

Appendix 2: A brief guide to Te Wao nui a Tāne (Integrated Service Model) and the Cluster Arrangements

This list will be answered, reviewed and updated at regular intervals. The list will be attached to external and internal communications and posted to the ISM section of the MidCentral DHB website and intranet.

GENERAL

What is Te Wao nui a Tāne (Integrated Service Model)?

An integrated service model focuses on strategies that link different levels of healthcare within all provided services so a patient's journey between primary, specialist and hospital care is simple and seamless. The clinical services and budgets are managed in such a way to avoid delays and double-ups in care. The focus for MidCentral DHB is to ensure a greater range of healthcare services are delivered in the community in a manner that integrates with general practice or primary health services.

Why are we making changes?

MidCentral DHB has a vision to ensure people in the region experience quality living and healthy lives as they thrive in well communities. We consulted on a new structure in 2017 to support the delivery of this vision. The cluster arrangement aims to increase consumers' involvement in healthcare at all levels, supporting them with wrap-around care to meet their personal needs and those of their family and whānau. Clusters will be responsible for planning, commissioning and delivering services with system partners while also supporting greater clinician engagement and removing some of the layers of bureaucracy our staff experience day to day. Sometimes a better way of delivering services to the community is clear, but the way we have been working often makes this change either too slow or impossible, which leads to waste and frustration for the consumer and clinician alike. Fundamentally, our system is under pressure and we are not currently delivering health equity for the communities we serve. We aim to work as one team across our district to improve health equity for these communities. The changes will help the DHB become more sustainable, inclusive and move closer to our vision and our goals.

What are the changes aiming to achieve?

Consumers have said they want more from their healthcare system, more local and timely access, more involvement, and more say in how their care is delivered. Staff also want the freedom to make more timely decisions in the interests of patients, with the care team delivering the best possible experiences and outcomes. We want to support our consumers and staff to be far more involved and engaged. These changes will support us to deliver this.

What will Te Wao nui a Tāne look like in MidCentral DHB?

In MidCentral we plan to support everyone in our district to be part of the ISM and for all consumers to experience it when they have a healthcare encounter. People in the community tell us they don't want to explain their story multiple times. They expect the health and social care system to collaborate and support them when they need it. They expect timely care from a care team that treats them as a person who may have multiple needs or conditions. Most importantly, they want a seamless, joined-up health and social care experience. To deliver this we have to focus on the patient as we design the care pathways and health system. We have to enable the use of digital solutions to support the quick transfer of information and safer care. We need to provide consumers with more access to their own care and more involvement in their care plan. We have to share skills and care plans with other providers who are supporting consumers. We need to work as one team, not many teams. Integrated care, when fully developed, will be seamless, safer, smoother, timely and easily accessible, ensuring the communities we serve achieve an equitable, high quality care experience and outcome.

How quickly will changes take place?

This is a significant programme of transformation that we need to approach carefully and in a planned way. We anticipate that it will take at least five years to reach full maturity of the model, although the cluster arrangements were put in place in 2018. We will inform and involve staff, consumers, other providers and stakeholders as we progress this work and evolve our model. We are committed to a fully inclusive system where decisions are evidence based and made in the interests of the public.

What is health equity?

Health equity is the absence of avoidable or remediable differences in the levels of healthcare among groups of people, whether those groups are defined socially, economically, demographically or geographically. Health inequities largely exist because people have unequal access to society's resources, including education, employment, healthcare, income and environments that are clean safe and relevant to our identity beliefs and values. These are all important factors that society can do something about and, therefore, health differences that occur due to unequal access to these factors are unavoidable and unfair.

What will success look like?

The success of Te Wao nui a Tāne will come in many forms. Success will see all health providers working together as one team to provide the appropriate care to consumers. Success will see consumers having greater accessibility to their healthcare and more involvement in the creation of their own care pathways. Success will be the application of digital and technological solutions to support the secure and timely transfer of patient information. Success will be staff having more input into decision making and improvements within their services. At full maturity, the ISM will provide consumers with a seamless, safe, timely and easily accessible healthcare journey, while ensuring the communities we serve achieve an equitable, high quality care experience with the best possible outcomes.

What does Te Wao nui a Tāne mean?

Te Wao nui a Tāne translates in te reo Māori to "The Great Forest of Tāne". The imagery of trees reflects our cultural understandings of social relationships, our inter-connectedness with each other and the natural environment. Te Wao nui a Tāne represents unity, as all trees, vegetation, bird and insect life originated from the atua (god) Tāne, all are inter-related and often inter-dependent. In Māori culture, people were not created until after all these living life forms and are therefore seen as junior to them, which is often why you will hear Māori refer to rākau/trees as their tuākana or senior. It is a statement of whakapapa.

Where can I get more information?

Members of the public can get more information about Te Wao nui a Tāne by going to the MidCentral DHB website, www.midcentraldhb.govt.nz. MidCentral staff can also access information on the DHB's intranet page and there will be monthly staff forums as we progress on this journey. Both the public and staff can email any queries they have to cluster.feedback@midcentraldhb.govt.nz

CLUSTERS

What is a cluster?

A cluster is a group of services responsible for planning, commissioning and delivering health services with system partners to the MidCentral DHB population and, in some cases, to people in neighbouring DHB areas. This includes specialist services, primary care, NGOs, community providers, and links, which we hope to expand and develop, with other public sector bodies that have an impact on health and wellbeing. Each cluster will have a leadership team led by an operations executive and a clinical executive. The team will also have responsibility for budgets, service and quality improvement and more. Clusters will work together to help Te Wao nui a Tāne take shape.

What are the Clusters?

The Clusters in Te Wao nui a Tāne are: Uru Arotau (Acute and Elective Specialist Services), Uru Mātai Matengau (Cancer Screening, Treatment & Support), Uru Kiriora (Primary, Public and

Community Health), Uru Rauhi (Mental Health & Addictions), Uru Whakamauora (Healthy Ageing and Rehabilitation), Uru Pā-Harakeke (Healthy Women Children and Youth) and Paiaka Whaiora (Hauora Māori).

What is an enabler?

An enabler is a service group that supports healthcare delivery. We have several enablers including Pae Ora, Finance and Corporate Services, Digital Services, Quality and Innovation, People and Culture (Human Resources, Communications, Occupational Health and Safety), and Strategy Planning and Performance. These support services enable the clusters to plan and achieve successful health outcomes for the people in our community.

Will there be a Hauora Maori cluster?

An agreement has been reached with the CE and the MidCentral Board to support a Hauora Maori Cluster called Paiaka Whaiora. The scope and purpose of this is being developed with our system partners. More information will be provided once this is developed and agreed.

What is the role of an operations executive?

The Operations Executive is accountable, with the Clinical Executive, for the performance of the cluster across all domains, including quality, planning, consumer experience, financial, staff governance etc. They will be largely responsible for the day-to-day oversight of the budget, the delivery of services to targets, leading planning, contracting and service models, workforce leadership and more.

What is the role of a clinical executive?

The Clinical Executive is accountable, with the Operational Executive, for the performance of the cluster across all similar domains. They are a practicing clinician and will therefore focus their leadership effort in the areas of clinical governance, model of care work, population health needs analysis and clinical workforce leadership.

What is meant by the maturity model for clusters?

We are working on developing the cluster arrangement. As with all new arrangements, they will need time to develop and mature. This includes clusters developing a leadership team, health plan, relationships with other clusters and with other providers, alliancing agreements, and engagement with communities and consumers etc. We expect it will take up to five years for the clusters to have developed and for the full Integrated Service Model to be realised. But changes will be continuous and the evolution of this process has begun.

What are gateways?

Gateways are the development stages each cluster will work towards as they mature. For example, when the cluster has developed a health services plan that has been approved by the Board, a gateway will have been achieved. There will be gateways on all aspects of their business including quality management, human resource leadership, financial leadership, service model development and more. The cluster will have greater freedom as they demonstrate maturity to pass through the gateways.

CONSUMERS

What will be different for consumers?

It will take some time for the change to take place everywhere but consumers will expect to see a more responsive healthcare system, fewer delays, more local care in their own communities and more use of digital health technology to support specialists, general practice teams or community health providers to work together. Consumers should also expect to have control over their care with health professionals who provide guidance, choices and support you to make an informed choice.

How will communities, patients and whānau have input into Te Wao nui a Tāne?

Partnering with communities, patients and whānau to support their health and wellbeing is one of our strategic imperatives, so it is important we get as much input as possible from our people when developing Te Wao nui a Tāne. There will be plenty of opportunities for public feedback in the form of co-design workshops, an ISM change summit and drop in workshops at DHB sites. We have also created an email, cluster.feedback@midcentraldhb.govt.nz, for people to send in any queries they might have. MidCentral DHB has recently embarked on an extensive locality planning project, which sought feedback from our communities (Manawatū District, Palmerston North, Tararua, Horowhenua and Ōtaki) about their views on healthcare in the region. This process has provided some invaluable information, which will be used when developing the ISM. We have a wealth of information from the community that was gathered during this consultation, this has produced health and wellbeing plans for each district and the ISM links in well with this work.

Will this make it easier for me to see a doctor or a specialist?

Reducing healthcare delays for patients and increasing their accessibility to these services are key goals of Te Wao nui a Tāne. A fully functional ISM will enable patients to access the healthcare they need in a timely manner and in the right place. The ISM will enable this to be as close to home as possible and use video or digital technology where preferable. This encounter may be with a general practice team, specialist, community health provider, hospital or their own home. Having all healthcare providers working together as one team in the best interests of the patient will make it easier for people to access the services they need, when they need them.

Is this all about saving money?

No, the DHB finances are under pressure due to rising demands and costs. Savings are important to help us invest in the right services. This means we want to make maximum use of our dollars to meet the needs of our population and deliver the best value. Value is about using our resources wisely and purposefully to deliver the most equitable health outcomes for our population. The ISM and cluster arrangement will help us all ensure we focus on value and outcomes.

What is the healthcare system in MidCentral? What does that mean?

The healthcare system is a term to describe all health and social care providers in our district. Whether employed by the DHB or not, if you are delivering health or social care to our communities you are part of the healthcare system. The system could be extended to include any organisation or group that has an impact on health status, so would also include other Ministry of Health departments or local councils.

What does the Consumer Council think about the change?

MidCentral wants to support consumers to be engaged with all areas of our organisation and the Consumer Council is one of the key tools in ensuring this aim is achieved. The chairperson of the Consumer Council, John Hannfin, a member of the steering group that guided the ISM through its initial stages, and the Council members' views will play an integral part in ensuring consumer participation and engagement throughout the change process.

John Hannifin says: "The Consumer Council hopes that consumers will experience health services that are seamless, easily accessible, don't double up on data or info requirements and are easy to navigate. They want to have the number of stages in an appointment minimised and also lessen the number of separate visits required. They would like clinicians to be aware of their health as a whole and for clinicians from different levels of the system to community well giving a smooth continuity of care."

STAFF

What will be different for staff?

Te Wao nui a Tāne will enable decisions made about a service to come from within the service itself. Improvement plans will also be run from within the service, which means staff will have a much larger input into what happens within their service. A successful integrated system will have some key features. For example, urgent care needs will be managed more successfully by primary and community care providers, and only those who really need ED care will be treated there. As community services develop new ways of working, patients will be cared for at home, and the

hospital will only be for those patients in need of high intensity care. Specialists will use digital health care support to guide general practice teams, which will make traditional paper referrals obsolete. Consumers will have their tests and guidance online at their GP, with guidance from specialists. Integrated care also supports practice roles in all workforce groups and there will be more nurse and allied health-led services. At full maturity, we will see fewer waiting lists, rapid care in the right place, seamless patient flow, fewer hospital discharge delays, and we will be organised to deliver care where consumers require it.

What are the features of integrated services in other health services?

There is much information online about integrated health care services, many of which have common features. Integrated care models use shared electronic records and digital healthcare technologies to support more collective decision making at all levels. This allows all care team members to support seamless care. It also has well developed care pathways, which support complex care more fully than traditional healthcare models. Consumers will also benefit from tools to support risk stratification. This helps to identify those consumers with the greatest need and wrap around proactive care is targeted at those in these groups. Integrated care models also support care in any setting and will facilitate care closer to home, in schools, in the home or at the workplace. Hospitals then become health settings for only the most complex or unstable conditions. Telehealth, electronic referral management systems, remote care monitoring are frequently used in all aspects of care. Extended multi-disciplinary teams are a cornerstone of integrated care. MidCentral has already developed Integrated Family Health Centres and is well positioned to support these models.

Why are we moving away from a funder and provider model to an integrated operational model?

Our vision is to support consumers to have a seamless, care journey, and to have the care they need in the right place at the right time. Currently, there are a large number of health providers in our district and we are not as connected nor integrated as we need to be. This can be frustrating to staff and to consumers. One of the most common complaints is when care is not coordinated around the needs of the patient and their family/whānau. We believe this will be solved by bringing providers together into the new cluster arrangement. Most of the funding we receive from the Ministry of Health, and other funders, is population based. An integrated model supports consumers, staff and other providers to design the best models of care together. Our plan is to fund the most effective model rather than fund each individual provider in a traditional way. This does not mean each provider will not receive funding, but rather the way we fund our care models and pathways will be based on what is best for our consumers' health outcomes.

How will we measure if we are achieving our goals?

We have developed a new clinical governance framework, which will include a whole range of measures. This includes areas we have to measure, including national health targets, but also local measures at the cluster, locality and clinical care team level. The new clusters will each develop their own goals in collaboration with consumers and staff and these will form the basis of improvement plans for each service within the cluster arrangement. We will support continuous improvement across all areas, including clinical outcomes, patient experience, equity, financial stability and staff health. We have made a commitment to change from our current measurement methods, which do not give us a guide on performance nor direction, with an aim to have baseline data to measure the changes that occur through the new process. An outcomes framework to support the evaluation of the ISM is in development.

What does the Clinical Council think about the change?

Independent strategic clinical perspective and commentary will be a vital component during the implementation of Te Wao nui a Tāne. The chairperson of the Clinical Council, Simon Allan, was part of the steering group that guided the ISM through its initial process and his views, as well as those of the other clinician members, will continue to play a key role in its development. Simon Allan says: "The Clinical Council will continue to play an important role in the assessment of and influencing change within the key investments and disinvestments in future planning resulting from the model."

How does this link to the concept of the healthcare home?

The healthcare home is a model developed in primary care organisations to support, develop and improve general practice teams' ability to deliver more for consumers in the primary healthcare settings. Healthcare home will support the ISM as we aim to provide care closer to home or where patients want to receive care. As many consumers want convenient local access to primary care teams, without needing to travel to a hospital unless absolutely necessary, the ISM and the healthcare home are very much complementary strategies.

PROVIDERS**How will generalist health providers work with clusters as they may need to work with many?**

Part of the establishment of the cluster arrangement is to identify how each contracted provider, which support care in the communities, will best work within the arrangement. We expect each cluster to develop an "alliancing arrangement", which will support community providers to engage in the planning and delivery of cluster services. It is also likely each cluster will take a lead in working with key providers. This is still in evolution at this time. The Cluster Alliancing Groups (CAGs) are being established at present.

Does 'working as one team' mean my employer will change?

We do not anticipate any immediate or significant changes of this nature unless there is strong evidence that this is in the interests of our consumers and staff. Working as one team is possible with a strong leadership commitment from our Executive and Board, and by ensuring strong alliancing arrangements are in place. In the same way we always have, we will continue to develop working arrangements between the DHB and other organisations/providers in a high trust model. However, we do want to create a more seamless working environment and reduce some of the silos of care which have emerged for consumers and staff.

Will this mean there will be changes to how funding is allocated?

Yes, as the clusters form and plan their health delivery models for their populations and consumer groups, it is likely that funding will be used differently to enable the right care, in the right place, at the right time. We will make all changes where appropriate using co-design approaches, to involve consumers, staff and other providers across the district.