We need to place the value of the service to the people front and centre of our thinking, design and delivery.

- Integrating health and social services
- Strengthening primary care
- Excellence in older persons' services
- Improving access to health and disability services
- Close connections between primary and secondary care
- Creating a fit-for-purpose hospital
- Building a sustainable workforce
- Tamariki-Mokopuna: our children and young people are our future

In some cases there are commonalities across areas, where a given action has an impact in several ways. For example, addressing issues of coordination with navigators for people with complex needs crops up in several different places; including integrated services, better primary and secondary care connections and improved services for older people, which all have some element of overlap in what they need to achieve.

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ACTIONS

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"This is not just a planning exercise, we must put this plan into action"
Chief Executive Officer, Wairarapa DHB

ACTION 1

INTEGRATING HEALTH AND SOCIAL SERVICES

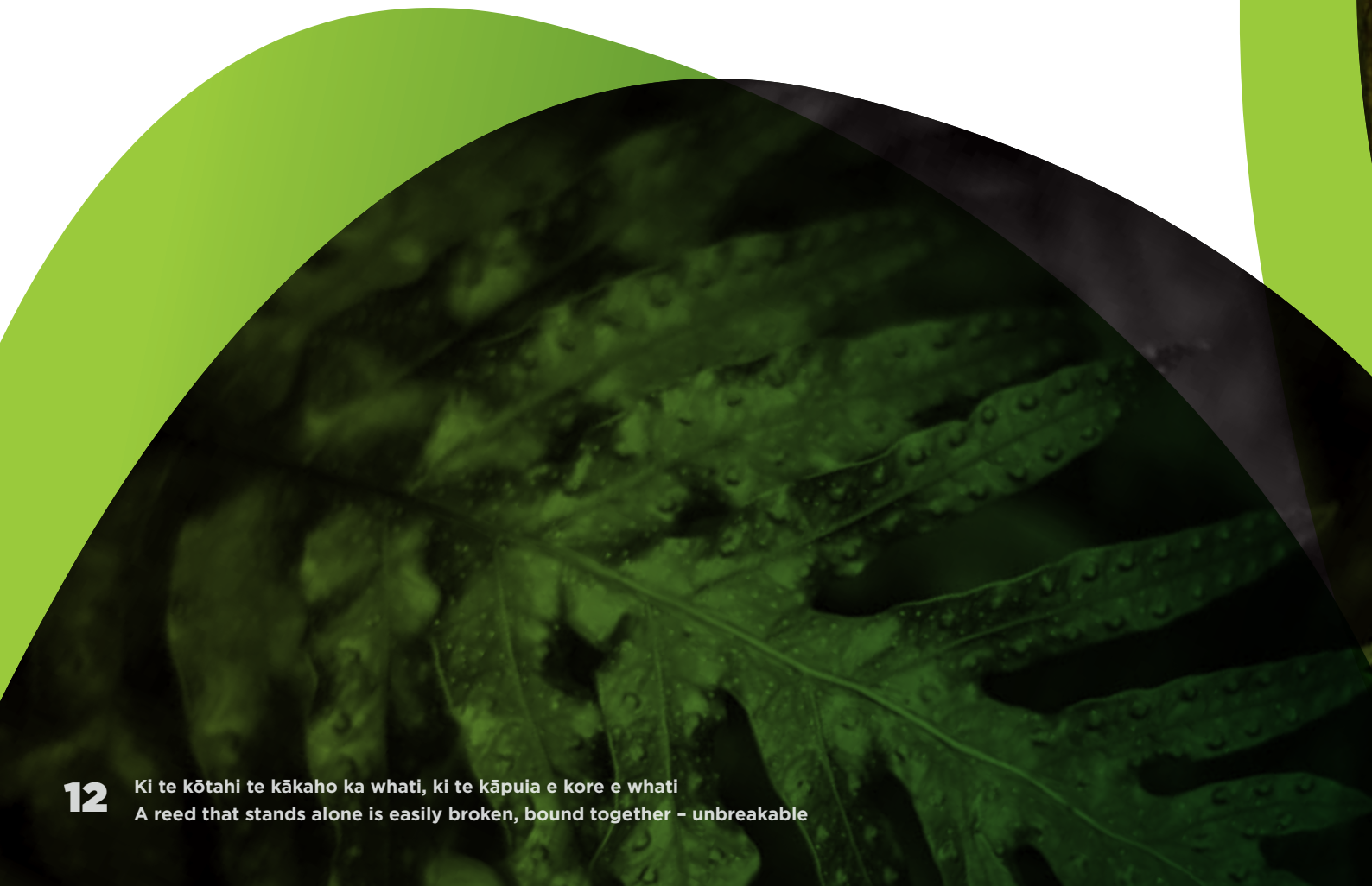
WHY IS THIS IMPORTANT?

Everyone has the right to good health—differences in health outcomes between groups are avoidable and unfair. Persistent inequities in health outcomes tells us that we need to do things differently. We cannot address the wider determinants of health inequity on our own.

We need to work with whānau, not just individuals, and tap into the resilience that exists within whānau and communities. As well as this, we need a whole system culture shift, to work as a multi-disciplinary, multi-agency team. The players in our system need to be closely linked with each other, with iwi, with communities, and with other agencies.

Within the health system, it's our responsibility to make health easy to understand and navigate. We need to partner with and empower people to take ownership of their own wellbeing. We need to reshape our system so that services are designed in the way that whānau need to receive them, not the way that providers want to deliver them.

Health and social services should be integrated. Kaupapa Māori providers take a Whānau Ora approach and we need to support and grow this way of working.



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What we will do

The things that will make a difference to our ability to provide more integrated and responsive health and social services are:

1. An effective Tiriti relationship that is meaningful at a governance level through to operations at the coalface. We will sit at the table together to co-design the services that are delivered to all communities in Wairarapa.

2. Focusing on prevention through health promotion, and particularly health promotion that has been designed with the involvement of our communities, in order to improve health literacy and empower individuals and whānau.

3. We will support nursing and other roles in the community, particularly for children from early childhood and through the school years.

4. We will review referral mechanisms between health and social services in order to simplify access so that both service users and providers have clear information about what services are available.

5. We will develop kaiāwhina and navigator roles which will provide support for whānau who need a more complex mix of health and social services.

6. Identifying opportunities to increase the Māori health workforce to modify outcomes, especially where longstanding disparities in access exist for whānau.

7. Contracting for outcomes with an emphasis on addressing inequity in systems and processes, and focus on the quality of services rather than an emphasis on outputs.

ACTION 2

STRENGTHENING PRIMARY CARE

WHY IS THIS IMPORTANT?

We have some good things happening in primary care. Our practices are already implementing the Health Care Home model and it provides a useful platform for freeing up general practice to offer more proactive care. Wairarapa is fortunate to have seven nurse practitioners in primary care and will look to grow more.

However, the ageing population means that the demand for consultations is increasing, as is the time required to assess increasingly complex needs. Proactive long term management of conditions will become even more important as the Māori population increases and the population overall ages. We also have the challenge of a dispersed/rural population with an increasing number of older people that do not drive. There is not enough focus on preventive services—we are missing opportunities for prevention when care is episodic.

Primary care could do more if the right resources were available, but we need a renewed way of working—there is a view that general practice is not as cohesive as it once was. We need more allied health support in primary care (e.g. social work, Whānau Ora navigators, and clinical pharmacists) as stretched general practitioners are not able to manage all problems.

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What we will do

The things that will help to strengthen primary care in Wairarapa are:

1. Reviewing our alliance, and the way that the PHO and DHB work together.

2. Building upon existing multidisciplinary team programmes to ensure that primary care services are well supported to manage people with complex needs.

3. Increased allied health located in, and working with, primary care services. To some extent this is evolving as part of Health Care Home developments, but there is a need for allied health workers, including pharmacists, physiotherapists, occupational therapists and social workers who are more closely integrated into primary care teams, and physically accessible across the whole district. We will also seek to make better use of the unregulated health workforce.

4. Use of outreach, mobile services and telehealth across the district to improve access, and in particular marae based services and school based services, expanding the existing provision in these areas and building Kaupapa Māori services for the South Wairarapa.

5. Improving the digital technology we use, so that referrals, discharge and appointment information is managed in a more timely manner.

6. Making our system accountable for outcomes, particularly focused on addressing inequitable health outcomes for Māori.

7. Improving data quality and analytics—understanding the needs of our enrolled population is linked to understanding the trends and being able to respond accordingly.

ACTION 3

EXCELLENCE IN OLDER PERSONS' SERVICES

WHY IS THIS IMPORTANT?

We have some of the elements of good service provision/service development, for example the unique FOCUS model and Health Recovery Transition Programme. The implementation plan for palliative care is clear (for anyone with a life-limiting illness, not just older people).

However, we need to rapidly evolve our system to respond to the ageing population, and think differently about how we deliver services to the growing population of older Māori. Wairarapa has a population of socially isolated older people, some of whom feel more comfortable staying in hospital. There is some supported discharge out of rehab and home supports can be flexed up, but discharge processes still need improving to address our long hospital length of stay.

Supporting wellbeing in the community will be key and we need to work with communities, other agencies and volunteer groups to ensure there are opportunities for social connectedness and coordination of the range of services available.

Key care management should be based in primary care and supported by specialist services. Aged residential care needs better support out of-hours to manage acute exacerbations and new problems.

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What we will do

The things that will strengthen support for older people in Wairarapa are:

1. Creating opportunities and spaces for connecting people, building resilience and having fun.

2. Working with councils to review the provision of wider services in the community to support social connection, and ensuring that health services have the information needed to support people into such services.

3. Working with Māori communities to ensure that services are responsive and appropriate for Kaumatua and their whānau.

4. Dedicated Whānau Ora navigation services for, with and by Kaumatua, focused on the wider determinants of health.

5. Providing services for older people in community settings to the maximum possible extent, including in primary care services and in the home.

6. Focusing upon safe and supportive discharge processes; ensuring, that primary care services have good information when older people come back into their care, and that effective supports are available at home.

ACTION 4

IMPROVING ACCESS TO HEALTH AND DISABILITY SERVICES

WHY IS THIS IMPORTANT?

Fundamentally, the health system expects people to fit into the system we have designed for them. Services are often centralised around a 'base' to avoid the cost of moving practitioners around and/or the capital costs of maintaining multiple locations. We believe our communities should be able to access the services they need, when they need them. We need to get smarter.

Greater access to services outside traditional hours is an important part of the picture. In addition, people have expressed a need for improved transport links to hospital services, specifically those services outside our region in Wellington and Palmerston North. At the same time, hospital services need to adapt to deliver more in the community. For mental health and addiction services, we need to think about how we make services available further south and in rural locations.

Providers that are already delivering 24/7 services need appropriate support. Aged residential care needs better support out-of-hours to manage acute exacerbations and new problems so that transfers to hospital can be avoided where possible.

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What we will do

The things that will make access to services easier in Wairarapa are:

1. An emphasis on upskilling our people and creating lean processes that are driven by the way whānau need to receive the service, not how providers want to deliver it.

2. Including disabled people in the design of services and activities to create an enabling and accessible environment.

3. A review of how well after-hours services are working for our communities, and options for improving access where appropriate. Consider extended hours of services.

4. Considering transport options for services, and better coordination of existing transport options (e.g. those provided by different NGOs for different conditions).

5. Provide health and disability services to the maximum extent possible in community settings including: primary care services, schools, libraries and marae. We would need to draw upon a wider workforce to do so, for example, extended care paramedics.

6. Increased use of telehealth tools in order to improve access to information for service users. Simplify bookings and appointments, and reduce the need to travel where appropriate.

7. Ensuring that our service commissioning is oriented more towards people receiving health and disability services. Using co-design and wider input into how services are developed and delivered.

ACTION 5

CLOSE CONNECTIONS BETWEEN PRIMARY AND SECONDARY CARE

WHY IS THIS IMPORTANT?

People's healthcare journey should be seamless, with services closer to home and practitioners working as 'one team'. The pathways through the health system need clarification—for people going into and coming out of hospital—and this needs to be done locally. Some services and/or clinicians should be reorganised into community settings (not everyone needs to come to hospital) and we need to make sure they're well-coordinated with primary care.

Hospital discharge processes need to be refined and planning for community support initiated early. Under the current system, an estimated date of discharge is not always assigned and allied health input is sometimes not sought until close to discharge. There are communication issues between hospital and primary care, including timing of information flows (e.g. post-discharge and post-outpatient) and digital technology.

There is a lack of communication and understanding about what different mental health and addiction services provide, and referral pathways between primary and secondary care need clarifying. There is potential for shared clinical governance across DHB and NGO providers.

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What we will do

The things that will improve primary-secondary connections in the Wairarapa are:

1. Reviewing our Alliance Leadership Team, improving shared understanding of the system and the community, including iwi perspectives.

2. Reviewing the use of the pathways through the health system with better localisation of the pathways and involvement from people across the Wairarapa health system. Use these pathways as a mechanism to design alternative management, such as introducing supports to avoid admissions.

3. Building on our use of the HealthPathways application and improved IT systems to improve our referral, coordination and assessment services, achieving more consistent responses to referrals from primary care, and offering better coordination of services with primary care. This includes building on existing work on multidisciplinary teams coordinating around people with complex needs, which already occurs in some parts of the system.

4. Improve equity of outcomes by ensuring that coordination and case management are better managed across primary care and hospital settings, including considering a specific role for the use of health navigators where appropriate.

5. Improve our approach to inter-district flow referrals, with centralised triage, coordinated review processes, better data collection, and improved information and support for people when they are discharged from hospitals in other districts.

6. Review our IT, For example, addressing issues around GP's ability to access Concerto software, while working in the medium term towards an improved shared care record system that will link information across a wider range of service providers and enable an increase in, and improvement of, shared care plans.

ACTION 6

A FIT FOR PURPOSE HOSPITAL

WHY IS THIS IMPORTANT?

We need to determine what sort of hospital we need in Wairarapa and ask ourselves, 'are we trying to do too much?' Sub-specialism fragments the workforce and makes a hospital this size unsustainable. Essentially, we are trying to recruit senior doctors to an outdated hospital model.

The hospital is designed for provision of acute services. We need to determine the future of acute surgery in Wairarapa Hospital. There is inefficient workflow from ED and more support may be required to enable ED to work efficiently. There are large volumes of low acuity patients, the wards are full and average length of stay is longer than it needs to be. Planning for discharge is occuring too late in the process which contributes to longer stays in hospital and potentially poorer outcomes at home. Our new planned care strategy requires more planned care to be delivered in the community. Our regional partners are unable to meet demand from Wairarapa patients as their capacity reduces (or demand increases). In addition, we have a range of facility issues, including a lack of appropriate spaces for clinicians and seismic compliance issues for existing buildings.

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What we will do

The things that will generate a fit for purpose hospital for Wairarapa are:

1. Adjusting hospital processes—avoid providing services within the hospital that do not need to be there. Provide rehabilitation, outpatient care and community services in other settings to the maximum extent feasible. Build and improve relationships with community based providers and co-design with patients.

2. Reviewing the existing workforce and rosters in order to identify avoidable stresses and pinch points for staff. Assessment of the most effective roles for the junior doctor workforce and how routine processes can help to allocate work more efficiently across staff.

3. Improving the cultural appropriateness of hospital services, with more accessible language and communication (including Te Reo Māori).

4. Improving discharge processes and support for discharge into the community.

5. Improving communication and relationships with the rest of the health system, including effective localised pathways for care and better information sharing, both at the level of individual patient clinical information, and at the level of information about services.

6. Planning; to improve the configuration and delivery of hospital-based clinical services.

ACTION 7

BUILDING A SUSTAINABLE WORKFORCE

WHY IS THIS IMPORTANT?

There has been a good focus on developing the nurse practitioner workforce in Wairarapa. However, the general practice workforce is ageing, practices have trouble recruiting GPs, and there is a need for a district-wide coordinated effort. There are nursing recruitment challenges in primary and community care. Aged care is not seen as a career of excellence and we rely on the least equipped workforce to care for some of the most vulnerable people.

The hospital struggles to recruit senior doctors and has too much reliance on locums. Retention is an issue—clinicians are not staying in Wairarapa. Specialist mental health services struggle to recruit an experienced workforce, at the same time as new positions are being established in primary care.

Our senior medical workforce need will be for generalists, ruralists and geriatricians. The hospital could also rethink how it uses junior doctors. Across the system, we are not harnessing the potential of unregulated workforces. Allied health will need to be an area of focus as we move services out into the community. That means more emphasis on where and how this workforce does its work. The workforce in general should reflect the population it serves—we must redouble our efforts in Māori workforce development.

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What we will do

The things that will address workforce issues in Wairarapa are:

1. Working as a cohesive unit to recruit staff and taking a wider view when bringing people into the region. For example actively linking people to communities and working with institutions such as schools to embed new staff.

2. Investing in the Māori health workforce and working alongside the community to understand what the workforce should look like.

3. Working together for recruitment across different organisations, avoiding duplication of effort and trying to get the most value from recruitment agencies.

4. Investigating scholarships and opportunities to support and encourage local entry to the workforce across all workforce professions.

5. Continuing to develop the nurse practitioner workforce across the whole of the Wairarapa health system.

6. Making better use of the unregulated workforce, noting the challenges that can emerge from this.

7. Working with the Universal College of Learningm (UCOL) to develop integrated nurse training.

8. Improving the training experience of junior doctors, including their rotation through primary care and considering a rural specialist hospital workforce.

9. Considering pay equity and parity across and within organisations and the consequences of inequities.

ACTION 8

TAMARIKI-MOKOPUNA OUR CHILDREN AND YOUNG PEOPLE ARE OUR FUTURE

WHY IS THIS IMPORTANT?

Children and young people are tāonga, they should be loved, safe and nurtured and have what they need to be healthy and happy. We want our children and young people involved, connected and engaged in education and within the community. Child poverty is real and it affects children and young people here in the Wairarapa. As a sector and an important touch point for children and their whānau we have numerous opportunities to make a big difference in their lives.

We all know from experience that the things we miss in the early years snowball and increase into the later years. Issues that are not picked up and attended to at an early age can become much larger issues later in life and usually have implications across the entire continuum of care.

Children and young people in Wairarapa deserve better. We have a relatively small child and youth population which means we could do something transformational if we purposefully plan and resource child and youth health services to the right level.

Based on the projections within this plan, Māori children between the ages of 0-14 years will be 10 times more likely to be admitted to hospital than any other child in Wairarapa.

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What we will do

The things that will address tamariki-mokopuna in Wairarapa are:

1. Refresh the current youth health strategy to reflect the most recent changes in our focus on child and youth health as a priority.
2. Increase investment, specifically in child and youth focused health services, through health services, youth service providers, schools, kura and kohanga reo.
3. Providing opportunities for young people to lead health promotion/education activities – by young people for young people.
4. Taking stock of the current volume and quality of services delivered specifically to children and young people in Wairarapa.
5. Engage with children and young people to understand what's important to them, we need updated knowledge on what matters to our tamariki and mokopuna.
6. Work with youth to provide training and work experience opportunities through health services with a view to entering higher education.
7. Work alongside Oranga Tamariki, the NZ Police, Iwi Māori and providers of mental health and addictions, sexual violence and family violence services.
8. Focus on increasing investment and continuity in child/youth centred programmes: WCTO, Schools Based Health Services, Youth Health Services and parenting programmes.
9. Invest in services that support the 'first thousand days' period of a child's life with an initial focus on whānau Māori.

5 MAJOR THEMES

While there are distinct activities under each of these actions of work, there are a number of key underlying directions that, unsurprisingly, appear across multiple actions. These are therefore high priorities, since they address multiple aspects of the system change that the Wairarapa DHB is aiming for. The most important areas are:

Improving and deepening the relationship between the health system and iwi

This must occur at a number of levels. There is room for improving meaningful partnership and input into governance of health services at the DHB level, but also for ensuring that at a more operational level the voices of Māori are heard, and can have specific, informed input into service design and commissioning. Ultimately:

- co-design of services with the community is needed in order to make sure that services are open, accessible, and responsive to the needs of individuals and whānau. This area of focus is fundamental and will be expected to have an impact on services across the health system, as well as integration between health and wider social services for the community.

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Creating technology savvy services

This is a perennial theme both in the Wairarapa and nationally. There is an urgent need to identify any quick gains that can be made in terms of improving the accuracy and timeliness of information flow with current systems, such as discharge information. The reality is that wider technological system change is constrained by the pace of the sub-region across the lower North Island. However, there are some aspects of improved information that are less dependent upon changing technology, such as:

- achieving a streamlined use of the HealthPathways software that includes agreed upon information for the local management of medical conditions. It is about developing a comprehensive and consistent basis of information rather than the technicalities of how that information is transmitted.

Reducing complexity

The complexity of services, and the way that complexity hinders effectiveness is something that arises across a number of different work streams. At one level this underlies the need for navigator roles and improved case coordination, to help people with more complex needs access the right services, but the more fundamental and lasting approach is to try to reduce complexity where possible, resulting in services that are focused around the patient and whānau. There are several aspects to this:

- Addressing complexity in service commissioning, seeking to reduce fragmentation and excessive focus on outputs rather than outcomes, while trying to provide as much stability in contracts as possible for front line services.
- Addressing communication processes both across the system and within the hospital, with the goal of avoiding double handling of information, and reducing administrative tasks where feasible. There are elements of lean process improvement here, as well as better agreement about how processes work and maintaining them during staff turnover.
- Designing services with input from front line staff, as well as patient co-design, in order to develop services that make sense from a patient perspective, and are focused on patient experience.

The location of and access to services

There is a widespread view from across much of the Wairarapa health sector that services currently provided within the hospital could be more accessible and effective for those who need them in community settings, as well as better coordinated with services already in the community. This is likely to be achieved through a combination of telehealth techniques and the physical provision of services in different settings, such as marae, general practices or health hubs. This partly reflects the centralised nature of some services in Masterton, at the northern end of the district, but also the geographic spread of the population, and the dispersed population in the south, as well as the challenges of transport for many people. Achieving this is more than a simple matter of asking staff to travel to a different location. Shifting services to a community setting will involve thinking through the implications of how care is delivered, and how practice or conditions may need to change. A standard hospital based roster for delivering an allied health service, for example, may need to be modified if it is going to fit into a different environment, and the implications of that for individual health professionals and their conditions of work are an important part of the change process.

The other two dimensions of access which repeat across streams of work are the times at which services are available, and the need for improved transport for those services which cannot be provided in proximity to a patient. There is likely to be some scope for improving transport services with existing resources but changing the times at which services are delivered is likely to be complex, given the implications for working hours and impact on the workforce. But this is a high priority for many and a key element of access, particularly for people who are working.

6 FUTURE PROJECTIONS

"The Wairarapa population has grown by around 10% since 2013"

Introduction

This strategic direction has been developed to help us 'reset the course' of the Wairarapa health system for the next five to 10 years. The Wairarapa area has experienced higher than expected population growth in recent years and we have seen persistent inequities in health outcomes for Māori, and other groups whose needs are not being met.

We are at a 'tipping point'... the Government is undertaking a major review of New Zealand's health and disability system and the Waitangi Tribunal Health Services and Outcomes Inquiry is concerned with grievances relating to health services and outcomes of national significance for Māori. At the same time, local workforce and facility problems are starting to pinch and some clinical service arrangements withour regional partners are coming unstuck.

Our population is rapidly changing

Wairarapa has an estimated population of 47,600 people as at June 2019[1]. According to general practice registers, around 32 percent of enrolled people are likely to have high need for health services, on the basis of standard Ministry of Health criteria. Seventeen percent of the total population are Māori and 2 percent Pacific peoples. The Māori and Pacific populations are youthful compared to the non-Māori, non-Pacific population (Figure 1).

1 Statistics New Zealand sub-national population estimates at 30 June, published October 2019 and downloaded from NZ. Stat http://nzdotstat.stats.govt.nz/wbos/index.aspx

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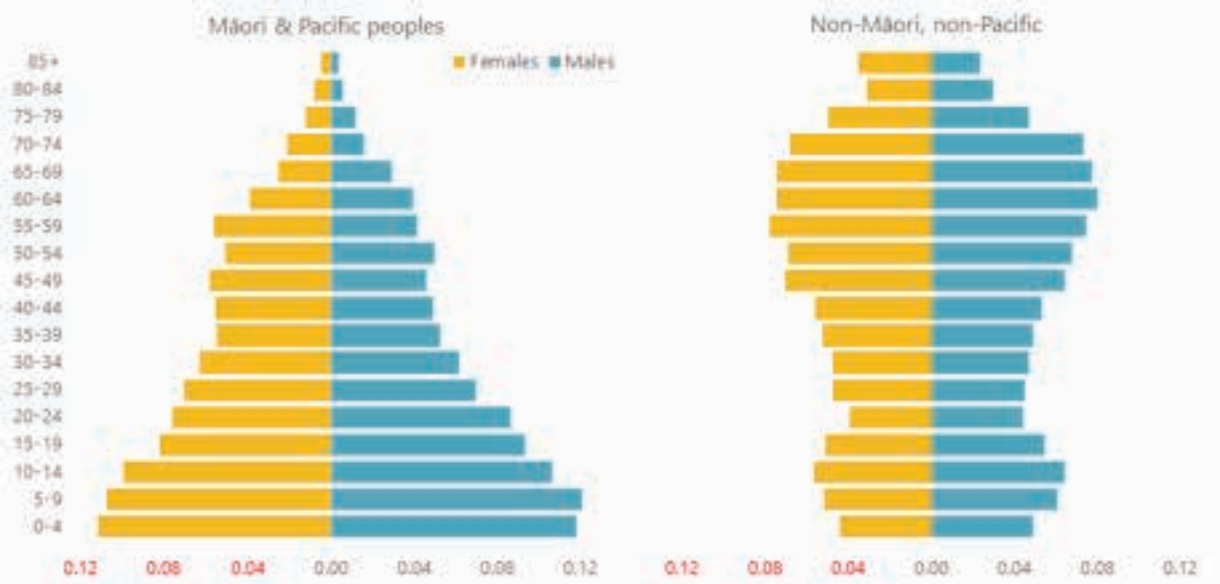
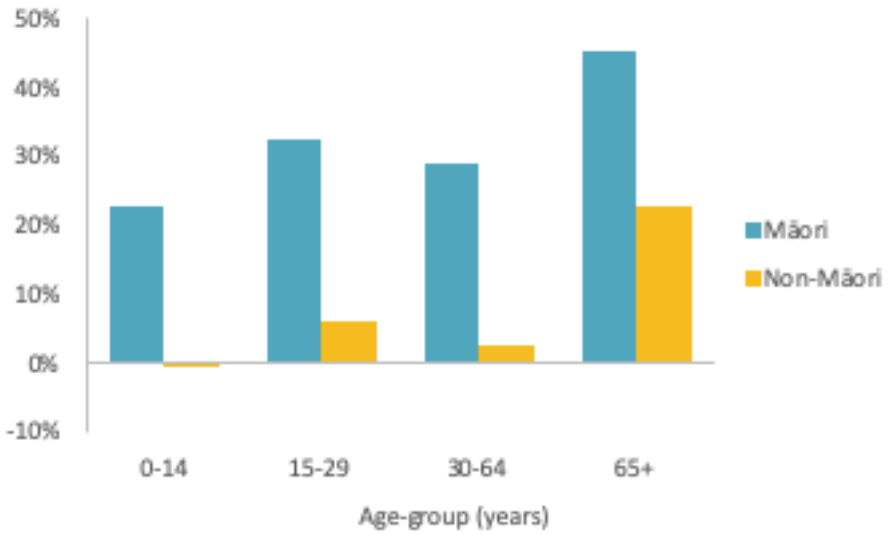
Figure 1: Population age structure by ethnicity, registered population June 2019



Source: Tū Ora Compass Health

Recent years have seen higher than expected growth, particularly among Māori and older people. Initial counts from the 2018 Census suggest that the Wairarapa population has grown by around 10 percent since 2013. Growth for Māori and older people (65+ years) was higher (Figure 2)—28 percent and 24 percent respectively.

Figure 2: Change in usually resident population by age and ethnicity, 2013–2018



"The Māori and Pacific populations are youthful compared to the non-Māori, non-Pacific population"

Source: Statistics New Zealand

"Māori, Pacific peoples and Asian populations will account for a larger proportion of the population in future."

These trends are expected to continue and reflect the changing demographics of New Zealand. Nationally, the European/Other ethnic group will account for a shrinking proportion of the population—from around 63 percent down to around 53 percent in 20 years' time. Māori, Pacific peoples and Asian populations will account for a larger proportion of the population in future.

Since historical growth has been at the higher end of the projected range, using currently available high growth projections suggests that the Wairarapa will see a population increase of about 16 percent over 20 years, resulting in a total population of over 52,000 by 2038. It also suggests our population will be older in structure than that of today (Figure 3) which will have implications for the way we plan and deliver aged care services.

"life expectancy is increasing for all ethnicities including Maori and Pacific"

Figure 3: Population age structure

Source: Statistics New Zealand

Māori life expectancy is increasing and this is a positive achievement. At the same time, different services and approaches will be required to support the growing population of Māori living well into old age.

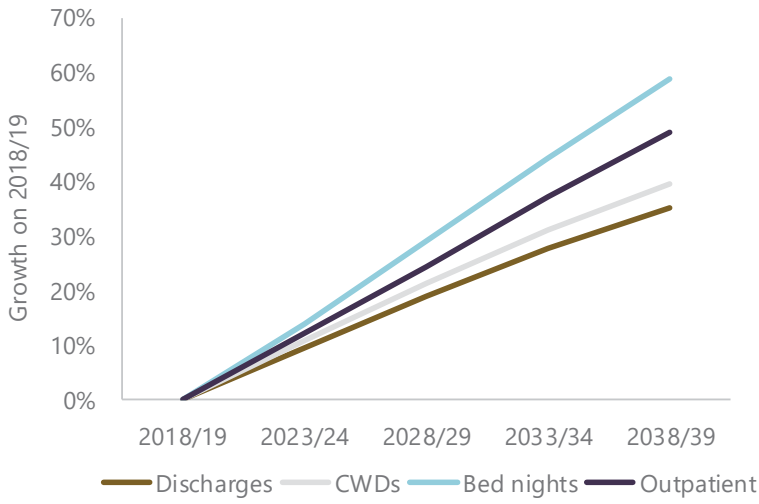
Wairarapa population projections suggest that the number of Māori aged 65+ will be at least 2.5 times larger in 2038 compared to 2018 (using the median projections). Under the 'high' growth scenario, the number of older Māori will be three times the size in 2038 compared to 2018.

The changing demographics of our population mean that kaupapa Māori and Whānau Ora approaches will come to the fore. We will need to find different ways of supporting a growing population of older people to live well, and turn to new workforces as service users and the health workforce itself age.

The current level of service volume is unsustainable

The consequences of population change will be an increased need for services. If existing rates of service delivery are extrapolated to projected populations, hospital volume growth will increase significantly in the coming decades (Figure 4).

Figure 4: Projected growth in hospital demand



Source: Sapere projections using Wairarapa DHB & Statistics NZ data

The 'status quo' projection—if we do nothing differently...

Assumes current (2018/19) intervention rates by domicile, age-group, gender, ethnicity; and projects forward based on expected population growth in each of those demographic categories.

Population projections are still based on the 2013 Census—we have used the 'high' series for the Wairarapa population, to better reflect growth from 2013 to 2018, and other projections of the Wairarapa population used by district councils.

In this status quo scenario, discharges would increase by 35 percent between 2018/19 and 2038/39. Increasing complexity and length of stay driven by an older patient profile means demand for beds would be even greater (59 percent increase). The rate of population growth substantially outstrips the level of demographic growth, reflecting the increasing need of an ageing population, as well as a population that is growing overall.

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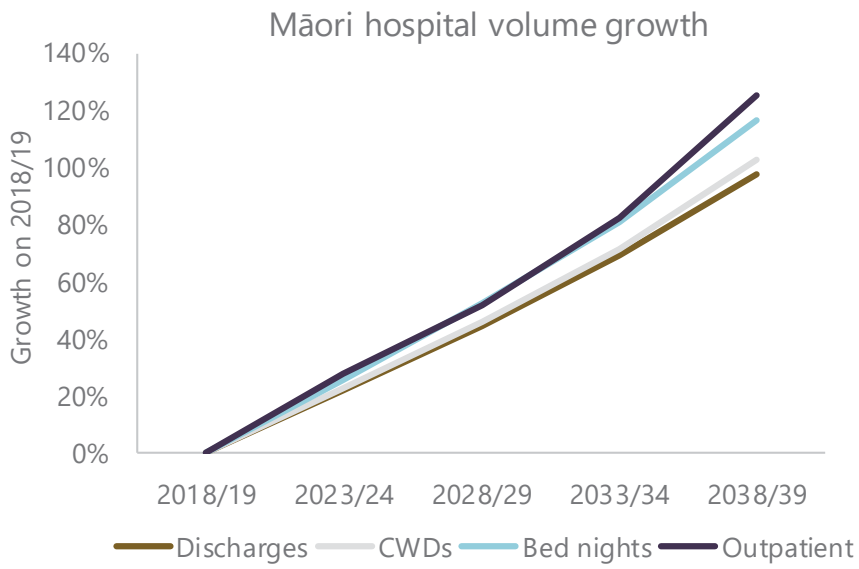
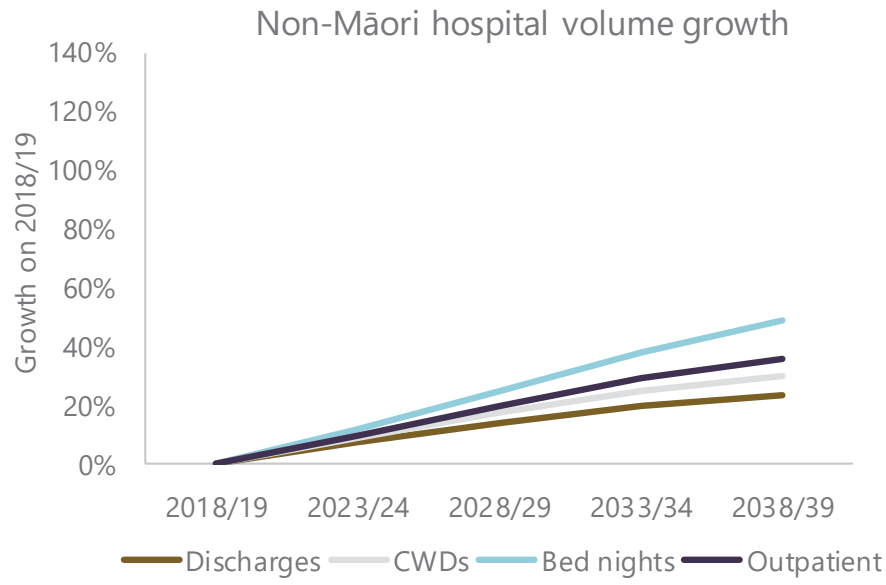
As Māori form an increasing proportion of the Wairarapa population in the future, under a status quo scenario a disproportionate level of increase will be required to respond to the needs of Māori, both across the whole population, and among children (Figure 5).

Figure 5: Projected growth in hospital demand—Māori and non-Māori





Source: Sapere projections using Wairarapa DHB & Statistics NZ data

There are stark differences in need fo hospital level service between Māori and non-Māori in Wairarap over the next 10 years.

"Overall demand for specialist services will increase and the effect is much greater for Māori"

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Hospital services for Māori children are going to increase markedly, , and those for non-Māori children are actually going to decrease

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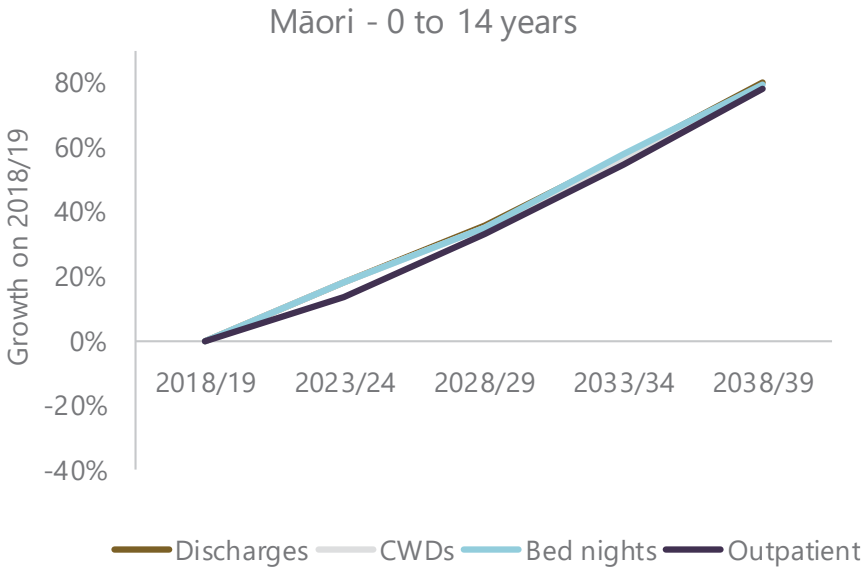
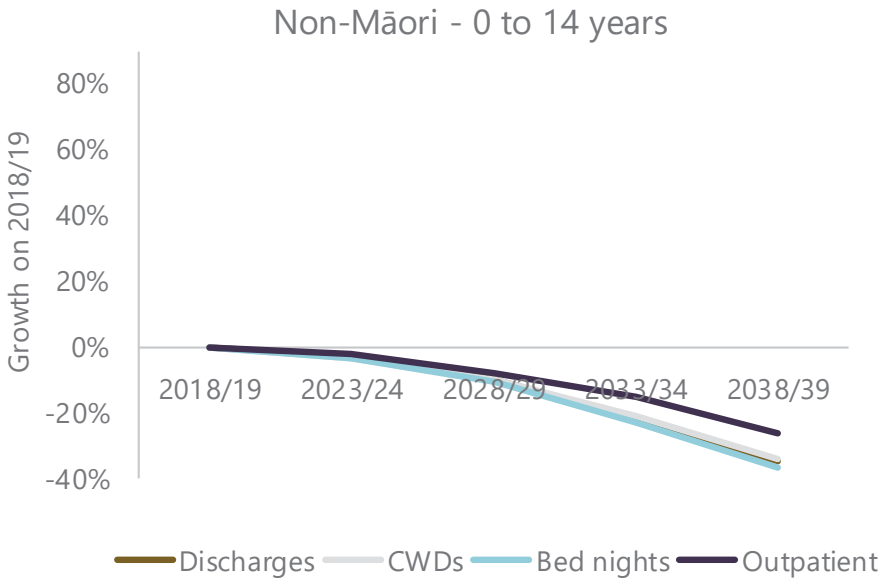
"These graphs predict the extent of inequity we will see, if we don't change what we do"

Figure 5: Projected growth in hospital demand—Māori and non-Māori – *continued*

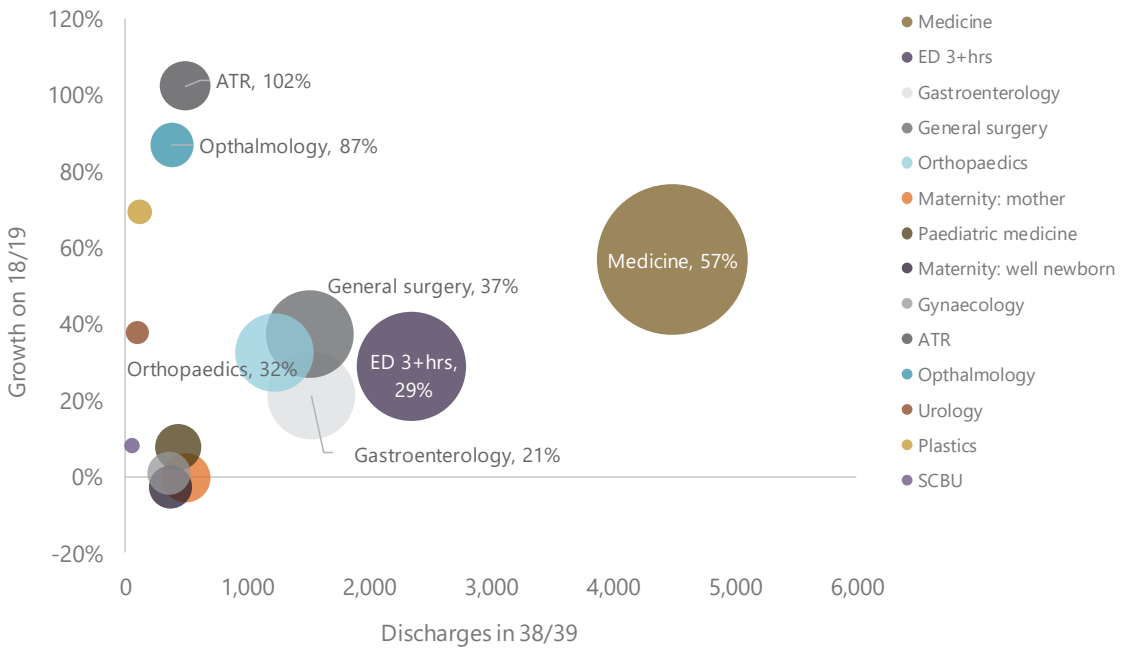




Source: Sapere projections using Wairarapa DHB and Statistics NZ data

Those services that have a particularly high level of need arising amongst older people will experience substantial demand pressure (Figure 6).

Figure 6: Inpatient events—20-year projected growth and size of service



Source: Sapere projections using Wairarapa DHB and Statistics NZ data

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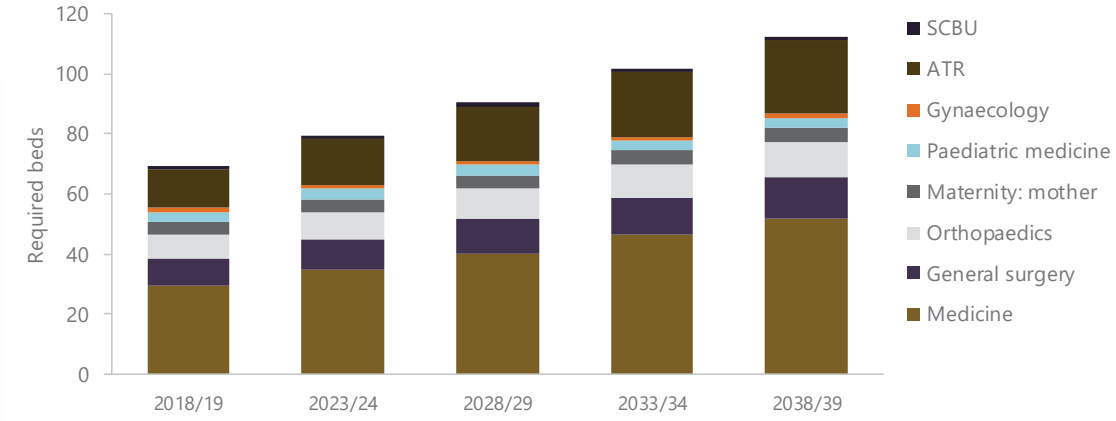
Under the status quo, we would see increases in the order of 50–100 percent for key areas of older persons activity such as general medicine, ophthalmology, rehabilitation and community nursing.

Among hospital services, not only will the number of people admitted to hospital (counted as discharges) increase, but the average complexity of cases is also expected to rise, reflecting a population surviving to greater ages with more long-term conditions and comorbidities.

This translates into an expected growth in hospital beds required for the population (Figure 7), with facilities that are already close to capacity.

Figure 7: Growth in beds required at optimal occupancy rates

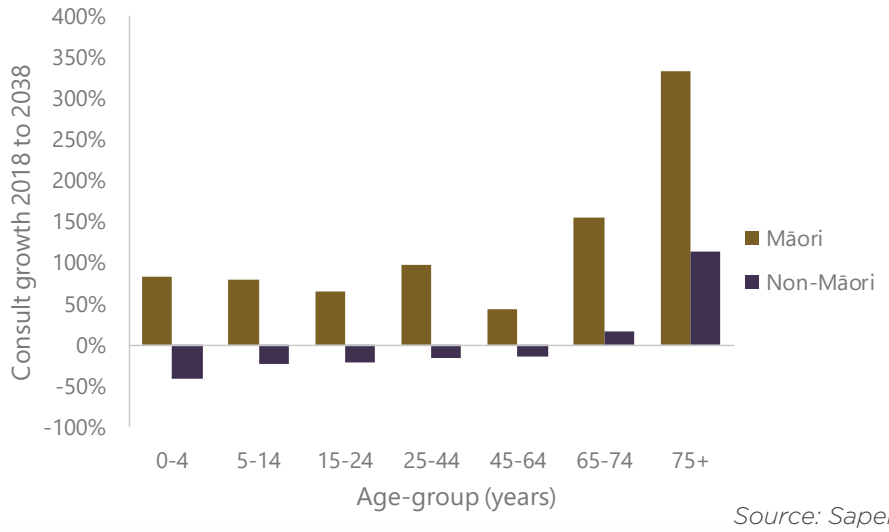


Source: Sapere projections using Wairarapa DHB and Statistics NZ data

"The complexity of cases is also expected to rise"

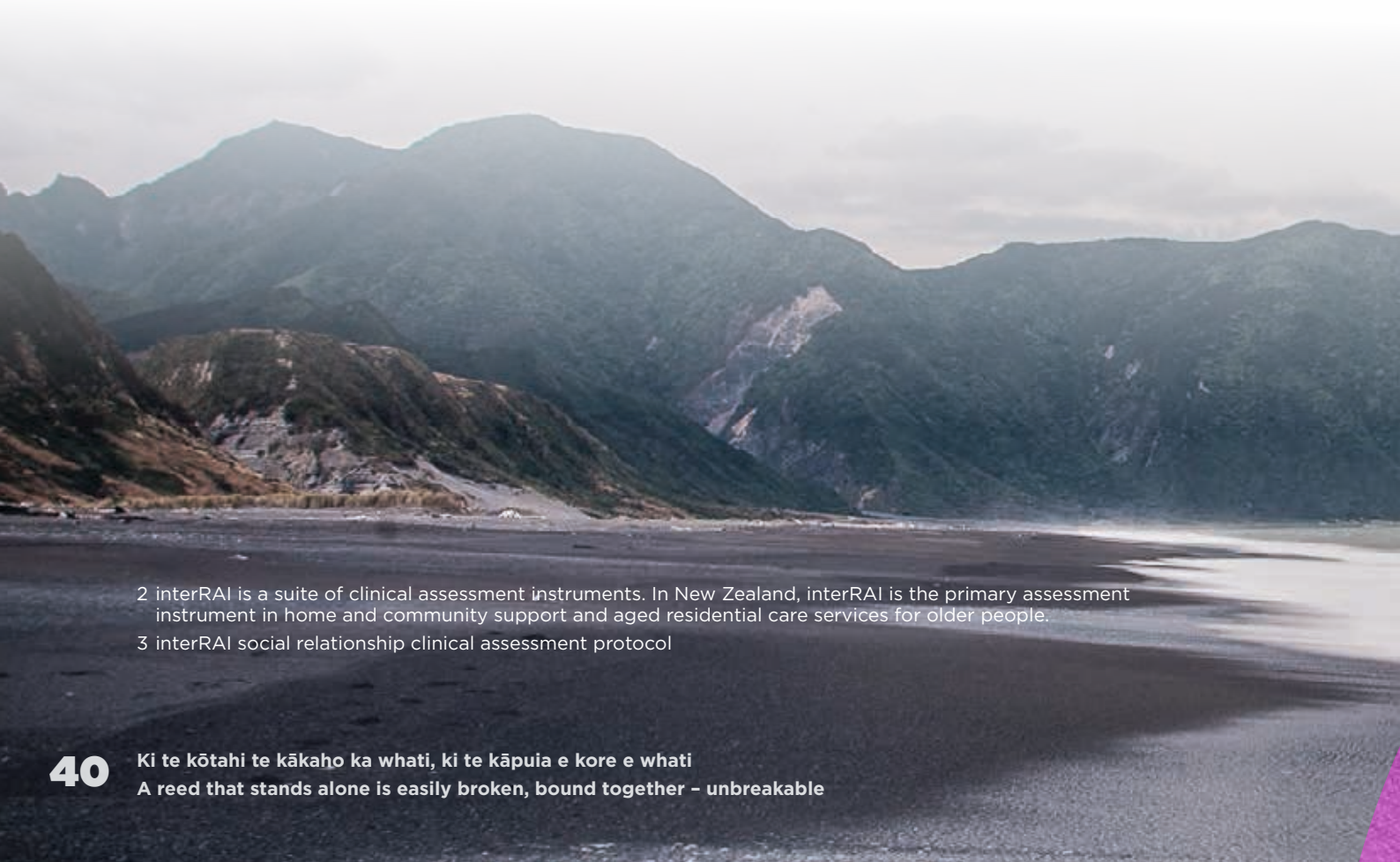
Outside the hospital, under these population growth scenarios, general practice would need to provide an additional 280 consultation per day—roughly equivalent to the workload of 10 general practitioners under traditional models of care. Those consultations will be driven to a high degree by an ageing population, while responding to the needs of Māori will become even more pressing (Figure 8).

Figure 8: Projected general practice consultation growth



Source: Sapere projections using Tū Ora Compass Health and Statistics NZ data

Services in the community for older people will experience substantial pressure. Already, the number of people in aged residential care is increasing—particularly at hospital and dementia level. The number of clients and hours of home and community support have increased markedly over the past decade. InterRAI[2] data tells us that the Wairarapa has a high proportion of older people living at home who 'feel lonely or are distressed by declining social activity and are alone for long periods of time' compared to most of New Zealand[3].



2 interRAI is a suite of clinical assessment instruments. In New Zealand, interRAI is the primary assessment instrument in home and community support and aged residential care services for older people.

3 interRAI social relationship clinical assessment protocol

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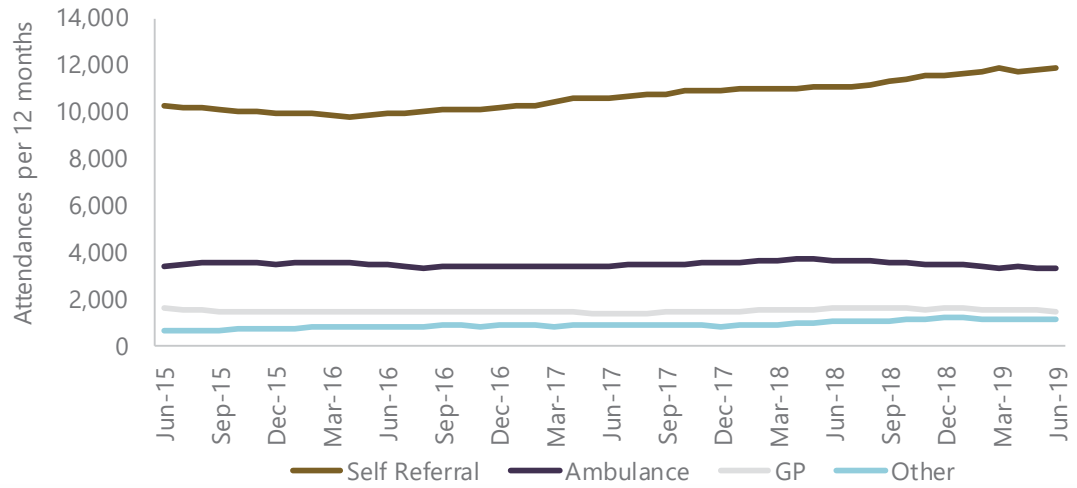
Our services struggle to respond

Given the high rate of increase in demand for services, keeping up with the needs of the population is already a challenge. Hospital length of stay is relatively long, and is steadily increasing compared with other peer hospitals in the Australasian Health Round Table[4]. The rate at which people self-refer to the emergency department at Masterton is increasing (Figure 9), while the emergency department is challenged to cope with the volume of people who are currently utilising the service.

Figure 9: Emergency department attendances by referral source, rolling 12 month totals

Health Round Table information also suggests that there may be areas of risk in some services, with a higher hospital mortality rate than expected.



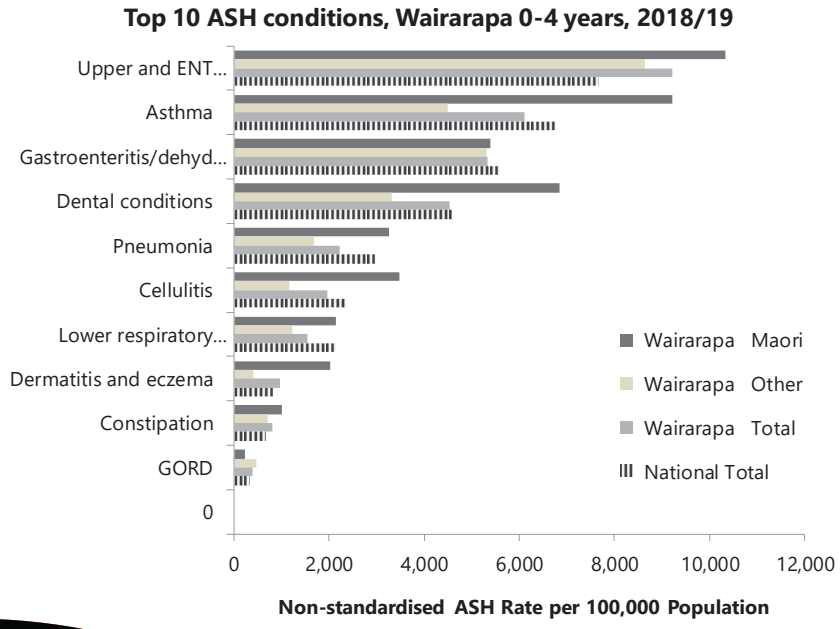
4 https://home.healthroundtable.org/

Services are not currently meeting the needs of the two populations that are growing the fastest—Māori and older people

New Zealand has seen decades of disparity in health outcomes—highlighting the need to base decisions on robust analysis of needs, and what really matters to people.

Key measures show substantial inequity in health outcomes for Māori, with rates of ambulatory sensitive hospitalisation (ASH) is much higher in Wairarapa than in New Zealand overall for a number of key conditions[5]. Among young children (Figure 10) there are particularly high levels of inequity in asthma, dental conditions, pneumonia, cellulitis, lower respiratory tract infections and dermatitis.

Figure 10: Ambulatory sensitive hospitalisations, top 10 conditions, 0–4 years, 2018/19



Source: Ministry of Health

Among adults (Figure 11) there are particularly high levels of inequity showing up in outcomes for diabetes, cellulitis, chronic obstructive pulmonary disease, dental conditions and dermatitis.

"Key measures of ASH rates show substantial inequity especially for Māori across all age groups"

5 Ambulatory sensitive hospitalisations are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.

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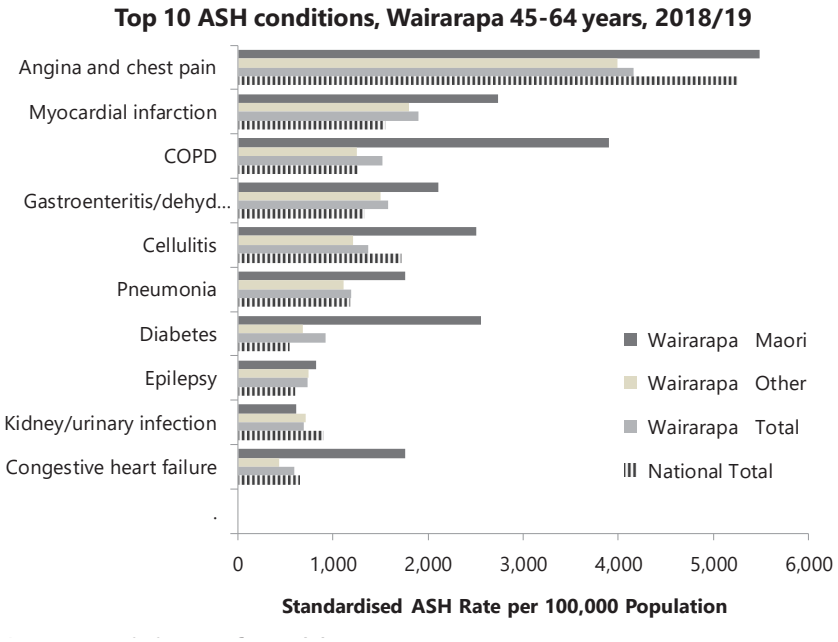
Figure 11: Ambulatory sensitive hospitalisations, top 10 conditions, 45–64 years, 2018/19



Source: Ministry of Health

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7

NAVIGATING INTO THE FUTURE

Our nation, is a nation of explorers and the diversity of our community is its strength. As we face adversity like the recent Covid-19 outbreak and navigate into the future of what our society will look like over the next ten years, it is important that we look to the past for lessons and successes we can use but we cannot and should not live in the past.

The DHB is the funder and provider of health services in our district but we are all responsible for improving, promoting and protecting the health of our people and our communities and addressing inequities.

Ultimately we are here to serve our community and as public servants we take this call to action seriously. We also know we cannot achieve the aims of Hauora Mō Tātou on our own, we must work in partnership with other Government and non-Government departments and organisations, our local Iwi and the many other providers in our district.

Therefore, the overarching theme of Hauora Mō Tātou is ensuring we can find the solutions for those who are most in need in our community. While there will be some aspects that can't be funded or provided we will do our utmost to provide the best outcomes for as many of our community as possible.

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VISION

Well Wairarapa

MISSION

To improve, promote and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choice

VALUES

"Together we ***MAKE*** *a difference"*

MANAAKITANGA Respect

We care for each other, showing kindness and empathy in all that we do.

AUAHA Innovation

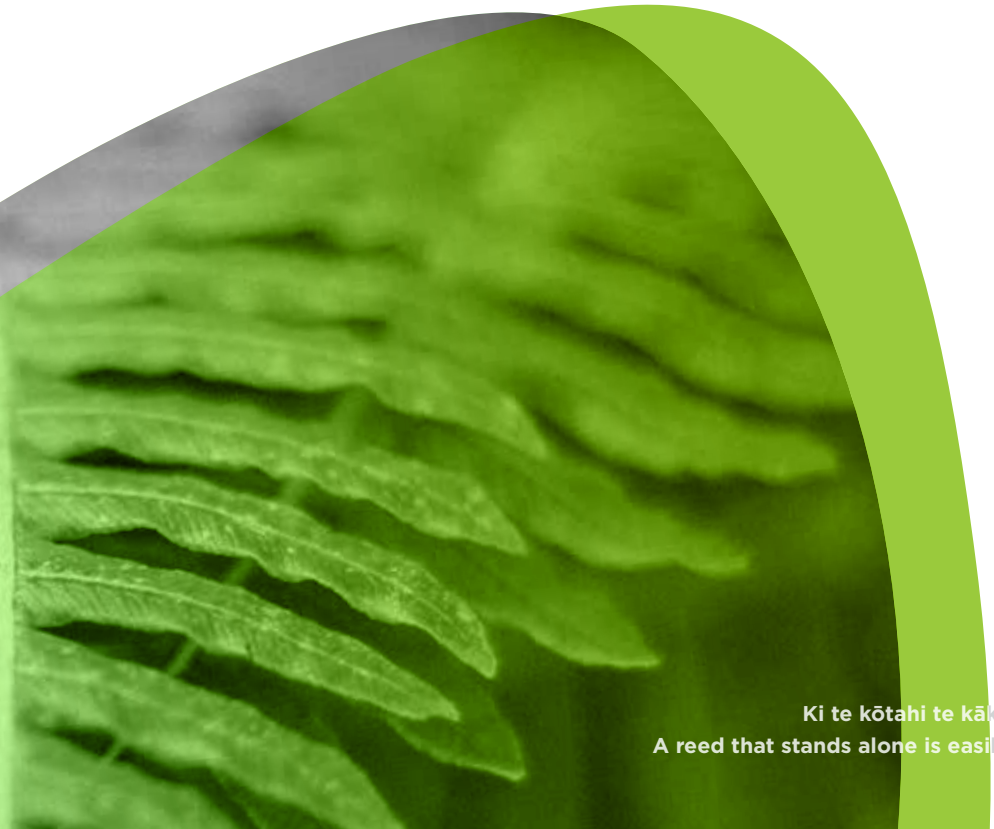
We are committed to finding future focussed solutions and take personal responsibility to be better everyday.

KOTAHITANGA Relationships

Our diversity is out strength, we back each other and work together in partnership.

EKE TAUMATA Equity

We are committed to doing the right thing, by ensuring equity and hauora are at the heart of everything



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HAUORA MŌ TĀTOU
WE ARE
Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa