Tai Ora

Strategic Response and Action Plan
Optimising the performance of Ngāti Porou Hauora

Te Runanganui O Ngati Porou

Head Office Porou Ariki 195 Wainui Rd, PO Box 394, Gisborne 4040 Tel 06 867 9960 Fax 06 867 5335
Ruatoria Office 1 Barry Avenue, PO Box 226, Ruatoria 4043 Tel 06 864 9004 Fax 06 864 9008
www.ngatiporou.iwi.nz

Chair's Office
Tairāwhiti District Health
Private Bag 7001
Gisborne, 4010
New Zealand

Via email: david.scott@tdh.org.nz

Tēnā koe David

Tena tatau nga reo pukahu o nga momo iwi – Maori, me era atu karangatanga a iwi – o Te Tairawhiti.

Kei te tangi atu a Ngati Porou ki o tatau mate tuatini puta noa nga rohenga iwi o Te Tairawhiti, tae atu hoki ki o tatau hoa noho kaenga. E nga mate, haere!

E whai ake nei ko te Ripoata a Ngati Porou e pa ana ki Te Hauora o Ngati Porou.

To the many ethnic groups in Tairawhiti – Maori and non-Maori, greetings.

We lament the passing of our loved ones from the respective Iwi of Tairawhiti, inclusive of those other nationalities in residence in Tairawhiti. To all of those who have predeceased us, farewell!

Herewith, is the Ngati Porou Report and Plan going forward for Ngati Porou Hauora ("NPH"). I commend this plan to Tairāwhiti District Health Board ("TDH") and to whomsoever may wish to read or just to peruse through this document. When we met the Chairman of TDH, Mr David Scott and the CEO, Mr Jim Green at our office, Porou Ariki, I made several comments, confident in the knowledge that Ngati Porou will make those views happen. These were my remarks:

1 We will have a Report and a Plan by December 2012
2 The Report and the Plan will address the issues raised by TDH
3 The Report and the Plan will demonstrate the way forward for Ngati Porou Hauora
4 Members of the team who will work on the Report and Plan will be people who are professional health providers, managers and those in administration

The Te Rūnanganui o Ngāti Porou ("TRONPnui") team have dealt to my responses and my comments to Mr David Scott and Jim Green. I restricted the timeframe (approx 2 months) for our team to come up with a Report and Plan. They have done so with acclaim.

It is important to note from this Report and Plan, names of those professional health experts who have been part of our team. This document forms the basis for the retention of our PHO and how we as an iwi can do this. Our confidence is high and our self-assurance un-dampened.

I put on record also my personal thanks to all of our team who worked hard to achieve what has been achieved, and, for the files I list the following:

- Dr Julia Carr
- Associate Professor Peter Crampton
- Associate Professor Paparangi Reid
- Professor Tony Dowell
- Dr Sue Crengle
- Ernst Young

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I likewise acknowledge our own team of:

- Victor Walker
- Judith (Huti) Watkins
- Teepa Wawatai
- Allan Jensen
- Meredith Ruru
- Horiana Irwin

We have reviewed your letter dated 31 October 2012 carefully. While we are unhappy with the overall process and some of the factual content of the letter, we are committed to optimising the performance of NPH. There are both challenges and opportunities that lie ahead. However, we believe this is an exciting time for both TRONPnui and NPH. We hope to undertake this journey with you in the spirit of our partnership with the Crown and our Memorandum of Understanding with TDH. These relationships are important so that our shared aspiration to improve health outcomes for Ngāti Porou and those residing in our rohe can be realised.

As previously outlined, TRONPnui is less than a year into its operation and we have taken some time to carefully review and understand the business model, responsibilities, performance and opportunities within NPH and the central role that hauora plays across our organisation. We acknowledge that there are some issues, in both clinical and financial performance. Prior to receiving you letter we initiated a process with the management of NPH to develop a 24-month plan to address a number of these issues.

Over the last four weeks TRONPnui, along with a number of external advisors, has worked closely with NPH to co-develop the following plan. The plan brings together components of the 24-month plan, as well as actions to specifically address the issues raised in your letter. It provides a comprehensive and coordinated approach to addressing issues and realising opportunities that currently exist across NPH. We also note that the plan has been reviewed by an expert panel of health professionals across Aotearoa New Zealand.

As you will see, considerable effort has been invested in the development of this document within a short period of time. The plan is well considered and achievable, given the right level of support. We assure you that TRONPnui is in full support of this document and NPH. We will invest in NPH as required to resolve the identified issues and continue NPH's great work amongst our communities.

We look forward to discussing the plan with you and working together to bring about better health outcomes for the people of Pōtikirua ki Te Toka a Taiau.

Kia ora

Dr Apirana Mahuika
Chairman

Contents

1.0 Introduction

As part of Te Rūnanganui o Ngāti Porou's ("TRONPnui") establishment phase, we have carefully reviewed and discussed with our subsidiary Ngāti Porou Hauora ("NPH") its strategy and operations. Earlier this year, we initiated with NPH a strategic revision process including a 24-month operation plan. In parallel with this process there have been numerous discussions between TRONPnui and Tairāwhiti District Health ("TDH") regarding the performance of NPH.

The discussions between TRONPnui and TDH culminated in the letter from the TDH Board Chair dated 31 October 2012, which outlined a number of concerns. While we have differing opinions on some of the concerns you have raised, we are committed to optimising the performance of NPH. In response to your letter, we have adapted outcomes from the strategic revision and operation plan process to also address TDH's concerns. The adapted review process and resulting plan involved a coordinated effort from both stakeholders and external advisors including:

- TRONPnui governance and management
- NPH governance and management
- Ernst and Young Limited
- Other specialist health sector advisors including Dr Julia Carr, Rose Kahaki and Dr Johana Reidy

The review has included all aspects of NPH's governance, management, back-office and health operations with a focus on both clinical and financial performance. It has sought to identify (where possible) the root cause of systemic issues (some of which have exacerbated over time) as well as other improvement opportunities that will strengthen the overall performance of the organisation.

Based on the findings of the review we have co-developed this Strategic Response Plan. The plan comprises five main sections. Following the introduction, section 2.0 establishes the history and strategic direction of NPH. It recognises the importance of the external influences that shape the activities and priorities of the organisation, as well as highlighting areas of strength that should be built on for the future. Section 3.0 sets out the key findings of the review and the actions to address issues and capitalise on identified opportunities. The findings and actions are structured into five workstreams that will commence immediately. These workstreams include:

- Governance and management
- Back office and administrative support design
- Service delivery design
- Clinical performance
- Workforce development

Section 4.0 highlights the support required, particularly from TDH, to effectively enable the transformation. Finally, section 5.0 sets out the next steps to progress the plan and strengthen our relationship with TDH. We note that this document has also been reviewed by a panel of leading health professionals including:

- **Professor Peter Crampton**: Pro-Vice Chancellor, Health Sciences, University of Otago
- **Associate Professor Papaarangi Reid**: Deputy Dean (Māori), Medicine and Health Sciences, University of Auckland
- **Professor Tony Dowell**: Professor, Primary Health Care and General Practice, University of Otago
- **Dr Sue Crengle**: Senior Lecturer, Te Kupenga Hauora Māori, University of Auckland

We can assure the Board and Management of TDH that TRONPnui have fully considered and understands the workload, resources and commitment required to transform NPH from its current state to a financially sustainable and high performing health provider. Collectively TRONPnui and NPH have access to the right people with the right skills and capabilities to effect the changes required. Also importantly, we are confident that the clinical staff of NPH are committed and willing to assist in the organisation's transformation. While there are challenges ahead, NPH can build on the strong foundation that currently exists and together, with the support of our people and TDH, we can achieve the tasks set out in this plan and continue to bring about better health outcomes for the people of Pōtikirua ki Te Toka a Taiau.

2.0 History, strategy and achievements

2.1 Background and Overview of Ngāti Porou Hauora

Ngāti Porou Hauora was established in response to many issues that we and the people of our region are still grappling with in 2012 including:

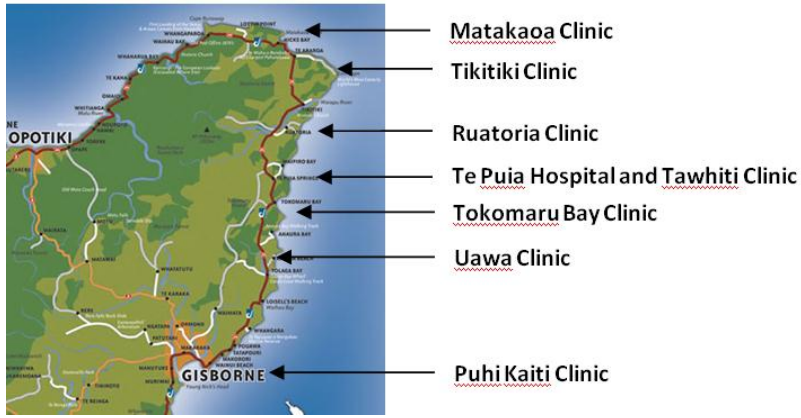
- Persistently poor health outcomes for the people of Ngāti Porou living in Gisborne, on the East Coast and for this DHB region including the highest rate of mortality across New Zealand (32% above the national rate).
- Limited access to health services.
- A strong desire to retain health facilities in rural communities.
- A strong desire to build local Māori workforce capacity and capability.
- A strong desire to develop innovative and locally relevant services that reflect Ngāti Poroutanga, and harness the commitment, creativity and capability of Ngāti Porou.

Over the last ten years the number of contracts managed by NPH has grown significantly, from twenty in 1997, to seventy five contracts in 2010, including the management of the rural hospital at Te Puia Springs. The organisation currently manages 63 contracts to deliver a range of services through its clinics and its hospital including but not limited to:

- Health promotion
- Primary health care
- Tamariki Ora
- Outreach immunisation
- Public health and community nursing
- Dental services
- Allied health
- Home support
- Hospital-based services
- Mental health services
- Palliative care
- Health of older people services

The enrolled population of NPH is over 10,000. Approximately 50 percent of this population is rural, the remaining 50 percent is urban. While approximately half of the people in the region identify as Māori[1], the proportion of Māori enrolled with NPH is a lot higher at 83% (as at November 2012). Further information regarding the specific health needs of the population served is highlighted further in the next section.

The enrolled population is primarily serviced through the seven clinics that NPH operates. Services are also provided through its hospital at Te Puia Springs. Mobile services and kaiāwhina support is also provided for some services. NPH's largest clinic is located is Gisborne at Puhi Kaiti. This clinic services approximately half of the enrolled population. The other clinics are spread across the East Coast at the following locations:



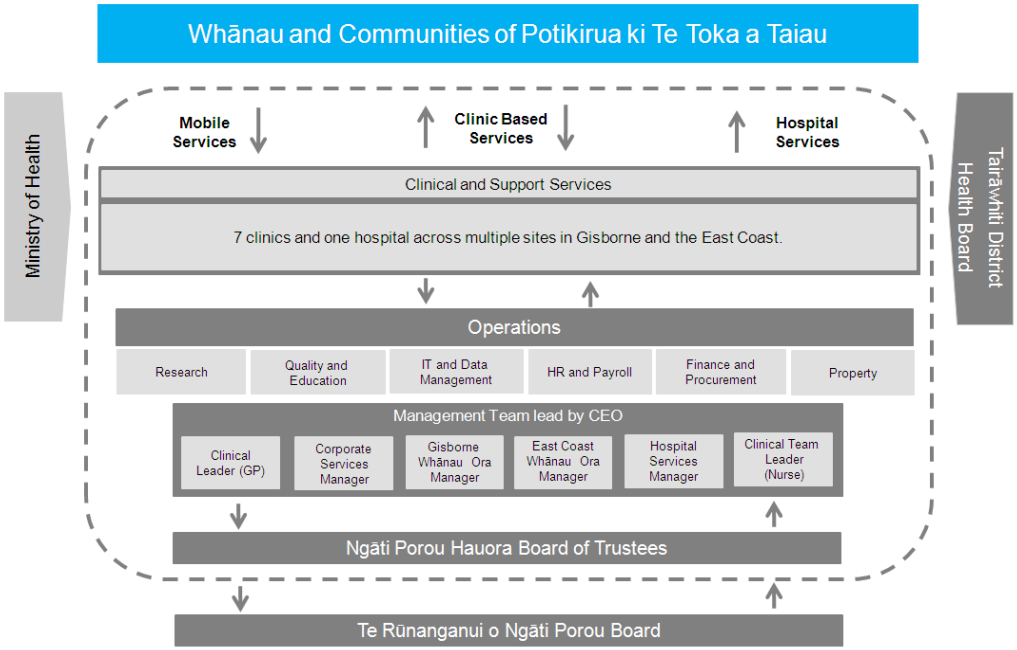
[1] NZ Department of Statistics, NZ Census 2006

2.2 Influences on the strategy, service configuration and priorities of NPH

While there are many influences that impact on NPH, there are four that primarily shape the strategy, service configuration and priorities for NPH (as depicted in figure 1 below). These are discussed in the following section and include:

- Whānau and communities of Pōtikirua ki Te Toka a Taiau
- Te Rūnanganui o Ngāti Porou
- The Ministry of Health
- Tairāwhiti District Health Board

Figure 1. Influences on the strategy and service configuration of NPH



Whānau and communities of Pōtikirua ki Te Toka a Taiau

The most prominent influence on the strategy and service configuration of NPH is the people that we serve. They are the people of Ngāti Porou, they are our people. We are committed to the provision of services that are responsive to their needs and enable them to achieve better health outcomes. We understand the unique circumstances of our people, approximately 65% of whom are ranked in the 4th and 5th quintile of the deprivation measure (5 being the lowest possible rating)[2]. As stated in section 2.1, approximately half of our enrolled population is rural.

It is widely accepted that socio-economic status (based on factors like income, occupation and education) is a key determinant of health.3,4 It is therefore not surprising that the enrolled population of NPH have poorer health outcomes than other regions. This is further exacerbated by influences such as poor infrastructure conditions (particularly roading and telecommunications) on the rural East Coast that creates additional barriers regarding access. This requires NPH to be innovative in the way that they deliver their services to create engagement opportunities for their communities.

Furthermore, international evidence supports that accessible, appropriate, high quality primary and community care, with support services (e.g. accessible emergency and rural hospital care), improves life

[2] White P, Gunston J, Salmond C, Atkinson J, Crampton P 2008, Atlas of socioeconomic Deprivation in NZ, NZ Dep 2006. Wellington: Ministry of Health
[3] Crampton, P. (1998) "Measuring deprivation and socioeconomic status: Why and how?" New Zealand Public Health Report, 5(11/12):81-84.
[4] Ministry of Health (2000) *Reducing Inequalities in Health*, Ministry of Health, Wellington

expectancy and reduces disparities for disadvantaged populations.[5,6,7] This is reflected in the configuration of our clinics and services.

Priorities of Te Rūnanganui o Ngāti Porou

As the parent of NPH, and the entity charged with representing the interests of Ngāti Porou iwi, TRONPnui is vested in and fully committed to achieving better health outcomes for the people of Pōtikirua ki Te Toka a Taiau. This is clearly articulated in the vision of TRONPnui which states "will manage Ngāti Porou's collective affairs for the benefit of ngā uri o ngā whānau hapū o Ngāti Porou mai i Pōtikirua ki Te Toka a Taiau".

The strategy of TRONPnui is crafted around five pou that include:

- **Te Mana RaNgātira**: the standing, decision making powers and influence that enable Ngāti Porou to sustain its collective economy.
- **Ngā rawa mai i te ao turoa o ngā whānau o ngā hapū o Ngāti Porou**: the natural resources that affirm, nuture and sustain the physical, environmental, economic, intellectual, spiritual and cultural well-being of Ngāti Porou.
- **Te Pou Maire o ngā whānau i ngā hapū o Ngāti Porou**: the knowledge, language, artistic expression and heritage that affirm, nuture and sistain Ngāti Porou as a people distinct from others.
- **Te Oranga Ngākau o Ngāti Porou**: the quality of life and opportunity within the rohe of Ngāti Porou needed to ensure the physical, emotional, social and economic well-being of the resident population.
- **Te Whakatipu Rawa mo Ngāti Porou**: The iwi economic and commercial estate through which Ngāti Porou can invest, support and realise its aspirations as an iwi.

It is important to acknowledge each of these pou and the role that they play in contributing to the iwi's ability to grow and prosper. This is about achieving overall hauora through all determinants of well-being of which physical well being is a central component.

Priorities of the Ministry of Health

The Ministry of Health's Statement of Intent 2012–2015 identifies key outcomes for the health system including that:

- New Zealanders live longer, healthier and more independent lives.
- The health system is cost-effective and supports a productive economy.

The Ministry's priorities include:

- Lifting health sector performance through greater clinical integration
- Shorter waiting times
- Ensuring the health sector delivers on the health targets
- Improving the health of older people
- Whānau Ora

NPH has operational objectives in relation to each of the above priorities. This is evidenced through examples such as the recent initiative to improve visibility of (and therefore ability to manage) health targets through the structure of performance reporting at a clinic level. NPH offer a range of services targeted at improving the health of older people and

[5] Starfield B, Shi L, Macinko J. Contribution of primary health care to health systems and health. Milbank Quarterly. 8 457-502. 2005

[6] Shi L, Macinko J, Starfield B et al. Primary care, race and mortality in US States. Soc Sci Med 61 65-75. 2005.

[7] WHO. The World Health Report 2008: Primary Health Care, Now More Than Ever. Geneva: WHO 2008.

have also recently drafted a proposal regarding the Whānau Ora design in relation to NPH and the whānau they work with.

Priorities of the Tairāwhiti District Health

Tairāwhiti District Health is a key partner in and primary funder of services provided through NPH. As such we also recognise the priorities of TDH as central to the configuration of NPH's services, and their vested interest in NPH's performance. TDH has developed Te Ara Ora, Tairāwhiti's District Health Māori Health Action Plan 2009-2012 which sets out five key strategic directions which they believe underpin the achievement of "Whānau Ora"[8]. These include:

- Effective Partnerships
- Culturally Effective Services
- Māori Health Workforce Development
- Māori Provider Development
- Iwi/ Community Development

As part of TDH's Māori Health Action Plan they have also identified priorities for national, regional and district action that assists in creating visibility of gaps. This allows TDH to channel appropriate resources to address areas of need. NPH are using these priorities as an input to the restructuring of their performance measurement, reporting and management framework to foster greater alignment and coordinated efforts for achievement.

2.3 Vision, mission, values and strategic objectives

The current vision, mission, values and strategic objectives for NPH are currently under review. However, we have demonstrated in this section that the ultimate aspirations of NPH will remain the same, that is healthy families and healthy communities that are enabled to thrive. Furthermore, it is also clear that the activities of NPH are aligned to the priorities of its key partners.

As discussed further in section 3.0, there will be changes to NPH's service delivery design to ensure that it maximises its performance and the health outcomes achieved. Once the new governance group has been appointed and management is confirmed (as described in section 3.1), NPH will be in a position to finalise documents relating to the agreed vision, mission, values and strategic objectives of the organisation. At that point we would welcome the opportunity to share the outcomes with you.

2.3 Achievements of Ngāti Porou Hauora

In the ten years since its establishment, NPH has made significant gains. The organisation's progress across a number of national health targets has shown marked improvements. While some of these are still below national targets, the improvement is still significant given the demographic and socio-economic realities of the NPH population. Specific achievements include[9]:

- Improvement in breast screening coverage from 51% in 2009 to 66% in 2012, nearing target of 70% (see figure 2, page 22).
- Improvement in cervical cancer screening from 65% in 2009 to 71% in 2012, nearing target of 75% (see figure 3, page 23).
- Above target of 90% in ischaemic CVD Detection (currently at 92% - see figure 4, page 24).
- Improvement in cardiovascular disease risk assessment from 14% in 2009 to 33% in 2012 (see figure 5, page 25).
- Improvement in childhood immunisations for 2-year olds from 59% in 2009 to 89% in 2012 (see figure 6, page 26).
- Improvement in number of population with smoking status recorded from 66% in 2010 to 85% in 2012.

[8] Tairāwhiti District Health 2009. Te Ara Ora Māori Health Action Plan 2009 – 2012. http://www.tdh.org.nz

[9] Note, health target statistics are based on total NPH population.

In addition to the above, NPH's capacity for innovation has been recognised nationally and internationally. For example, in 2004 Ngāti Porou Hauora was joint winner of the Te Matarau Hauora's Supreme Award for Excellence by a Māori Health Provider and Highly Commended in the Whānau Ora Awards. In that year three of NPH's staff were recognised including:

- Gina Chaffey-Aupouri for Excellence in Māori Nursing
- Dr Rawiri Tipene-Leach for Excellence in Clinical Leadership
- John Tamati Coleman received the RaNgāti ra Tane Award

In 2006, Ngāti Porou Hauora was the supreme winner in the Whānau Ora Awards. They were also named a Health Innovation Award finalist with their "Nati and Healthy" project undertaken in collaboration with the University of Otago and six East Coast communities.

In 2008, Dr Tipene-Leach presented results from Nati and Healthy to an international conference[10].

Over the last ten years NPH has been a valued partner in both national and international research projects. Projects have included:

- Point of contact Warfarin Management Programme in collaboration with Roche Diagnostics and Flinders University, South Australia.
- Gout research in collaboration with University of Otago, which has included a national conference in 2011 and a recent publication[11].
- Development of collaborative models for health service delivery involving traditional Māori healing and Western practice in Te Tairāwhiti.
- Strengthening health literacy among indigenous people living with cardiovascular disease, their families and health care providers, in collaboration with University of Auckland, Canadian and Australian co-researchers.

In addition to the above, NPH is involved in the recently launched inter-professional training programme which includes the University of Otago, Eastern Institute of Technology, TDH and Turanga Health. This initiative is built on strong relationships that NPH has nurtured with the University of Otago and Eastern Institute of Technology. NPH has many other achievements including significant Māori workforce development, changes in health outcomes[12] and continuity of service delivery, despite numerous health sector changes. Overall these achievements demonstrate NPH's ability and commitment to succeed. Together, these demonstrated strengths provide a sold foundation for NPH to build for the future.

[10] Ngāti Porou Hauora. Health Improvement and Innovation Resource Centre. www.hiirc.org.nz

[11] Ministry of Health. Review of Health Education Resources on Gout Medication: Summary Report to the Ministry of Health. Wellington: Ministry of Health 2012

[12] For example, a cohort analysis in 2007 demonstrated a 20% reduction in ambulatory sensitive admissions after five years for people enrolled with NPH as their primary care provider. Earlier analysis demonstrated a marked reduction in readmissions in mental health and an improvement in care for people with serious mental illness.

3.0 Action plan

On receiving the letter from the Chair of TDH dated 31 October 2012, TRONPnui had already initiated the development of a 24-month plan with NPH management. Following this TRONPnui also undertook a review that comprised a coordinated effort from a range of internal stakeholders and external advisors. The review has provided a well balanced view regarding both the clinical and operational / financial performance of NPH. While the review included analysis regarding specific issues listed in the TDH letter, it also took a broader look at the function of NPH in its entirety.

Based on the findings of the review, we have co-developed a twelve month action plan that sets out five workstreams that are focussed on driving change that will underpin improvements in NPH's overall performance. Key findings and actions for each workstreams are set out in the following sections of the plan. We have summarised the key actions, timeframes and accountabilities of each workstream in Appendix B.

The size and complexity of the work programme to be undertaken is significant. NPH management will therefore develop a change management plan and supporting transformation approach that is based on the kaupapa and values of NPH. That plan will be taken to its clinicians and kaimahi for consultation and further development before being approved and implemented in February 2013.

3.1 Governance and management

Governance

The TRONPnui as the parent organisation of NPH is governed by the TRONPnui Board. NPH currently has a separate governance structure that has been in place since June 2011. The NPH Board comprises six members and one recently co-opted clinical advisor. The structure includes two representatives of TRONPnui and community representation (including a District Councillor). There is limited clinical expertise on the Board, aside from the co-opted clinical advisor (who is a practicing Medical Specialist). We note there is some commercial experience on the Board, however, this is limited.

We acknowledge the time, commitment, skills and experience that each current Board member has given to NPH. However, at this time TRONPnui feel that the situation of NPH requires specialist intervention. TRONPnui will therefore be proposing a resolution at their 10 December 2012 meeting that an interim Board be appointed to NPH that will be tasked with addressing the issues identified in this document in the immediate future.

The interim Board will be appointed by and accountable to the TRONPnui Board in line with the requirements of NPH's Trust Deed. The Board will comprise four members and will include strong clinical, commercial and change management expertise. The immediate responsibilities of the Board will be to:

- Oversee the development of a detailed change management plan that will include a defined transformation approach, communication plan and risk management plan for the changes that will occur across NPH in the next six to twelve months.
- Direct and oversee the undertaking of actions and the achievement of milestones as set out in this document.
- Restore the confidence of key stakeholders, including clients of NPH, TDH and the wider community.
- Continue to improve the relationship with TDH and other key business partners.

During the transformation period the Board will adopt a "hands on" style of governance that will be characterised by clear direction, close monitoring and frequent interaction with management. From time to time the Board is likely to be supported by specialist advisory committees that will be established for a specific purpose, based on what needs to be achieved at particular stages of the transformation. The Board will actively support the CE to implement the plan and optimise performance. The tenure of the interim Board is envisaged to be approximately twelve to twenty four months and will be in place by January 2013.

Management

In its 31 October letter TDH specifically requested evidence of a management team with depth of experience, expertise and success in running complex health services. This was to include names, experience and time commitment to NPH. We can inform TDH that we have initiated a review to assess the appropriateness of the current management structure that could result in changes to the management team of NPH in 2013. The review will be completed by February 2013. Once the review has been completed, the interim NPH Board will be responsible for undertaking any subsequent restructuring activity that may follow, including appointments to new positions that may be created as a result of the review.

We understand that this will be an uncertain time for the management of NPH. The interim board will be vigilant in ensuring that due process is followed and that the kaupapa and values of NPH are at the forefront of any restructuring activity. It is important that any transitions required are as smooth as possible. To achieve this, the interim board (with the support of TRONPnui) will engage specialist HR and change management advice. Once the review has been completed we will share the outcomes with TDH as appropriate.

The action plan associated with governance and management as stated above is summarised in table 1, page 28.

3.2 Back office and administration support design

Back office support services

Earlier in 2012 TRONPnui initiated a number of initiatives targeted at reducing duplication of administration and operational support structures across the TRONPnui group. This resulted in discussions between the TRONPnui and NPH Boards regarding shared services for back office functions across the group. The review also confirmed that the current back office support design is not optimised from a cost efficiency perspective given the scale of NPH's operation. A number of opportunities to improve the effectiveness of support services such as property and finance have been identified that will assist in managing the financial performance of NPH.

TRONPnui is currently working with NPH to develop a plan that will result in all back office support services being shared with and managed by TRONPnui. In addition to reduced costs and duplication across TRONPnui, this initiative will allow NPH management to focus on addressing the clinical performance issues as a matter of priority while allowing TRONPnui management to assist NPH management in addressing other identified operational issues such as revenue leakage.

Where required, TRONPnui will seek external advice and assistance to ensure the integration of back office functions is planned and that the risks are appropriately managed.

The plan for integration of back office functions will be completed by March 2013. Implementation of the plan will be completed by July 2013.

Administration support design

The administration roles at the clinics across the Coast are important to the delivery of health services. The review has identified an opportunity to reduce the number of administrative positions that exist in some areas. An exercise will be undertaken to agree the staff establishment ratio of administration roles in relation to patient enrolments and clinical services

provided. The outcomes of this exercise will be implemented by March 2013.

The action plan associated with the back office and administration support design as stated above is summarised in table 2, page 29.

3.3 Service delivery

NPH currently offers a range of services to its enrolled population in Gisborne and on the East Coast from primary care and health promotion to dental, home support, palliative care and hospital based services.

In addition, NPH provides 24 hour/7 day service availability on the East Coast, including after hours primary care, emergency care, observation beds and sub-acute care at Te Puia, and a 24 hour Duly Authorised Officer (Mental Health) service. Visiting specialist outpatient services are provided, along with minor surgery and, at times elective surgery via the mobile surgical bus.

NPH is a well established Māori health provider, with a predominantly Māori workforce. There is a strong, well-established relationship between the health service and the communities served. The network of clinics, along with outreach nursing services facilitate access, whilst the Whare Hauora at Te Puia provides a multi-purpose, flexible inpatient and accident and medical service, reducing admissions to Gisborne Hospital.

Toward a new service delivery model

The current facilities, workforce, services and community relationships provide a strong platform for the development of a new model of care to effect a quantum change in the health status of the population in Ngāti Porou. The intent is for NPH's new service model to:

- Build on the current service strengths and the unique opportunities afforded by Ngāti Porou owning, governing and delivering services to individuals residing within the rohe. To this end, NPH will take advantage of its relationship with TRONPnui, and the potential of intersectoral action to improve health and social outcomes.
- Be guided by the principles of Whānau Ora, recognising the leadership and capacity within all whānau, offering whānau-centred services and working with whānau to achieve their goals and aspirations.
- Be developed in collaboration with NPH clinicians and other staff, so that ownership is shared and all in NPH are actively improving quality, health outcomes and the patient/whānau experience.
- Be guided by the direction of Better, Sooner, More Convenient health service approach. This advocates that more services are delivered in the community close to where people live, people wait less for services and are kept healthier. This is of particular significance when recognising that NPH serves whānau and communities that could be described as 'hard to reach', have high unmet health needs, and are less likely to readily engage with usual services.
- Incorporate innovative solutions which remove barriers and create a smoother flow between different parts of the health service. In particular, for people with multiple long term conditions, there would be an emphasis on assistance in the home and in the community to avoid unnecessary stays in hospital.
- Actively engage with the communities that NPH serves to ensure services are accessible, acceptable and enabling.

We intend to examine similar models of delivery from around Aotearoa that have a dual Māori kaupapa and Whānau Ora focus and a similar rural service. Potential examples include Te Oranganui, Tui Ora, Ora Toa and the Hokianga Health Service. There is also published research regarding alternative models that have demonstrated improvements in health

outcomes for populations with a high degree of co-morbidities that will be useful to assess in the development of service delivery options. [13,14,15,16]

The above will be supplemented with:

- Leading perspectives on rural health delivery
- Use technology as an enabler of service delivery in remote locations
- Techniques and approaches developed by NPH through the Nati and Healthy programme

From this work NPH will develop a series of potential models that can be used to engage key stakeholders. The service delivery model will be shaped by a combination of:

- Research and investigation efforts
- Governance, management and staff of TRONnui and NPH
- Agency collaboration
- Community engagement
- Resource availability
- Alignment with Government and TDH priorities

A central tenet of a new delivery model will be an open and transparent working relationship with TDH. Of particular importance will be the ability for NPH to employ innovative solutions to the delivery of services. The challenge of physical distance across Te Tairāwhiti stands as a barrier to effective health service delivery. To overcome this we will require a level of flexibility from TDH to allow us to structure services in a way that we believe meets the needs of the communities we serve. Whilst acknowledging the need to remain accountable for results, we would also hope that this new working relationship would extend to movement towards the reporting of volumes and measurement of outcomes (as opposed to current FTE headcount measures), and a consequent reduction in the reporting burden on the organisation.

We recognise that the vision of a new service delivery model will not be completely realised within the scope of this 12 month action plan. To that end, we present below a set of achievable actions for the next 12 months, focussed on the development of a new model that lays the foundations for our new direction.

The action plan associated with the development, consultation and implementation of a more responsive delivery model is summarised in table 3, page 30.

3.4 Clinical performance

We acknowledge the concerns raised by TDH regarding the performance of NPH at a clinical level in some areas and have identified some root causes of these concerns. In particular, we believe that the integrity of performance data is a significant issue in that actual clinical performance is either not being captured and / or reported due to data entry, processing and extraction practices.

Given the tight timeframes associated with developing this action plan, a detailed analysis of performance against all contracts NPH currently holds (63 in total) and the formulation of a response to each was not possible. However, we believe a key stepping stone to demonstrating improved performance in the short term would be to focus on PHO performance indicators.

We note that apart from some indicators relating to smoking cessation and CVD assessment, NPH PHO performance is in line with other PHO's across Aotearoa. This achievement is in spite of the demographic challenges that are unique to our region including a rural Māori population with high health needs, low income, and significant workforce challenges.

[13] Sampalli T, Fox R, Dickson R et al. Proposed model of integrated care to improve health outcomes for individuals with multimorbidities. Patient Preference and Adherence. 6 757-764. 2012.
[14] Noel P, Parchman M, Williamns J et al. The challenges of multimorbidity from the patient perspective. J Gen Intern Med 22 419-424. 2007
[15] Glynn L, valderas J, Healy P et al. The prevalence of multimorbidity in primary care and its effect on health care utilisation and cost. J Fam Pract. 28 516-523. 2011
[16] Hefford M, Ehrenberg N. Telehealth support for patients with long term conditions: Evaluation of a rural pilot. Sapere Research Group. 2011

In an effort to continue to improve clinical performance we have identified a series of targeted initiatives which we believe will result in a measurable improvement within a relatively short time frame. Each initiative is operational in nature and is grouped under one of four focus areas including:

1. Improving service delivery
2. Increasing visibility of performance
3. Improving data accuracy
4. Improving recruitment and retention

We note that the second and third areas of focus, although not directly clinical in nature, impact significantly on NPH's ability to establish accurate current clinical performance levels and demonstrate improvement. They have therefore been included in this section. The action plan associated with targeted initiatives to improve clinical performance in the above areas is summarised in table 4, page 32.

In terms of the link between service delivery and improved performance, we believe the development of a locally relevant service model and flexibility in funding arrangements to focus on outcomes rather than FTE allocation of resources is essential to improving service performance and improved health outcomes for our communities. We look forward to engaging with you on this matter.

3.5 Workforce development

NPH's workforce development goals align with those of HealthWorkforce NZ in that our aspiration is for our workforce to be:

- Fit for purpose, high quality and motivated
- Flexible and easily deployed in response to shifts in models of care and changes in service delivery
- Reduces workforce expenditure with no compromise on patient safety or quality of care
- Is energised and motivated to lead and participate in continuous innovation[17,18]

In the context of NPH, the three areas of primary care, Better, Sooner, More convenient), clinical leadership and Whānau Ora, are central tenets of successful workforce development.

We believe that primary care teams in each area should be supported to engage with their communities and within their teams to ensure the best mix of services and optimal use of the skills and interests of each team member is achieved. Individual team members should also be encouraged to work to the top of their scope, with support available to develop further. In addition, we are committed to up-skilling our workforce in terms of technology, where we can make greater use of telemedicine, point of care testing techniques, and telehealth developments (for example, managing chronic diseases via computerised consoles).

In terms of clinical leadership, on-going service development and the enhancement of service quality will be informed through the use of formal clinical governance and other mechanisms to promote input from clinicians. This will be supplemented with initiatives to strengthen communication links between NPH clinical, management and governance personnel.

Lastly, we are of the strong opinion that Whānau Ora will form the foundation of our future service delivery model. Therefore, we are actively seeking out opportunities to equip our staff with the skills needed to reorient service delivery and practice to align with Whānau Ora.
The action plan associated with workforce development is summarised in table 5, page 34.

[17] www.healthworkforce.govt.nz
[18] Health Workforce New Zealand. Health Workforce New Zealand: Workforce Innovations. Wellington: Ministry of Health. 2011.

4.0 Support required for transformation

While NPH will require a range of support from its staff, its communities and other external partners, the most support required in enabling its transformation is from TRONPnui and TDH.

4.1 Support from Te Rūnanganui o Ngāti Porou

As already articulated throughout this document, we at TRONPnui are fully committed to supporting NPH in undertaking the content of this plan. There are two particular areas where we believe we will provide the most support: leveraging our relationships and commitment of resources.

Leveraging Relationships

The iwi of Ngāti Porou has established and developed long standing relationships both nationally and internationally. Through our treaty settlement interactions we have established partnerships with the Crown and other government agencies and recognise the importance of developing and leveraging these relationships for the benefit of our iwi.

We also have established relationships with other iwi, tertiary institutions and partners in the private sector. Collectively these relationships provide access to a broad range of skills and capability that we will draw on to assist NPH when required.

Commitment of Resources

Commitment of both financial and non-financial resources will be required to enable the successful implementation of this plan. We have quantified the likely commitment and are comfortable that while an immediate investment will be necessary, a sound plan is in place that will allow NPH to be independently sustainable in the medium-term.

Where required, our staff will partner with NPH staff and management to ensure that the right skills and capability is available to carry out the tasks TRONPnui and NPH have jointly committed to.

4.2 Support from Tairāwhiti District Health Board

Change in structure of contracts

Over the last ten years the number of contracts managed by NPH has grown significantly from twenty in 1997 up to seventy five contracts in 2010, including the management of the rural hospital at Te Puia Springs. NPH currently manages 63 contracts to deliver a range of services to approximately 10,000 people of Pōtikirua ki Te Toka a Taiau.

Although there have been periods when funders have recognised that it is unproductive and expensive for a provider such as NPH to be burdened with a very high number of small, specific and prescriptive contracts, NPH remains constrained by this funding practice. Such a large number of contracts is expensive to manage and does not enable effective service delivery. An exclusive focus on particular short term outputs also skews service delivery and distracts from planning and implementing strategies to improve population health in the medium and longer term.

NPH have committed to a range of operational changes that will assist in lifting financial and clinical performance in the short term. However, our longer term objectives can only be enabled through the agreement to change to a more flexible contract funding model. We look forward to discussing options for increased flexibility that still allow you as the funder to maintain appropriate oversight of our delivery performance.

Change in performance measures

While we are working to improve performance and reporting to address your concerns related to particular contracts, TRONPnui and NPH would like to engage in a deeper dialogue about the shared goal of improving health outcomes for the people of our region. We are acutely aware that our region has the highest age-adjusted mortality rate and some of the poorest health outcomes in New Zealand.[19,20] We believe that we have a

[19] TDH. Tairāwhiti District Health Māori Health Plan 2012-13. www.tdh.org.nz
[20] Ministry of Health. New Zealand Mortality Statistics: 2006 to 2009. www.health.govt.nz 2011.

unique opportunity to develop a broad, structured and effective approach to realising our common goal of better health for this region.

NPH recognises that robust clinical governance and leadership, clinical audits and continuous quality improvements are all necessary requisites in achieving high quality primary care and achievement of improved health outcomes. We are committed to strengthening capability and achievement in all these areas.

We also recognise that while the current performance framework (published by the Ministry of Health) is useful in signalling compliance or gaps in delivery, a much broader approach is needed to measure effectiveness of health services for Māori. The risk of individual indicators distorting an overall assessment of performance was widely signalled and debated when the PHO performance framework was initiated, and the concerns raised then remain valid. For example, we note that there is no strong evidence that an annual diabetes check on its own improves outcomes for people with diabetes. Similarly there is no strong evidence that cardiovascular risk assessment will change the life expectancy and outcomes for Māori. Without accessible primary care, responsive specialist services and an effective community-based programme to help individuals and whānau address so-called 'lifestyle' factors, these checks are of limited value. We therefore look forward to working with you to look at different options and methods for assessing performance that counts.

5.0 Reallocation of underspend

In discussing the issue of reallocation of underspend there are two components to consider. The first is the agreement of the underspend value and the second is the services to which NPH propose to reallocate the variance. Both of these components are discussed below.

5.1 Agreement of underspend value

The current contract funding and performance measurement model does not recognise the actual work and outcomes achieved by NPH. Chronic Care Management (CCM) provides a good illustration of this. While there is a specific FTE nurse allocation for CCM, there is much that is done by general practitioners (GP) and nurses beyond what capitation funding covers. Capitation funding covers a normal consultation, whether by a nurse or a GP.

There are a high number of NPH patients with multiple co-morbidities, and there are many extended consultations. For example, GPs and nurses are offering extended consultations for the following issues:

- Cancer management, including palliative care
- Starting patients on insulin which requires a GP and nurse
- Warfarin management, utilisingnurses in consultation with GPs. This is often charged for in other practices
- Obstructive sleep apnoea assessment and referral
- Screening and management for alcohol related illness.
- Gout management - patient education and whānau education, medication education and monitoring.
- Cardiac condition management, including rheumatic fever follow up, heart failure management, post MI care and rehabilitation;
- Asthma and COPD management.
- Mobile services, for example, Aroha Tehura, at Puhi Kaiti until recently, undertook many home visits to monitor chronic care in patients with limited mobility. Other nurses in the Coast clinics also undertake this type of work frequently to ensure that patients get adequate follow up, and that patients understand medication prescribed to them.

This level of activity goes beyond normal expectations of routine consultations as funded through capitation PHO funding. The work undertaken is spread across the GPs and nurses, and this is work over and above what is funded, through clinic hours that often extend beyond 5pm, through longer consultations, home visits, and liaison with laboratories, pharmacists and specialists.

NPH requests that TDH recognise this as CCM beyond what is offered by usual general practice in 10 to 15 minute consultations. NPH would like to undertake work in 2013 to document the degree of co-mordbidty, the health literacy issues and the degree of additional GP and nurse time dedicated to managing this particularly high need population. There is strong evidence that relationships matter in CCM, and the model of a single, separate and poorly paid (therefore low skill) nurse has been tried, at TDH's initiative, but does not represent best practice and has not proved feasible.

Based on the above, NPH believes that the intended work to offer CCM has been undertaken, and would like to discuss this further with TDH.

5.2 Reallocation of agreed underspend

There are five areas where NPH would look to negotiate and agree reallocation of agreed underspend including:

- Services to improve access
- Mental health
- Personal health
- After hours care on the East Coast
- Additional GP and nursing resourcing

Services to Improve Access

A proportion of the agreed under spend should be reallocated to fund the Mirena project, health promotion expenses and mobile clinic services.

Mental Health

We understand that a sector-wide review of mental health services is currently under way, with discussions to be undertaken with a number of providers across Te Tairāwhiti. NPH is currently in discussion with TDH Mental Health Services regarding this review.

Recruitment is currently underway to fill vacant positions. NPH hope to finalise these appointments early in 2013. We are currently engaging with you regarding the recruitment of Duly Authorised Officers (24/7 call out services for acute mental health crises). During this interim period NPH has had to engage locum Duly Authorised Officers to cover this service. We would ask that a component of under spend be reallocated to cover this additional expense.

In addition to the above, we note that the cost of providing Duly Authorised Officer services in a large rural area is vastly different to the provision of the same service in urban areas such as Gisborne. In rural areas the travel costs are significant, telecommunications are an issue, there is less ability for patients to be brought to the clinician and there is often very limited police support available. Security and support in the delivery of this service in this setting is a barrier and the current funding model is not feasible. We would like to discuss the possibility of providing additional funding in this area to assist in covering the actual cost of the service.

Personal Health

NPH request consideration of an amount to be allocated to X-ray, ambulance and incontinence products expended during the 2011/2012 year, all of which contribute to improving access to our services for our population. NPH is not funded for operational costs of X-ray services, and in order to maintain these services mandatory quality compliance is required. In addition, ambulance services are subject to a yearly increase with St John, with the increased demand for incontinence products being the major driver of expenditure. Although it may be possible to recover 50% of costs from patients who meet certain criteria, we propose the realloction of under spend to meet this shortfall.

After hours care on the East Coast

An area that is currently under funded is the provision of after hours care on the East Coast. NPH provides 24 hour/7 day service availability on the East Coast, including after hours primary care, emergency care, observation beds and sub-acute care at Te Puia, and a 24 hour Duly Authorised Officer (DAO) service. After hours care is a significant issue and NPH would like to use more of the SIA funding to assist with this provision. We understand that there is a rural adjuster, however, that is specific for rostering / retention purposes. The current allocation of funding does not cover the cost of these services.

Additional GP and nursing resourcing

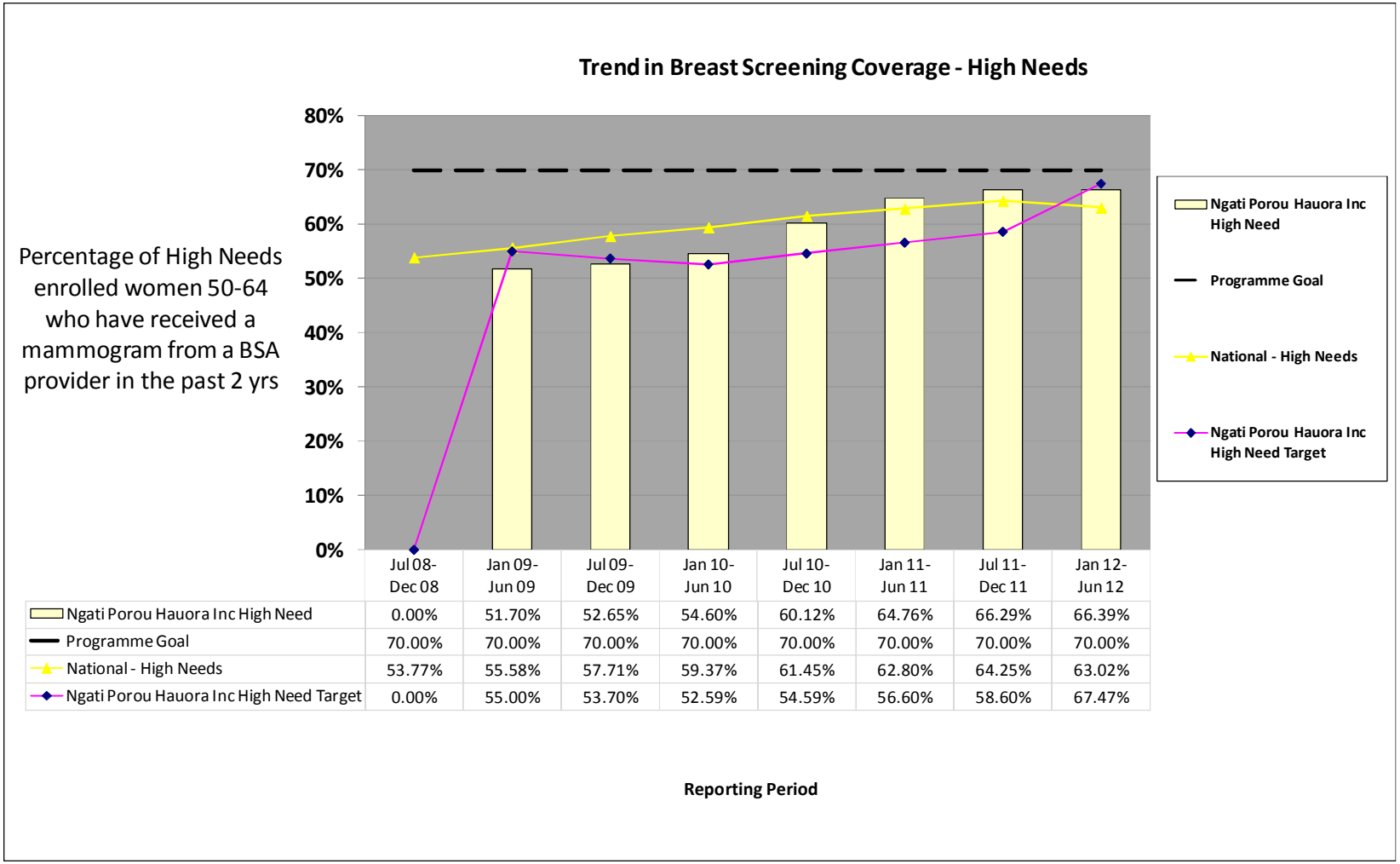
NPH would like to provide additional GP and nursing time over and above routine practice nurse capacity (I.e. additional nurse at Kaiti and additional FTE spread across Coast clinics and communities, as recruitment allows) plus allied health support to ensure that there is active management support for people with long term conditions. This support would be grounded both in clinical excellence and engage whānau, in a model consistent with Whānau Ora.

6.0 Next steps

Once again TRONPnui would like to reiterate its commitment in supporting NPH in the implementation of the actions in this plan. To progress this we would like to meet with the TDH Board to formally present this document and discuss the reinstatement of our PHO status. We believe that this dialogue is critical in demonstrating the will and intention to act in good faith. This is essential in building the relationship with TDH for the betterment for the health of our people.

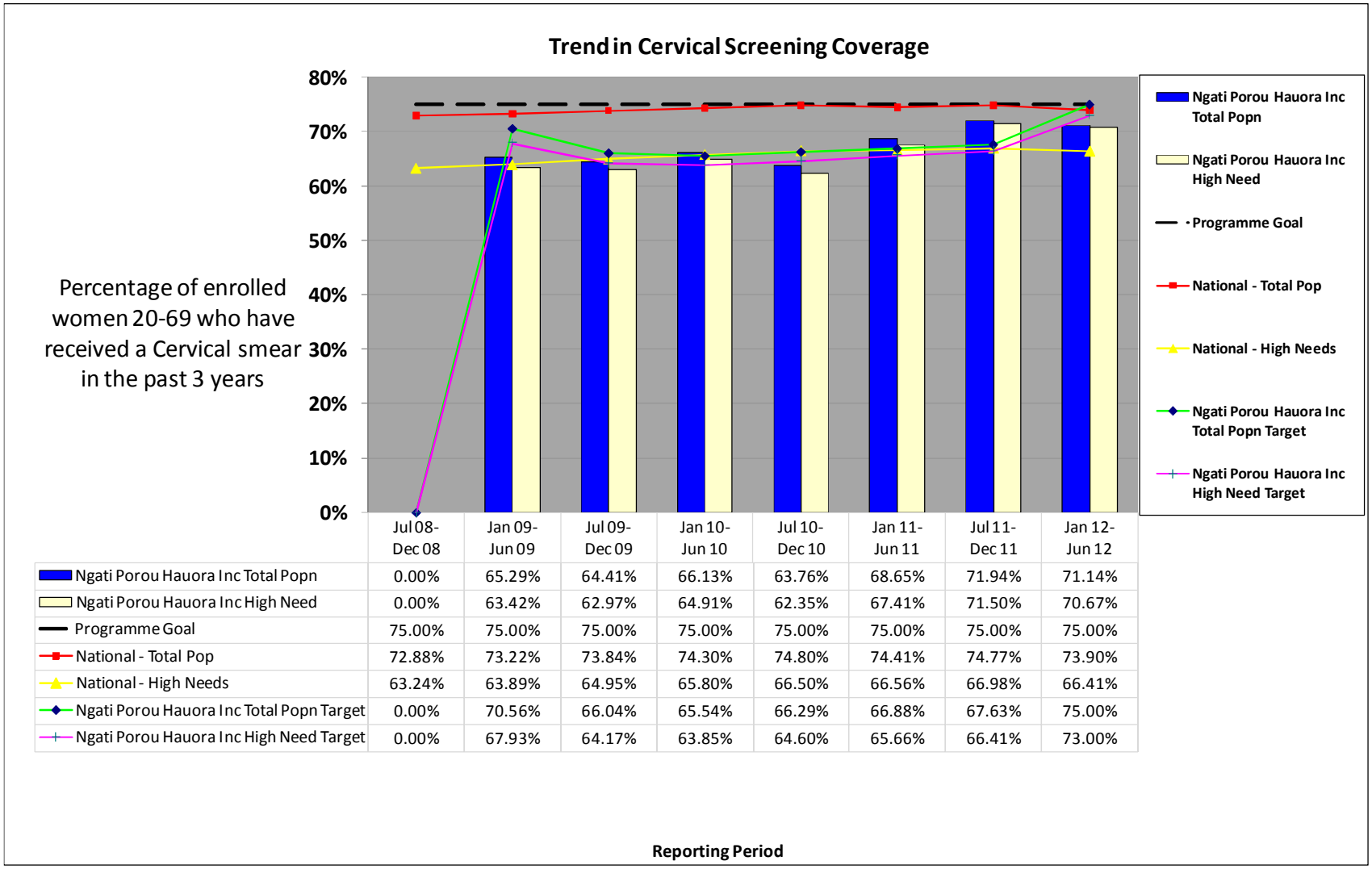
7.0 Appendix A: Health Target Trends

Figure 2. Trend in Breast Screening Coverage 2009 - 2012



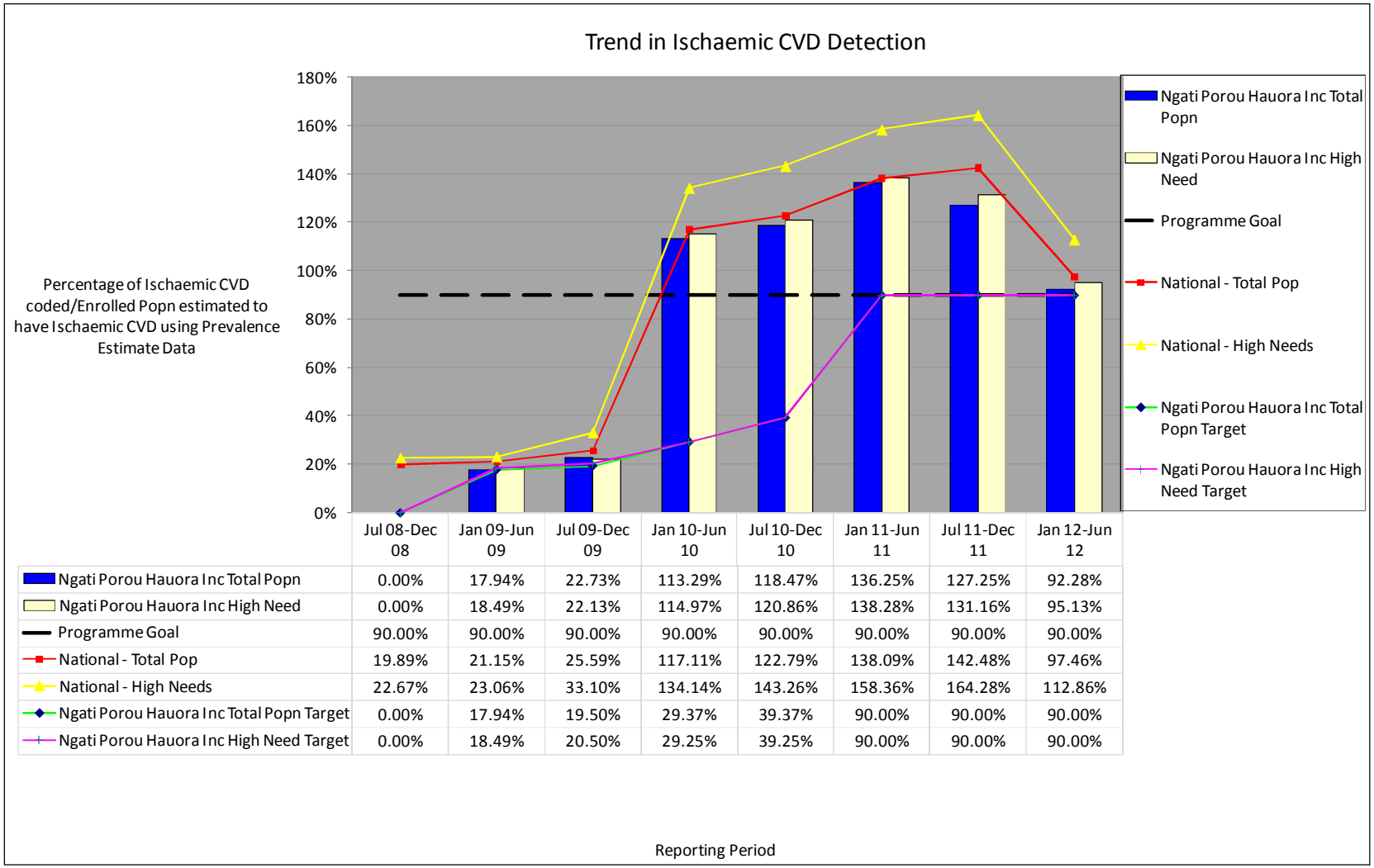
	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
Ngati Porou Hauora Inc High Need	0.00%	51.70%	52.65%	54.60%	60.12%	64.76%	66.29%	66.39%
Programme Goal	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%
National - High Needs	53.77%	55.58%	57.71%	59.37%	61.45%	62.80%	64.25%	63.02%
Ngati Porou Hauora Inc High Need Target	0.00%	55.00%	53.70%	52.59%	54.59%	56.60%	58.60%	67.47%

Figure 3. Trend in Cervical Cancer Sreening 2009 - 2012



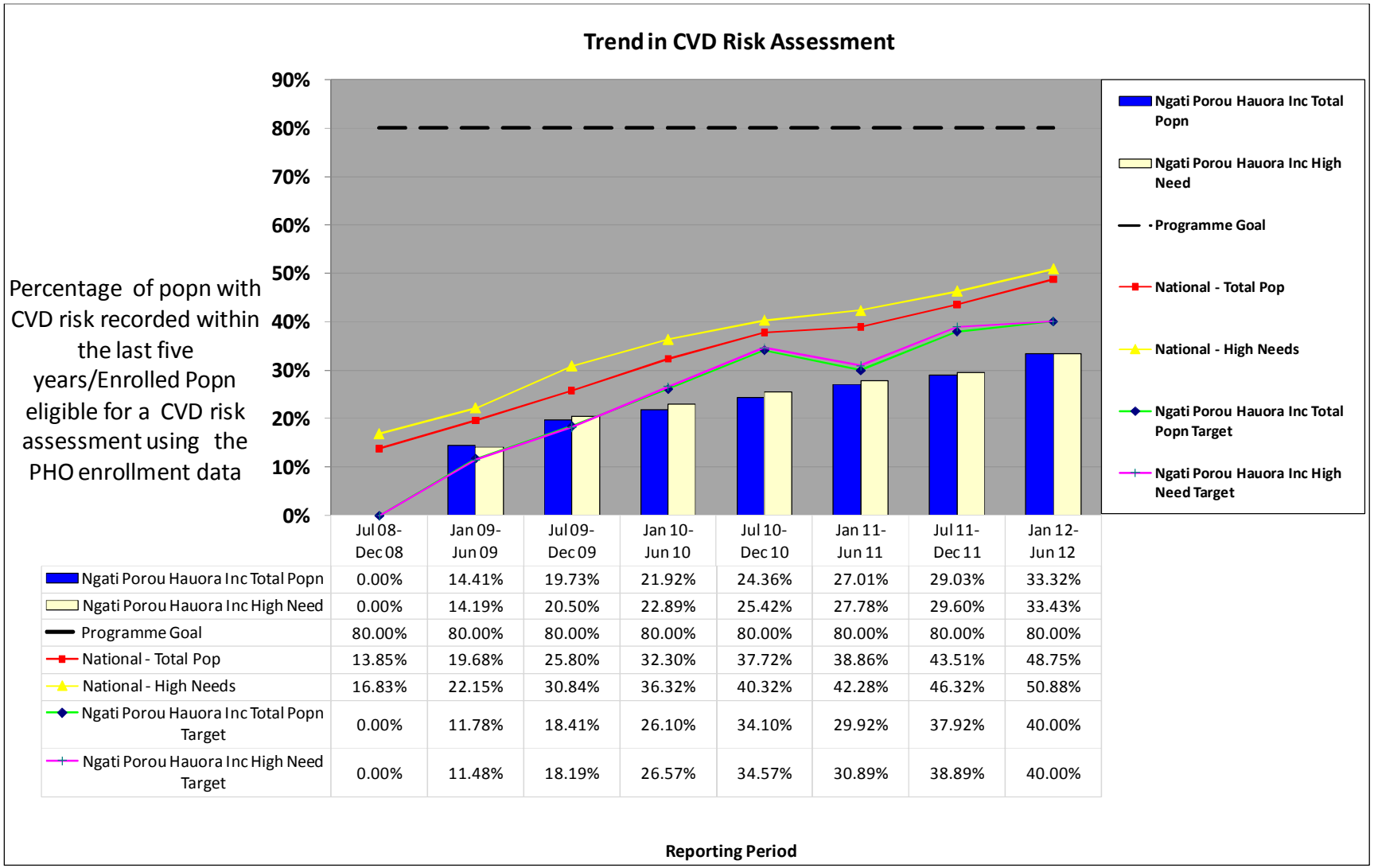
	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
Ngati Porou Hauora Inc Total Popn	0.00%	65.29%	64.41%	66.13%	63.76%	68.65%	71.94%	71.14%
Ngati Porou Hauora Inc High Need	0.00%	63.42%	62.97%	64.91%	62.35%	67.41%	71.50%	70.67%
Programme Goal	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
National - Total Pop	72.88%	73.22%	73.84%	74.30%	74.80%	74.41%	74.77%	73.90%
National - High Needs	63.24%	63.89%	64.95%	65.80%	66.50%	66.56%	66.98%	66.41%
Ngati Porou Hauora Inc Total Popn Target	0.00%	70.56%	66.04%	65.54%	66.29%	66.88%	67.63%	75.00%
Ngati Porou Hauora Inc High Need Target	0.00%	67.93%	64.17%	63.85%	64.60%	65.66%	66.41%	73.00%

Figure 4. Trend in Ischaemic CVD Detection 2009 - 2012



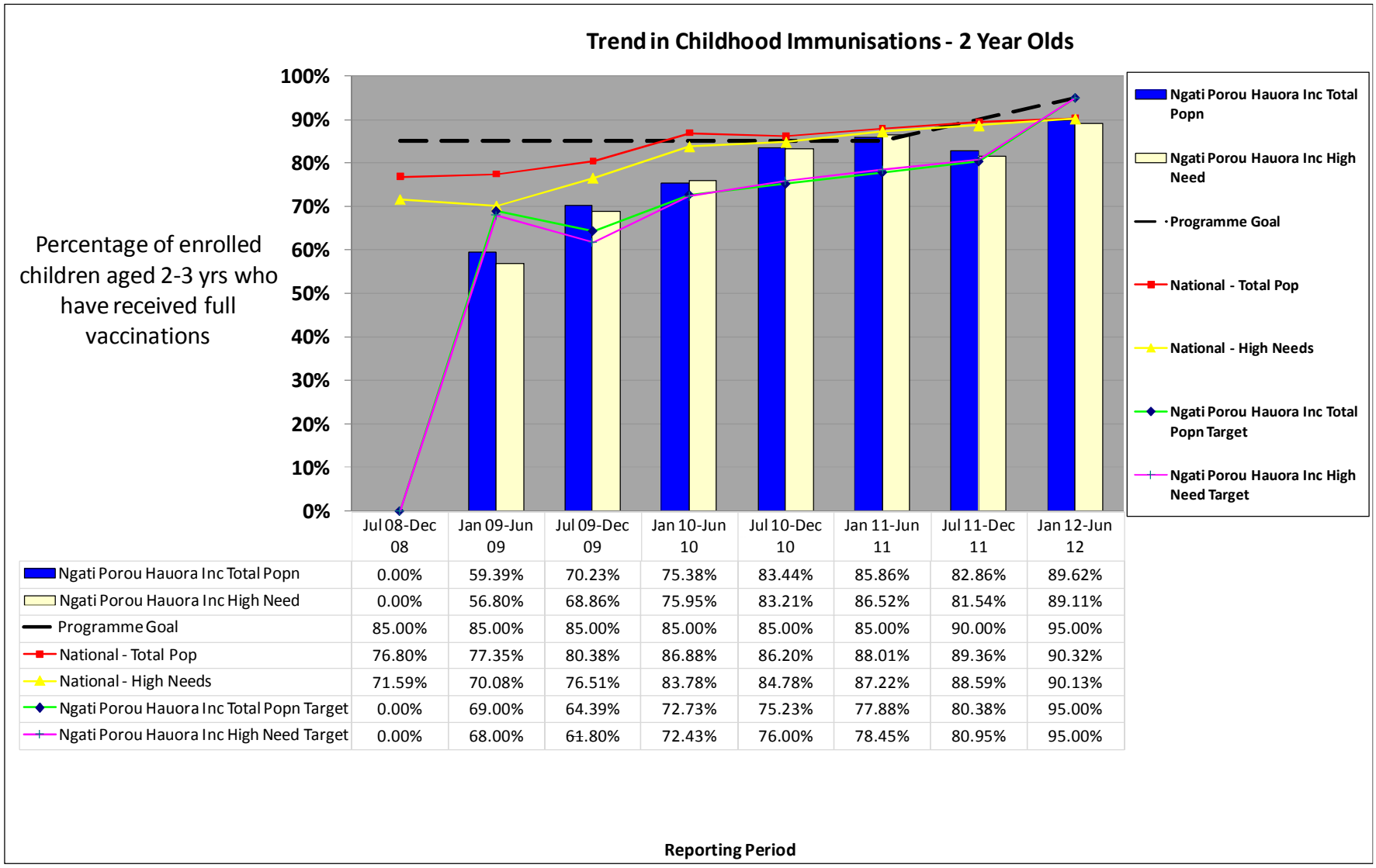
	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
Ngati Porou Hauora Inc Total Popn	0.00%	17.94%	22.73%	113.29%	118.47%	136.25%	127.25%	92.28%
Ngati Porou Hauora Inc High Need	0.00%	18.49%	22.13%	114.97%	120.86%	138.28%	131.16%	95.13%
Programme Goal	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
National - Total Pop	19.89%	21.15%	25.59%	117.11%	122.79%	138.09%	142.48%	97.46%
National - High Needs	22.67%	23.06%	33.10%	134.14%	143.26%	158.36%	164.28%	112.86%
Ngati Porou Hauora Inc Total Popn Target	0.00%	17.94%	19.50%	29.37%	39.37%	90.00%	90.00%	90.00%
Ngati Porou Hauora Inc High Need Target	0.00%	18.49%	20.50%	29.25%	39.25%	90.00%	90.00%	90.00%

Figure 5. Trend in Cardiovascular Disease Risk Assessment 2008 - 2012



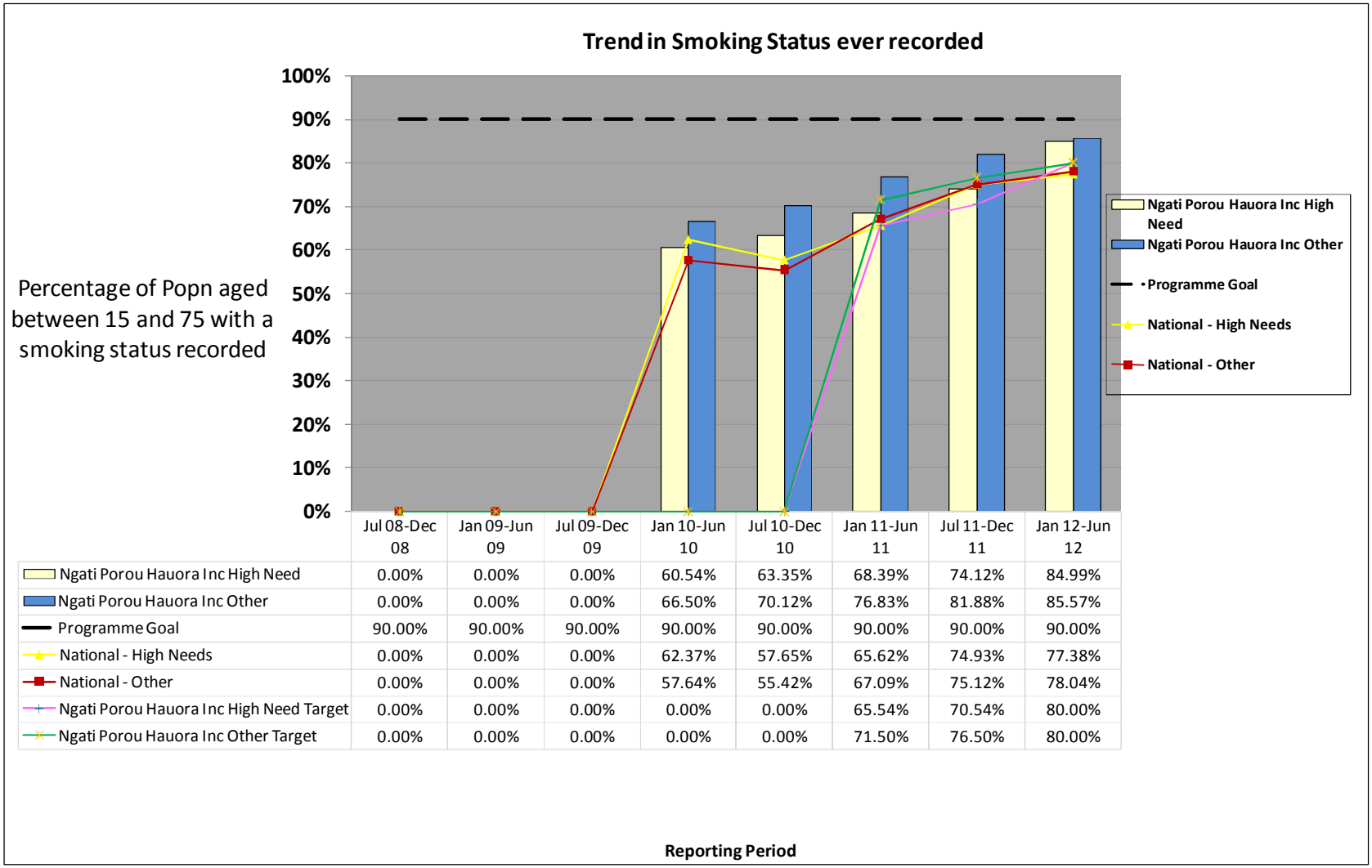
	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
Ngati Porou Hauora Inc Total Popn	0.00%	14.41%	19.73%	21.92%	24.36%	27.01%	29.03%	33.32%
Ngati Porou Hauora Inc High Need	0.00%	14.19%	20.50%	22.89%	25.42%	27.78%	29.60%	33.43%
Programme Goal	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
National - Total Pop	13.85%	19.68%	25.80%	32.30%	37.72%	38.86%	43.51%	48.75%
National - High Needs	16.83%	22.15%	30.84%	36.32%	40.32%	42.28%	46.32%	50.88%
Ngati Porou Hauora Inc Total Popn Target	0.00%	11.78%	18.41%	26.10%	34.10%	29.92%	37.92%	40.00%
Ngati Porou Hauora Inc High Need Target	0.00%	11.48%	18.19%	26.57%	34.57%	30.89%	38.89%	40.00%

Figure 6. Trend in Childhood Immunisations for 2 Year Olds 2009 - 2012



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
Ngati Porou Hauora Inc Total Popn	0.00%	59.39%	70.23%	75.38%	83.44%	85.86%	82.86%	89.62%
Ngati Porou Hauora Inc High Need	0.00%	56.80%	68.86%	75.95%	83.21%	86.52%	81.54%	89.11%
Programme Goal	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	90.00%	95.00%
National - Total Pop	76.80%	77.35%	80.38%	86.88%	86.20%	88.01%	89.36%	90.32%
National - High Needs	71.59%	70.08%	76.51%	83.78%	84.78%	87.22%	88.59%	90.13%
Ngati Porou Hauora Inc Total Popn Target	0.00%	69.00%	64.39%	72.73%	75.23%	77.88%	80.38%	95.00%
Ngati Porou Hauora Inc High Need Target	0.00%	68.00%	61.80%	72.43%	76.00%	78.45%	80.95%	95.00%

Figure 7. Trend in Percentage of population between 15 and 75 years old with a recorded smoking status 2010 - 2012



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
Ngati Porou Hauora Inc High Need	0.00%	0.00%	0.00%	60.54%	63.35%	68.39%	74.12%	84.99%
Ngati Porou Hauora Inc Other	0.00%	0.00%	0.00%	66.50%	70.12%	76.83%	81.88%	85.57%
Programme Goal	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
National - High Needs	0.00%	0.00%	0.00%	62.37%	57.65%	65.62%	74.93%	77.38%
National - Other	0.00%	0.00%	0.00%	57.64%	55.42%	67.09%	75.12%	78.04%
Ngati Porou Hauora Inc High Need Target	0.00%	0.00%	0.00%	0.00%	0.00%	65.54%	70.54%	80.00%
Ngati Porou Hauora Inc Other Target	0.00%	0.00%	0.00%	0.00%	0.00%	71.50%	76.50%	80.00%

8.0 Appendix B: Action Plan Summaries

Table 1. Governance and Management Action Plan

Focus Area	Actions / Initiative	Completed by	Accountability
Governance	Formalise and approve resolution regarding appointment of interim board to NPH. Draft terms of reference and appoint interim board members.	January 2013	TRONPnui Board
	Formalise a monthly reporting structure between the Chair of NPH and the TRONPnui board. Reporting must create a high degree of visibility between NPH and TRONPnui.	January 2013	NPH interim Board
	Initiate and oversee management structure review. Formalise outcomes of the review and communicate those outcomes with staff of NPH, TRONPnui Board and TDH. Appoint to new positions if required.	February 2013	NPH interim Board
	Oversee the development and implementation of a change management plan that will enable the transformation of NPH.	February 2013	NPH interim Board
	Closely monitor and manage implementation of change management plan and achievement of agreed milestones.	On-going Formal review each month	NPH interim Board
Management	Develop a detailed change management plan that includes a defined transformation approach, communication plan and risk management plan.	February 2013	NPH Management
	Undertake actions required in line with the agreed actions set out in this document and the change management plan. Be accountable for the delivery of actions against agreed timeframes.	On-going Formal review each month	NPH Management
	Manage and escalate risks that impact on the ability of management to achieve stipulated targets and milestones.	On-going Formal review each month	NPH Management

Table 2. Back office and administration support design

Focus Area	Actions / Initiative	Completed by	Accountability
Back Office	Develop plan and implement back office support reconfiguration including finance, property and payroll.	March 2013 (plan) July 2013 (implementation)	TRONPnui Management
	Consolidate current initiatives relating to revenue leakage into a fixed term project with structured initiatives including: - Software capability - Data quality and extraction - Data input process and associated behaviour Evaluate any additional actions that need to be undertaken (including any short term workarounds that need to be implemented until permanent solutions can be achieved). Allocate responsibilities and timeframes for completion.	January 2013	TRONPnui Management
	Work with NPH to re-forecast budgets based on organisational changes and cost saving initiatives.	March 2013	TRONPnui Management
Admin Support Design	Undertake an exercise to agree the staff establishment ratio of administration roles in relation to patient enrolments and clinical services provided.	March 2013	NPH Management

Table 3. Service Delivery Design Action Plan

Focus Area	Actions / Initiative	Completed by	Accountability
Service delivery model research, option development and analysis	Conduct research and investigate alternate service delivery models. This would include examination and analysis of: ▪ Existing models of delivery that embrace kaupapa Māori clinical and Whānau Ora perspectives ▪ Existing perspectives on rural health service delivery ▪ The use of technology as an enabler in isolated communities ▪ Effectiveness of mobile service delivery ▪ Models that promote integrated social service delivery, particularly for long term conditions To achieve this we will: ▪ Discuss planned approach with NPH clinical advisory group ▪ Visit at least three services with similar populations ▪ Research new technologies that improve service access and specialist consultation ▪ Meet with key personnel from clinical networks in Midland Region	April 2013	NPH Management
Internal and external consultation	Work with staff in each area to review the cost and configuration of services in each area, and performance against clinical targets. Internal workshopping of models with NPH and TRONPnui personnel through workshops. Community consultation regarding potential delivery model(s). This activity would have the key objectives of: ▪ Signalling to communities the intention to modify how services will be delivered to them ▪ Obtaining feedback on delivery models from a customer perspective ▪ Promoting the potential benefits of a new service delivery model ▪ Creating a level of goodwill within communities prior to implementation of changes.	July 2013	NPH Management

Develop implementation and change management plan	The above actions would serve as a pre-cursor to the development of a detailed business case (to be developed during the latter half of 2013) that would specify the exact nature and degree of proposed changes, as well as more definitive cost estimations and resourcing requirements.	December 2013	NPH management

Table 4. Clinical Performance Action Plan

Focus Area	Action / Initiative	Completed by	Accountability
Visibility of performance at a clinic level	Briefing sessions on Medtech Dashboard and Clinical Audit Tool (CAT)	Complete	N/A
	Webinar sessions with selected clinic leaders. Webinars to be used as detailed training session for Medtech Dashboard and CAT	December 2012	NPH Management
	Weekly health target reporting from Medtech by clinic	January 2013	NPH Management
	Allocation of work tasks to meet weekly health target reporting	February 2013	NPH Management
Data accuracy and revenue leakage	Medtech Data - Education sessions with clinic administrators to: ▪ Explain the link between accurate patient data and revenue; ▪ Emphasise the need to record basic patient data correctly, first time; and ▪ Outline new process for maximising revenue and regular reporting of data error rates by clinic.	December 2012	NPH Management
	Develop Quick Reference Guide (QRG) for correct capture of Medtech information relating to key problem areas such as: ▪ Enrolment ▪ ACC claims processing	December 2012	NPH Management
	Design and creation of Medtech form to capture essential billing items related to consultations.	January 2013	NPH Management
	Design Data Error Report by clinic in Medtech	January 2013	NPH Management
	Measure and report on data errors on a weekly basis by clinic	January 2013	NPH Management
Improve recruitment and retention of	Handover of future recruitment process to TRONPnui	January 2013	NPH CEO
	Stabilising of recruitment at Puhi Kaiti through: ▪ Utilisation of alternate recruitment agencies;	March 2013	NPH Management

clinical staff	▪ More frequent use of online advertisements; ▪ Utilising professional networking opportunities to uncover potential prospects; and ▪ Introducing greater levels of flexibility in employment terms.		
Improve service delivery and clinical coverage	Reconfigure the delivery of primary health care at an individual clinic level. The aim will be to: ▪ Enable clinicians to work at the top of their scope; and ▪ Facilitate greater throughput by utilising multi-disciplinary teams. (This initiative is contingent on TDH cooperation regarding flexibility of funding).	July 2013 (through negotiation with TDH)	NPH CEO

Table 5. Workforce Development Action Plan

Focus Area	Action / Initiative	Timeframe	Accountability
Primary Care	Reconfigure delivery of primary health care at an individual clinic level that facilitate working to the top of scope and support new scopes of practice.	July 2013 (through negotiation with TDH)	NPH Management
	Facilitation of technology training modules centred around the use of point of care testing and telemedicine	May 2013	NPH Management
	Targeted support of professional development in the areas of Rural health care; and Management of long-term conditions for Māori.	Within the period January – December 2013	NPH Management
	Creating stability and building clinical capacity through utilising TRONPnui in the recruitment process.	January 2013	NPH Management
	Leveraging NPH's partnerships with research bodies and health agencies (e.g. University of Otago, EIT, Tūranga Health, TDH) to promote NPH as a centre of excellence for research and piloting of innovative initiatives.	Ongoing through 2013	NPH Management
Clinical Leadership	Establish a quarterly clinician's forum led by NPH clinical governance, involving clinical staff and the Midland regional clinical network.	March 2013	NPH Management
Whānau Ora orientation, training and support for practice	Offer Whānau Ora training to all interested practitioners. Options include: ▪ Titoko o te Ao; ▪ Whānau Tū Whānau Ora; ▪ RBA training; ▪ Whānau planning facilitation; ▪ Te Rau Matatini; ▪ PATH (Kataraina Pipi).	Subject to training schedule, but within the period January – December 2013	NPH Management
	Invite Whānau Ora champions into NPH communities.	July 2013	NPH Management
	Initiate visits by selected staff to providers engaged in Whānau Ora service developments in other areas with similar populations.	July 2013	NPH Management