

# Push & Pull of Policy & Practice

**VHA Conference: 12 November 2007**

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# What's NZ up to ?

- Summary
- Challenges
- Too Many Strategies
- Collective Activity
- Government Support
- Examples
  - Primary Health
  - Workforce
- Take home messages

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Photo:  
x Americas Cup  
x Rugby World Cup  
? Netball

DHBNZ

DISTRICT HEALTH BOARDS NEW ZEALAND

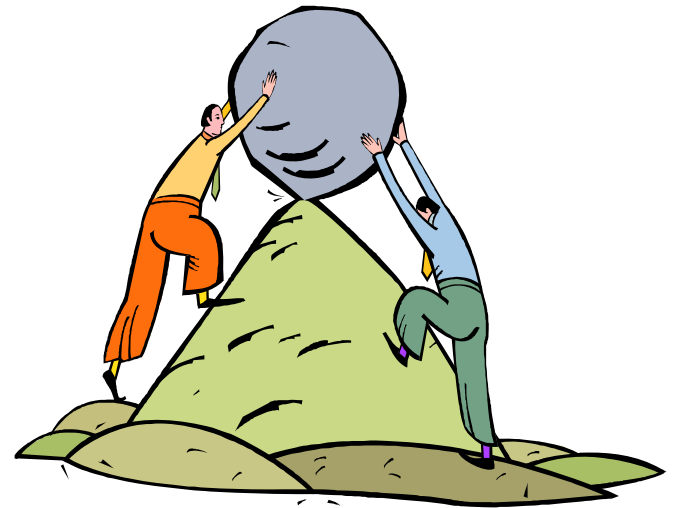


# NZ Summary

- 4.5 million people, aging, growing Maori & Pacific
- \$10b Vote Health, 80% DHBs, population formula
- 21 DHBs responsible for their populations (1.1% - 11.3%)
  - Fund all except disability, maternity, public health. Provide Hospital Services
  - Boards 7 elected, 4 appointed
- 82 Primary (PHO), 350 Non-Govt (NGO), 1 Ministry
- PHOs have a population focus, \$2b invested to reduce access cost
- Pharmaceutical Purchasing (PHARMAC)
- Separate accident 'no fault' scheme (ACC)
- Union involvement, pay jolt (Nursing), programme for Pay Equity
- Enablers – Workforce, Information, Capital, Procurement
- Government support for innovation & sustainability

# NZ Challenges (common?)

- High & growing public expectations
- Community & Lifestyle factors
- Constrained funds
- Professional ↔ Management
- Business Capability



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Shared Purpose

Integrate & Inform

Population Management

Collective Commitment

Update Models

General Election – 4<sup>th</sup> Term ?

# Strategies – too many, wrong focus ?

- Policy
  - Governments need Strategies
  - Often stand alone, not well linked, end in themselves
  - Consultation, rather than engagement
  - Focused on 'what', miss 'how' and 'who'
  - Poor fit with Accountability arrangements
  - Prefers central control, devolved accountability less comfortable
- Practice
  - Immediate business drivers
  - Deliver the service with limited influence over key aspects
  - Desire Professional leadership, clinical governance
  - “Dumb system full of bright people”
  - Poor incentives, accountability arrangements don't reach

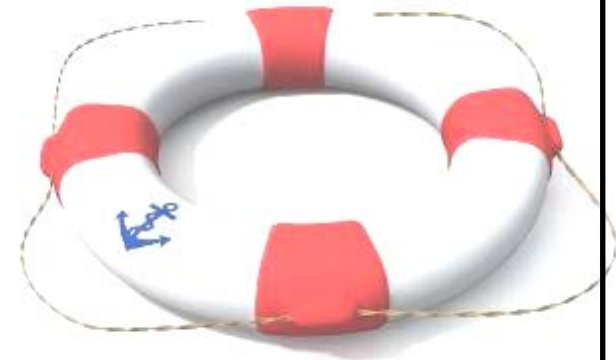


# Collective Activity

- **DHBNZ Strategic Plan 2006/09 (Sept 06)**
  - Priority 1 Value for Money
  - Priority 2 Primary Health
  - Priority 3 Workforce & Employment Relations
  - Priority 4 Information
  - Priority 5 Procurement
  - Supporting Effective Communication
- **DHB Collective Operational Activity through DHBNZ (Sept 06)**
  - Clear direction and mandate for collective activity through DHBNZ
  - Decision making by consensus, moved away from 'voting'
  - Ensure delegations clear
- **Portfolio Chair** roles provide Governance oversight to each priority
- **Lead CEO** roles provide Operational leadership to each priority

# Government Support

- Collaborative Minister (but new Minister last week !)
  - Supports collective, innovative activity
- Support via Accountability settings
  - Letter of Expectations
  - Involved in prioritisation of Vote:Health
  - District Annual Plans
- Funds for Innovation Spread have followed sector commitment
  - Minister's offer of up to 0.5% of Vote \$:\$ against savings
  - Value for Money, Workforce Flexibility, & Procurement
  - Primary Health Innovation Fund
  - Health Innovation Awards



# Primary Health

## Primary Health

### Strategic Priority

Develop and improve access and effectiveness of the primary health delivery system through:

- PHO Performance;
- Primary – secondary integration;
- Integration of systems.

### Milestones

Quantify how investment in each area improves patient outcomes.

DHBs commit to the Primary Health Care Strategy Joint Work Programme.

Strong relationships across DHBs, Ministry, PHOs, NGOs and other agencies.

# Primary Health

## Primary Health

### Strategic Priority

Develop and improve the primary health care system through

- PHO Performance Programme
- Primary – Secondary Integration
- Integration

### Milestones

Quantify how investment in primary health care

DHBs commit to the Primary Health Strategy

Strong relationships across District Health Boards

## 2007/08 Collective Work

**Primary Health Innovation** – pilots & spread

**PHO** - Performance Programme, capability development

**Chronic Conditions** - Collective medium-term actions

**Pharmaceutical Management** - Coordinated approach

**Health for Older People** - Shared direction

# Framework for Change

← DHB/PHO Capability & Capacity →

	Lower Focus	Higher focus but mixed levels of implementation	Advanced level of implementation
	‘Spark’ interest	‘Support’ development	‘Share’ learnings
DHBs	Feedback survey Facilitative activity	Innovation Uptake	Conference
PHOs	PHO Capabilities/ Quality Improvement	Innovation Uptake	Demo sites & write ups
Providers	High Impact Changes	Innovation Uptake	Business Models
Consumers	Increase awareness (MoH led)		

# Workforce

## Workforce

### Strategic Priority

An integrated collective approach to workforce development with the aim of achieving a sustainable, flexible workforce that meets the needs of the sector.

Industrial Relations driven by an agreed Workforce Strategy.

### Milestones

Agreement to a single workforce plan.  
Workforce development opportunities identified and implemented.  
Workforce Strategy drives Industrial Relations negotiations.

## Employment Relations

### Strategic Priority

Industrial Relations driven by an agreed Workforce Strategy.

### Milestones

An agreed programme of Industrial activity covering collective activity over the next two years.

# Workforce

## Workforce

### Strategic Priority

An integrated collective development with sustainable, flexible needs of employees. Industrial Relations Strategy.

### Milestones

Agreement to a single Workforce development implemented. Workforce Strategy drives negotiations.

## 2007/08 Collective Work

**6 Workforces** – Agree innovation pilots

**Models of Care** – Develop with Services

**Workforce *Brand*** – implement all DHBs

**Careers Framework** – Signed off by Government

**Information** – single source, decision support

**Learning Sector** – knowledge transfer, part of business

**ER Environment** – manage the playing field

**Partnership Agreements** – Union-DHB commitment

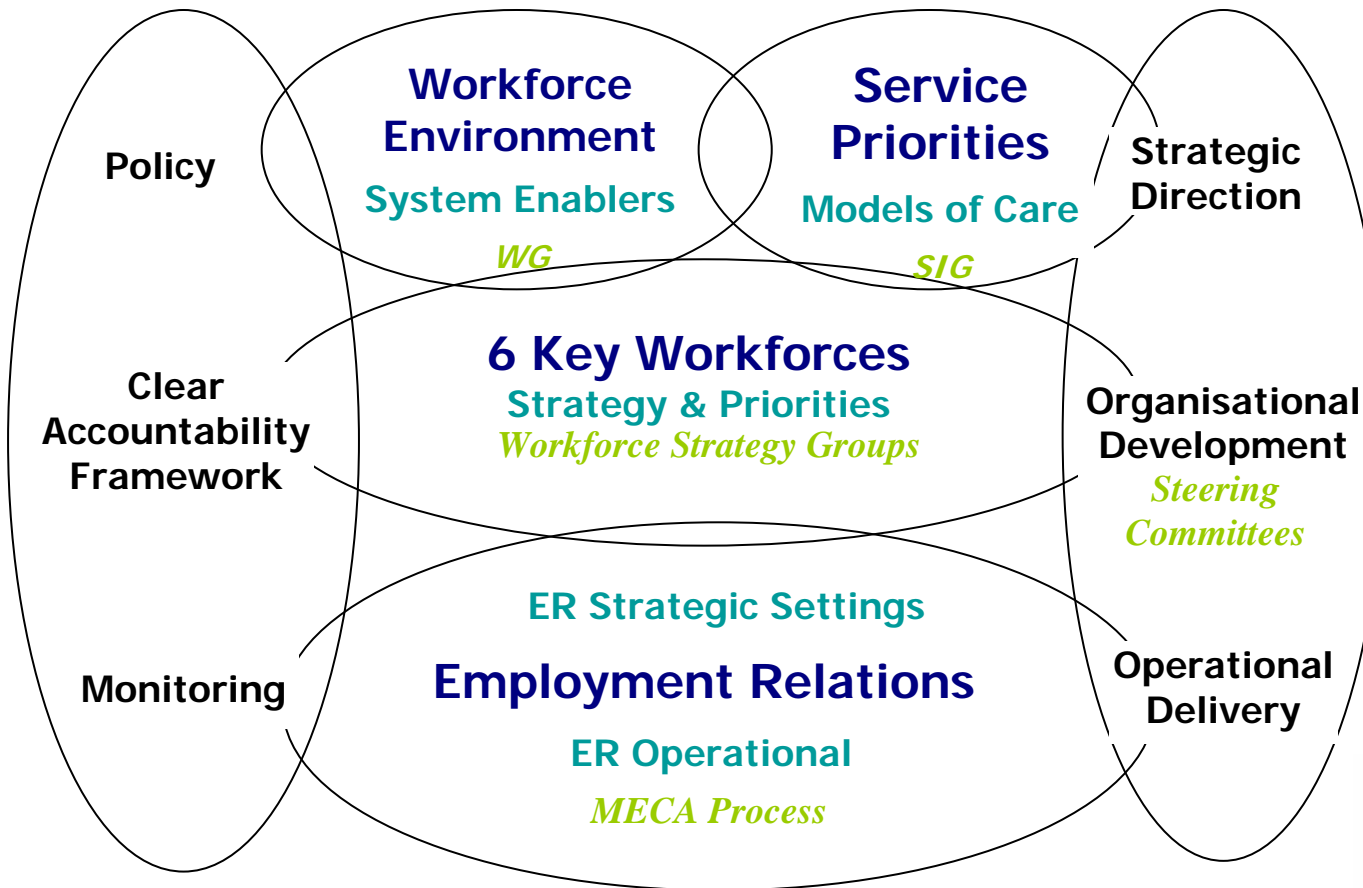
**ER Negotiations** – tidy & timely

## Relations

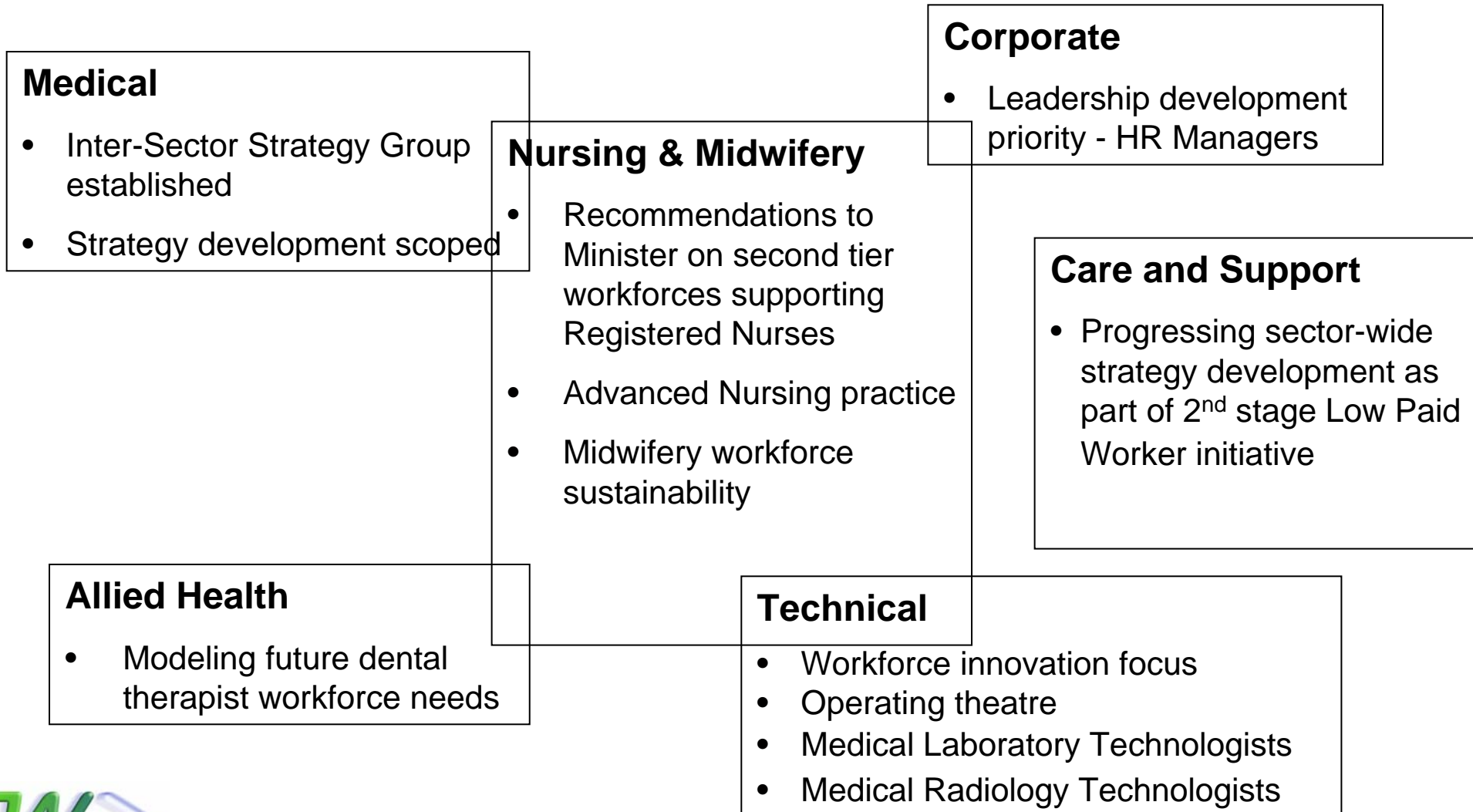
MINISTRY

Collective

DHB LOCAL

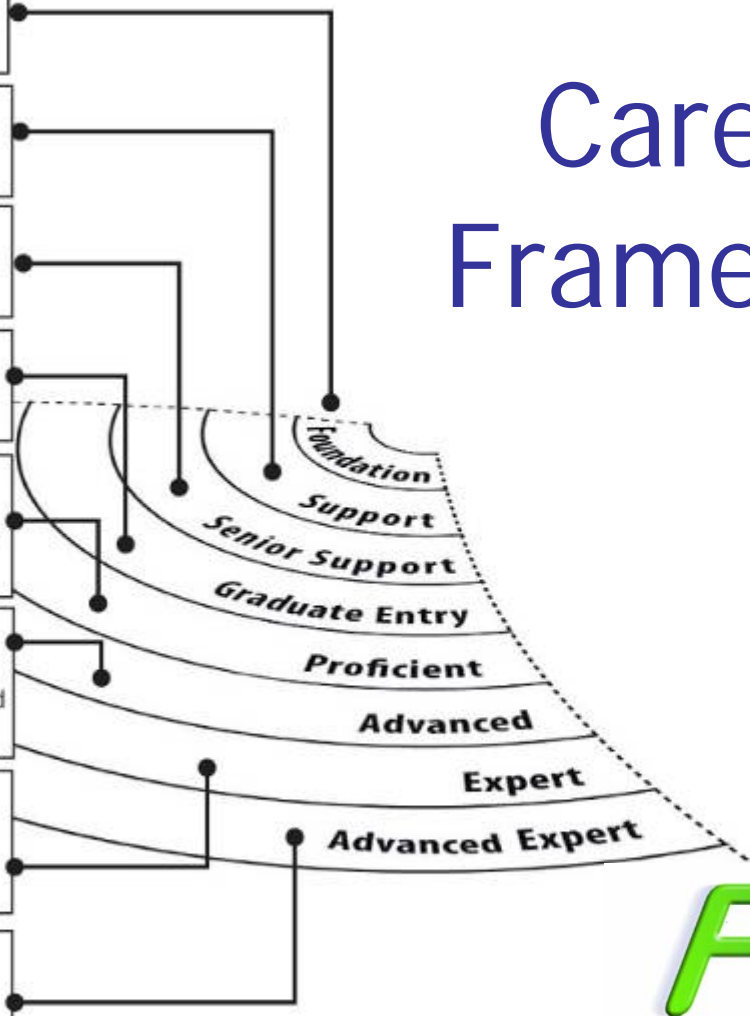


# 2007 Workforce Strategy Groups



## Careers Framework

<p><b>FOUNDATION</b> Jobs with supervision and / or limited responsibility, limited or no formal educational requirements.</p>
<p><b>SUPPORT</b> Some responsibility under direction. Requires basic training / education (for example on the job).</p>
<p><b>SENIOR SUPPORT</b> Some complexity and / or responsibility for coordination and / or indirectly supervised.</p>
<p><b>GRADUATE ENTRY</b> Transition to decision making role, moving from direct to indirect supervision, completed undergraduate degree or equivalent.</p>
<p><b>PROFICIENT</b> Moderate – High complexity, decision making generally within a team. May have responsibility for coordination of others. For post-graduate entry roles, this will include direct moving to indirect supervision for transition to practice.</p>
<p><b>ADVANCED</b> High complexity, advanced decision making (practice) roles. Development of knowledge/practise in breadth and or depth. May include leadership responsibilities and or responsibilities for resources across teams/units. May have Masters or equivalent.</p>
<p><b>EXPERT</b> High complexity, independent roles within and maybe leading teams. Likely to include significant leadership and/or resourcing responsibilities. Acquisition of breadth and /or depth of knowledge and expert in advanced (practice) area.</p>
<p><b>ADVANCED EXPERT</b> Multiple complexities, clinical or organisational leadership with accountability for decision making and development at strategic levels.</p>



# Take Home Messages

1. Choose collective Service & System areas
2. All engaged, shared direction
  - Repetitive - bring together: professional, politics, performance
  - Broker shared direction
  - Formally sign to show commitment 'up front'
3. Local commitment is key
  - Accountability enhanced not weakened
  - Differentiate 'Reps' and 'Experts'
  - Reps make decisions by Consensus, not 'voting'
4. Seek Government support after sector support

End of Presentation

Thank you

# Additional Slides

# Primary Health - 2007/08 Activity

- Innovations Fund
  - Starting Oct 2007
- Communications Campaign
  - 3yr campaign. Interim campaign starting late Sept on Family Health Diary
- PHO Governance Guide & Training
  - Guide Sept 2007, training 07/08
- PHO Funding Review – phase II & Devolution Path
- Review of PSAAP & Fees Framework
- Key Directions (info) Business Cases finalised
- DHB/PHO support
  - High Impact Changes, Change Framework, PHO Models, Provider Service/Business Models
  - Individualised DHB support & capability development (eg Primary Care Portfolio Managers)
- Primary Care Conference
  - Aug/Sept 2008
- Annual Planning for 08/09
  - Starting in Nov/Dec 07

# Workforce – Service: Workforce Matrix

	Primary Health	Hospital Services	... other Services
Medical	General Practitioner -cross provider integration - rural supply		
Nursing & Midwifery	Nurse pract. facilitation Primary Nurse Leadership New Graduate transition to practice		
Allied Health	Allied - Primary innovation		
Technical			
Care & Support	Unified training framework		
Corporate	PH portfolio managers		
Team initiative	Collaborative practice (Workforce Taskforce )		

Service priorities  
Workforce Capability  
Joint Priorities  
Timing

**Shared Commitment**

# Collective Working Well

- Collective operational activity well established
  - Proven track record
  - Part of the business
  - Delivers to Strategic Priorities
  - Serves DHB day to day business
- All 21 CEOs engaged
  - Focused, clear decisions, well informed
- Small commitment
  - DHBNZ spend 0.1 percent of Vote
  - DHB and other sources
  - Ensuring in-kind input is efficient
- Minister supportive
  - Likes what he sees
  - Asking how he can help
- Some Boards not supportive
  - Concerning
  - Some DHBs trying to have a bob each way
  - Collective means 21
- Improvement
  - Always a focus

High value for a relatively small cost, whichever way you look at it