

# Auckland DHB Strategy to 2020



## Our Vision

Healthy communities | World-class healthcare | Achieved together  
Kia kotahi te oranga mo te iti me te rahi o te hāpori

## Our Strategic Themes



Community, family/whānau and patient-centric model of healthcare



Emphasis and investment on treatment and keeping people healthy



Service integration and/or consolidation



Intelligence and insight



Consistent evidence informed decision making practice



Outward focus and flexible service orientation



Emphasis on operational and financial sustainability

## Our Values

**Welcome | Haere Mai**

We see you, we welcome you as a person

**Respect | Manaaki**

We respect, nurture and care for each other

**Together | Tūhono**

We are a high performing team – colleagues, patients, families.

**Aim High | Angamua**

We aspire to excellence and the safest care

**Local strategic themes focus on the issues and activity we want to progress for people in our DHB. These are aligned to the five strategic themes in the NZ Health Strategy.**



**We have three distinct roles:**

Our District Health Board works in the community and with other agencies to support the 500,000 people who live in our district to maximise their health and wellbeing.

We commission a range of health and disability services for people resident in our district, and we make sure these are easy to access when people need help.

We provide many specialist services for people living in other parts of the country, including some that are unique to Auckland DHB. This specialisation makes us a major training and research facility for all New Zealanders.

**Working together gets results:**

By working together we forge relationships and gain an understanding of how people wish to be supported. This means working with people, not doing things to them or for them. It requires us to walk alongside people as part of the same team. We need to upskill our workforce to work in more people and patient centric ways.

Our challenge is to integrate services so well that it feels like one consolidated health system – Health Auckland. People expect to be able to find their way around easily and for services to be oriented around their needs.

**Some work is mandatory:**

Our strategic mandates underpin everything we do: equity of access to services and outcomes, cultural awareness and sensitivity, patient safety, workplace safety, risk minimisation, integrity (meeting our ethical and legal obligations), and meeting financial obligations.

# Strategic themes set the direction



## Community, family/ whānau and patient-centric model of healthcare

Our job is to support people to live well and stay well, making sure that people are well-informed about health and able to determine the health outcomes they want. Self-directed models are successful because they recognise that patients and their families/whānau are the decision makers when it comes to health. In a patient-centric world, people control their health care and receive information and services tailored around what matters to them. Family and whānau are partners in care. What matters to communities, patients and whānau should guide how the DHB thinks, acts and invests.



## Emphasis and investment on treatment and keeping people healthy

We deliver 'world-class healthcare' but also work to prevent ill health. About a quarter of premature deaths are avoidable; heart disease and stroke in particular. In many cases we can prevent children from being admitted to hospital by intervening at the first sign of problems. Investing up front helps to reduce illness and early deaths while reducing the downstream cost of hospital care. We work with other agencies and with communities to support people to stay healthy and independent as they age. Our resources are directed to the areas and communities of high need.



## Service integration and/or consolidation

People need support to find health and disability information and services. The services need to be located as close as possible to where people live and work and be easy to access. By collaborating around the needs of the patient, health providers can deliver the right services in the right place and by the best person, to get outcomes that matter to the patient. The DHB can create a seamless experience of care, especially as people move between primary care and secondary care.



## Intelligence and insight

We need to accelerate progress towards a regional electronic health record that will be shared by, and will integrate, the patient and all the key people in a person's care. This is critical if we are to realise the potential of the 'big data' available in our system for population health gain. Our patients, communities and staff are constantly providing us with information, ideas and their experiences, all of which we can use more effectively in planning.



## Consistent evidence-informed decision making practice

As a leading academic health centre we aspire to have our practices and decisions based on the best available evidence. Our academic partnerships provide access to world-class training, research and evidence, and help us to deliver safe, effective, world-class care, across the system. Co-design work with patients, families and communities provides information about health that is impossible to get in any other way.



## Outward focus and flexible service orientation

We focus on the long-term population health outcomes that we and our communities want. Long term planning is required to reduce inequalities in health status, and we need to work with other social sector agencies to achieve this. We will streamline the organisation to minimise bureaucracy and make the most of services. We have a statutory accountability for the health of Aucklanders and take positions on issues where we believe our voice should be heard.



## Emphasis on operational and financial sustainability

As a hospital of last resort, Auckland DHB takes patients from all over New Zealand and the Pacific. Over time we will deliver more care closer to where people live, and support people and communities to take greater control over their own health and healthcare. Our savings strategy ensures we keep searching for value and efficiency and look for opportunities to increase revenue. We are working to reduce clinical and financial risk through collaborative cost-effective services between the four regional DHBs.

# Community, family/whānau and patient-centric model of healthcare

## What we aspire to

We want everyone living in Auckland DHB to have good health literacy and to feel empowered to achieve the health outcomes they want – for themselves, for their families, whānau and communities. We know that people want a greater sense of autonomy; to be in control of their health and healthcare. This means having information and greater choice, especially about how each person is supported through their care, including care at the end-of-life. People will be able to connect with us easily – to get information, to feedback their experience of services, and to help with service planning – all through channels that suit them.

Auckland DHB will be renowned for our people-centred approaches. To achieve this, we practice self-determined care, which means responding to the things that matter most for each person.

Patient and family determined care plans will be the norm, including care at the end-of-life. Rehabilitation and reablement work is also critical for restoring wellbeing and enhancing independence. We have a plan for reducing inequities and target resources where they are most needed, for example via dedicated programmes and services.

We want the first impressions of our services to be exemplary, with pathways of care designed around what matters to communities, patients and whānau. Health workers will be available to help patients navigate the various services. We offer the highest levels of care, consideration and cultural competence for every single patient and their family and whānau, as well as our colleagues. Through our values and personal interactions we make sure everyone is treated with dignity, cultural sensitivity, and respect.



## Auckland DHB priorities

1. Continuous connections and partnerships with local populations, to achieve shared health service planning and delivery, and with a focus on areas and groups with the highest need (our localities approach).
2. Improve the experience and choice that patients have when they use our services, by partnering with people and service users in the design, delivery and evaluation of services, with an initial focus on diabetes and mental health.
3. Reorient services so there are seamless pathways across settings, and navigation services for patients trying to coordinate complex or multiple treatment pathways, with a focus on Māori, Pacific, older people and those managing diabetes.
4. Invest in a greater range of supports for services which ‘stand beside’ patients and families/whānau, for example care navigation.
5. Support people to manage their own care record and care plan with specific measures to judge how well we respond.
6. More people have Advance Care Plans, with supports to ensure plans get actioned when the person is unable to.

## How this theme aligns to NZ Health Strategy actions

Inform people about public and personal health services so they can be ‘health smart’ and have greater control over their health and wellbeing (**action 1**)

Make the health system more responsive to people (**action 2**)

Engage the consumer voice by reporting progress against measures important to the public, building local responses and increasing participation of priority groups (**action 3**)

Promote people-led service design, including for high-need priority populations (**action 4**)

In selected high-need communities, build on, align, clarify and simplify multiple programmes of social investment (**action 5**)

Support clinicians and people in developing advance care plans and advance directives (**action 11**)

# Emphasis and investment on treatment and keeping people healthy

## What we aspire to

We will support people to take more control of their health and healthcare, providing help for people to give up smoking; to manage stress and mental health problems; to reduce alcohol abuse; to eat healthily and be physically active. Making even small changes to lifestyle can lead to big gains in personal health and in the health of the population as a whole, eg reduced rates of heart disease, stroke, diabetes and some cancers. Our efforts to create healthy communities require us to direct resources to areas of highest need, with dedicated services for communities living with high stress, disadvantage and discrimination.

Primary and community-based services will be enhanced in an effort to increase wellness and reduce the need for hospital interventions. These services need to be close to where people live and work, offering personalised care and support when people need it. On-going rehabilitation and reablement work helps people live well at home and with independence, enjoying a good quality of life. People typically need the most intensive help at the beginning and end-of-life. This extends to Advance Care Planning which helps people determine the care they need at the end-of-life, knowing that their care plan will be enacted on their behalf where necessary.

In future there should be fewer complications arising from long term conditions, with people diagnosed early and better managing their health condition in the community. Specialist, evidence-based treatment needs to be promptly available when required, and breakthroughs, such as advances in epigenetics, used to target therapies.



## Auckland DHB priorities

7. Implement programmes across the whole health system that help people to make the lifestyle changes needed to drive down rates of smoking, heart disease, diabetes, cancer and mental health problems.
8. Advance child health through the Child Health Plan, taking a focus on vulnerable children and those who are currently missing out on services and supports.
9. Improve Māori health through increasing engagement with iwi, Primary Health Organisations, and by expanding access to other culturally appropriate health care and whānau ora supports in the community.
10. Focus on timely access to early interventions and to effective treatments, with an emphasis on elective surgery, 'high risk individuals' in the community, and people with a high risk of cancer.
11. Work with other sectors and with communities to address the factors that contribute to morbidity and mortality associated with mental health problems and mental illness.
12. Improve the management of long term conditions such as cardiovascular disease, diabetes and mental illness, by providing more of the required support in community settings.

## How this theme aligns to NZ Health Strategy actions

Enable all people working in the health system to add the greatest value by providing the right care at the earliest time, fully utilising their skills and training (**action 7**)

Increase the effort on prevention, early intervention, rehabilitation and wellbeing for people with long-term conditions. This includes addressing common risk factors (**action 8**)

Collaborate across government agencies, using social investment approaches, to improve the health outcomes and equity of health and social outcomes for children, young people, families and whānau, particularly those at risk (**action 9**)

Align funding across the system to get the best value from health investment (**action 17**)

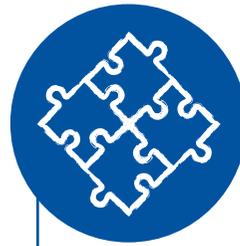
# Service integration and/or consolidation

## What we aspire to

There is more we can do to deliver health care locally, especially with primary care offering a greater range of services close to where people live. In order to expand their scope of practice, GPs need to be able to draw on the skill of hospital-based clinicians. Similarly, nurses will enhance the range of community nursing skills that support people to manage long term conditions, like diabetes, in the community.

More services can be established in specialist centres where these are required but regardless of where the care is offered, the patient experience will be one of an integrated and seamless health system.

In future there will be more efficient use of health resources (people and revenue) so there are 'more services for more people' with no duplication of effort. Strategic relationships and partnerships with iwi and other agencies will be in place with similar responsibilities for improving wellbeing and independence. Collaboration extends to DHBs across our region, and nationally, with high standards of care and service provided through dedicated centres of excellence.



## Auckland DHB priorities

13. Enhance the quality and integration of services available to the whole Auckland DHB population, while making sure that resources are directed to those with greatest need, with a focus on reducing inequity.
14. Where indicated, move less complex care into community settings and reserve expensive hospital facilities for complex care, and include more options for acute care in the community.
15. Implement a Community Nursing Strategy that gets the best use of community nursing skills for patients and family, and for people with long term conditions.
16. Implement the Whānau Ora Network and related model of care, accelerating work across services and sectors that achieves the greatest gain for Maori, Pacific and other communities with unequal health outcomes.
17. Transition plans and other recovery supports in place for people receiving help for mental health and addiction problems, with a special focus on children and young people.
18. Develop a Diabetes Model of Care that aligns services across Auckland and Waitemata DHBs using a whole-of-system approach.
19. Support primary care development through capacity and capability development programmes (for example Safety in Practice) and support for the Healthcare Home model.
20. Work with the northern region DHBs to consolidate regional services and agree: the standards and consistency of care delivery across our region; the models of care that will get the best clinical outcomes; and the best use of the region's health resources.

## How this theme aligns to NZ Health Strategy actions

Ensure the right services are delivered at the right location in an equitable and clinically and financially sustainable way (**action 6**)

Improve governance and decision-making processes across the system in order to improve overall outcomes, by focusing on capability, innovation and best practice (**action 20**)

Clarify roles, responsibilities and accountabilities across the system as part of the process of putting the Strategy into action (**action 21**)

# Intelligence and Insight

## What we aspire to

In order to make the best decisions for our population and our services, we need data and information joined up across hospital and community services. Once joined up, this information needs to be easily accessible to those who need it across the pathway of care, including, and especially, patients.

In future patients will have access to their health records on-line, allowing them to connect with healthcare providers and to become better informed about their choices. The investment in this technology is underway. Information that is coordinated and all in one place will enable better clinical care across settings, it will be more efficient and cost effective, and it will improve patient outcomes.

A wider range of data is needed to support planning processes and quality improvement work, including information drawn from patients and communities, especially from communities where there is high need and an underuse of services. We also learn from innovation. In future we will do more to test new approaches to entrenched problems.

We will improve how we report the results of our work, all of which requires a greater investment in dynamic, streamlined and accessible tools for tracking outcomes. Good governance will improve how we gather and store information, and who has ownership of it.



### Auckland DHB priorities

21. Work with our neighbour DHBs to develop a regional patient IT system that integrates medical records and gives patients access to these.
22. Improve the quality of the data we collect, to better understand trends, to gain accuracy in ethnicity data, and to improve how we manage risks in the provider arm.
23. Develop a baseline for diabetes and cardiovascular disease indicators to track progress on these diseases.
24. Explore the use of technology for the development of virtual medicine and personalised healthcare.
25. Link the systems that collect data and use this to better understand, track and drive down DNA rates for Māori and for Pacific and other underserved groups.
26. Collaborate with the Auckland metro DHBs to advance clinical developments, investigating where to extend use of, or invest in, electronic technology, in order to make it easier for patients to get the care and support they need within their homes, or within their community.

### How this theme aligns to NZ Health Strategy actions

Enable people to be partners in the search for value by developing measures of service user experience and improving public reporting of performance (**action 13**)

Work with the system to develop a performance management approach with reporting that makes the whole system publicly transparent (**action 15**)

Increase NZ's national data quality and analytical capability to make the whole health system more transparent and provide useful information for designing and delivering effective services (**action 25**)

Establish a national electronic health record that is accessed through certified systems including patient portals, health provider portals and mobile applications (**action 26**)

Develop capability for effectively identifying, developing, prioritising, regulating and introducing knowledge and technologies (**action 27**)

# Consistent evidence-informed decision making and practice

## What we aspire to

We provide world class healthcare where patient safety and quality of care are paramount. Safety and quality are an integral part of our culture and apply across the system. Information and research is systematically used. Evidence from research, clinical expertise, patient and whānau preferences, community needs and other available resources drive decisions and the services we provide and commission. We use this professional knowledge and experience to respond to challenges, by identifying priority areas for attention and exploring options.

In future we need to strengthen our interdisciplinary approach to problem solving so we draw on all the various disciplines and sources of information. We will develop standardised methods of reporting across the organisation and the system.

Our leaders will be supported through strong clinical governance, with good connections in place with academic institutions and partner organisations, for example primary care and non-government organisations (NGOs).



## Auckland DHB priorities

27. Address every issue that compromises our ability to guarantee world-class health services, with a goal of the provider being a leader in the quality and safety of specialist care.
28. Continue to support the patient safety and clinical governance activities of both our provider and our primary care and community partners, through a stronger focus on applied research, on quality IT systems, on reduced variation in clinical practice, and better benchmarking, for example Health Round Table.
29. Standardise care and benchmarking by reducing clinical variation, improving diagnostic testing, and making better use of the Regional Clinical Practice Committee to guide decision making.
30. Develop plans and service options based on evidence, specifically:
  - improve the safety of care provided to inpatients after-normal working hours
  - programme for people with dementia and their family/whānau carers
  - managing deteriorating patients
  - redesigning our outpatient model
  - critically reviewing our acute and elective models of care

## How this theme aligns to NZ Health Strategy actions

Implement a framework focused on health outcomes to better reflect links between people, their needs and outcomes of services (**action 14**)

Maintain the direction set by the Strategy through monitoring and evaluation, and advice from a Strategy Leadership Group (**action 16**)

Continuously improve system quality and safety (**action 19**)

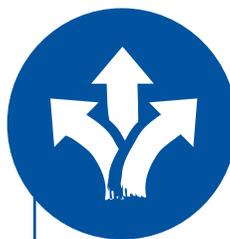
## Outward focus and flexible service orientation

### What we aspire to

Our resources will be directed towards achieving outcomes, i.e. maximising the health of the population, reducing the burden of disease, and on patient-centric support. We will join with other agencies to advocate for the health of Aucklanders and we will have clear public positions on issues that affect the health of the people we serve.

In order to achieve health and independence outcomes, we need to strike the right balance between bureaucracy and service delivery, with both functions streamlined. Our workplaces need to be healthy and supportive with opportunities for everyone to improve their practice and increase their skills.

We want to build a reputation for being trusted and transparent. This means more public openness of the organisation's results and how these are reported.



### Auckland DHB priorities

31. Strengthen the health workforce by developing healthier workplaces, promoting cultural diversity and programmes that empower workers to be proactive.
32. Develop more skills training and mentoring for staff in leadership positions and use these skills to build better staff engagement and sense of satisfaction.
33. Explore opportunities to partner with businesses, both to enhance our internal capability through learning from others and to enable us to do more and faster, through co-investment, public/private partnerships or similar.
34. Expand the range of rehabilitation and support services through a 'needs assessment' process which makes sure all the services needed are well coordinated.

### How this theme aligns to NZ Health Strategy actions

Implement a framework focused on health outcomes to better reflect links between people, their needs and outcomes of services (**action 14**)

Maintain the direction set by the Strategy through monitoring and evaluation, and advice from a Strategy Leadership Group (**action 16**)

Continuously improve system quality and safety (**action 19**)

# Emphasis on operational and financial sustainability

## What we aspire to

We will shift the focus of planning from the volume of work to the value of work, from outputs to outcomes. Being specific about the long-term outcomes we want helps us arrive at the best mix and configuration of services. This requires us to provide more services where people live and work, while also relieving the growing pressure on the hospital. By working with local communities we know we can get the right mix of services needed and ensure that expensive hospital resources are used wisely and to best effect.

Our workforce has the highest standard of expertise, with staff aligned to the health sector strategy and our DHB values. We will do more to develop our people and to support our leaders. We are good employers and take our public sector responsibilities seriously, especially the imperative to achieve more with every dollar we get. We make the best use of staff expertise and DHB resources. As a hospital of last resort, we need to understand the scope of the specialist work we do and have this funded appropriately. In future we will be better equipped to recover funding for the services we provide for other DHBs.

All our work needs to be sustainable. Our long-term strategy extends to reducing greenhouse gas emissions, energy use and waste.



## Auckland DHB priorities

35. Increase productivity and the best use of resources by using hospital services more wisely, with an initial focus on discharge planning, improved patient pathways, and day services.
36. Develop our people so we get the best from our workforce.
37. Develop a 10-25 year facilities plan for all DHB sites including improving the data on our capital assets.
38. Redesign the model of care for outpatients so this is more patient-centric, freeing up staff and patients' time and reducing costs
39. Review processes for procurement of goods and services to ensure value.
40. Complete a review of our tertiary services to get the right mix of service and volume of service available to patients outside our DHB with a focus on ensuring the revenue covers the treatment of patients referred from other DHBs.
41. Identify opportunities for public/private work which increases efficiency and/or generates revenue.
42. Identify other opportunities for revenue through maximising our retail offerings, investigating judicious use of advertising and exploring our 'exportable' commodities, for example training.

## How this theme aligns to NZ Health Strategy actions

Create a 'one-team' approach to health in New Zealand through an annual forum for the whole system to share best practice and help build a culture of trust and partnership **(action 22)**

Put in place a system leadership and talent management programme to enhance capacity, capability, diversity and succession planning throughout the sector **(action 23)**

Put in place workforce development initiatives to enhance capacity, capability, diversity and succession planning and build workforce flexibility **(action 24)**

# Auckland DHB Strategy to 2020

New Zealand Health Strategy Themes

**All New Zealanders live well stay well get well**

<b>People-powered</b> Mā te iwi hei kawē	<b>Closer to home</b> Ka aro mai ki te kāinga	<b>Value &amp; high performance</b> Te whāinga hua me te tika o ngā mahi	<b>One team</b> Kotahi te tīma	<b>Smart system</b> He atamai te whakaraupapa
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Auckland DHB Vision

**Healthy communities | World-class healthcare | Achieved together**  
Kia kotahi te oranga mo te iti me te rahi o te hāpori

Our Strategic Goals

<b>Healthy communities</b> Achieving the best, most equitable health outcomes for the populations we serve	<b>World-class healthcare</b> People have rapid access to healthcare that is reliable, equitable, high quality and safe	<b>Achieved together</b> Working as active partners across the whole system: staff, patients, whānau, iwi, communities, and others
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Our Strategic Themes

 Community, family/whānau and patient-centric model of healthcare	 Emphasis and investment on treatment and keeping people healthy	 Service integration and/or consolidation	 Intelligence and insight	 Consistent evidence informed decision making practice	 Outward focus and flexible service orientation	 Emphasis on operational and financial sustainability
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Our Strategic Mandatories

<b>Equity of access to services and outcomes for the population</b>	<b>Cultural awareness and sensitivity</b>	<b>Patient safety</b>	<b>Workplace safety</b>	<b>Risk minimisation</b>	<b>Integrity: meet ethical and legal obligations</b>	<b>Meet financial obligations</b>
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These underpin everything we do

Our Purpose

Enabling health and wellbeing through high-quality health and healthcare services, and a commitment to innovation, education and research