



DECEMBER 2016

WAIKATO DISTRICT HEALTH BOARD MENTAL HEALTH & ADDICTIONS STRATEGY 2016 -2021



DHB Vision:
Healthy People Excellent Care

Mental Health & Addictions Vision:
Strengthened communities, through trust and partnership

mihi

Ka tū whera te tatau pounamu o te Ao
E takoto te whāriki o te Atua ki mua i a tātou
He hōnora, he korōria ki te Atua
He maungārongo ki te whenua
He whakaaro pai ki ngā tāngata katoa
Ka huri te kei o te waka ki te Kīngi a Tūheitia
Me te whare Kāhui Ariki whānau whānui tonu
Mā te Atua e tiaki, e manaaki i a rātou
Me ngā whakaaro tonu ki ngā mate o te wā
Takoto mai, moe mai koutou, haere, haere, haere
Kāti rātou ki a rātou, tātou ki a tātou
Nō reira, he korowai rau whero o te whare Waiora o Waikato
Haere mai, Haere mai
Nau mai.

The green stone door to the world opens
The whariki of God is laid before us
All honour and glory be to God
May there be peace on Earth
And good will to all people
The keel of our waka turns to King Tuheitia
And the house hold of the Kahui Ariki
May God care and bless them
Our thoughts turn to those who have passed on recently
Rest in peace sleep in peace depart journey on
Let the dead be separated from us the living
Therefore to our distinguished guests gathered here
Welcome, welcome,
Welcome.



foreword

The service user and their whanau/family need to be at the centre of their care. Having people at the heart of what we do, is critical in demonstrating we care, are competent, we demonstrate compassion and ensure we work together to make a difference.

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The role of our partners and working as a seamless service across a number of different organisations is paramount to the success of delivering services that meet the needs of our population. The use of technology and providing services as close as possible to where a person lives is important if we are to shift the historical mental health & addictions service delivery paradigm and provide services which truly meet the needs of our community.

The organization who can best meet the service users' needs should be the lead agency and the other agencies involved need to work as seamless partners. We need to ensure information is accessible and where appropriate is shared to ensure agencies can meet the needs the service user has identified.

The Mental Health & Addictions Strategy for 2016 -2021 builds on the previous Mental Health & Addictions Strategy 2009 – 2014. This strategy has been developed in close consultation with DHB staff, our Non-Government partners, Primary Care partners, consumers and carers.

The strategy is closely aligned to the, recently released, Waikato DHB Strategic Plan. To ensure consistency we have used the same structure as the DHB Strategy and included the same background information, but have amended where required to reflect the needs of mental health & addictions. We have also added a section that reflects the specific goals & objectives we aim to deliver to better meet the needs of our service users.

In developing the Mental Health & Addictions Strategy it is clear that significant changes to how services are provided, is required. This is both from a service delivery perspective but also from a cost effectiveness perspective. What we do now doesn't work for everyone and is not sustainable into the future.

we need to

- Do things in a much smarter and more innovative way and make the most of new technology. Not just for diagnosing and treating illness but for increasing our focus on keeping people healthy at home.
- Break down the barriers that stop Maori, those living in poverty, people in rural communities and those with disabilities from keeping well. How we deliver our services to Maori is just as important as what we deliver. Everyone must have the same fair opportunity for a healthy life no matter who they are or where they live.
- Drive healthy life choices and intervene early to stop people becoming unwell. However, we need to do this in different ways for different people.
- Make sure that when people do come into our services, they get the most effective and efficient care in the safest environment and in a way that they trust
- Attract the best staff to the Waikato by offering high quality training and research, and make sure everyone who works for us is up to date with the latest advances in healthcare.
- Stop doing things that do not make a positive difference in people's lives.

But we can't do this alone – we need to work with our partners who are caring for people in the community from birth through to the end of their life - like GPs, Non-government Organisations, pharmacies, and other community groups, so we can together have a profound impact on people's health and wellbeing.

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glossary

Culture	<ul style="list-style-type: none"> • The beliefs, customs, arts, etc. of a particular society, group, place, or time; • A particular society that has its own beliefs, ways of life, art, etc; • A way of thinking, behaving, or working that exists in a place or organisation (such as a business).
Cultural safety	Cultural safety can be defined as the effective practice of a person or family from another culture that is determined by that person or family. Its origins are in nursing education. A culture can range anywhere from age or generation, gender, sexual orientation, occupation, religious beliefs, or even disabilities. An unsafe cultural practice is an action that demeans the cultural identity of a particular person or family.
Cultural Competence	A set of congruent behaviours, attitudes and policies that come together as a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations. Cultural competence is a developmental process that evolves over an extended period. Both individuals and organisations are at various levels of awareness, knowledge and skills along the cultural competence continuum.
Centre (a centre of excellence)	The term centre is used to identify the Waikato as the centre and not any one place or physical location in the Waikato.
Disability	<p>Disability is not something that individuals have, individuals have impairments. These impairments might be long-term or short-term and can be sensory, physical, neurological, psychiatric/psychological, or intellectual.</p> <p>Disability is the process which happens when one group creates barriers by designing a world only for their way of living and not taking account of others abilities or impairments.</p>
Engagement	A participatory process where stakeholders are involved in dialogue about their views on a topic.
Health inequality and inequity – <i>As defined by the World Health Organisation</i>	<p>Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. It is important to distinguish between inequality and inequity in health. Some health inequalities are attributable to biological variations or choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case, it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health.</p>
Innovation	Innovation is the creation of significant positive change that is sustainable over the mid to long-term. The innovative change can be generated from people, process or technology that once it is agreed to, must then be implemented across people, process and technology to be successful.
Inter-alliance	Refers to a Waikato group containing membership from the alliance leadership teams in the district. Membership is made up of representatives from Hauraki Primary Health Organisation, Midlands Health Network, National Hauora Coalition, Midlands Community Pharmacy Group and Waikato DHB.
Organisation	An entity comprising multiple people, such as an institution or an association, that has a collective goal and is linked to an external environment.
Primary Care	Is often defined by the following characteristics: the first point of contact, comprehensive care, coordinated care, continuity of care, and often located in the community.
Primary Health Care	In the context of this strategy, primary health care relates to the professional health care provided in the community, usually from a general practitioner, practice nurse, pharmacist or other health professional working within a general practice. Primary health care covers a broad range of health services, including diagnosis and treatment, health education, counselling, disease prevention and screening.
Priorities	Areas of work that will be the focus for the DHB. These are not the only priorities, as we have policy priorities that we deliver on as required by the Ministry of Health and Central Government. Each of the priorities will have a priority programme plan.

Programme plan	<p>A suite of activities that will be carried out to fulfill the priorities. We will use objectives to guide delivery of the priority programme plans. There will be a clear logic flow between the objectives and achievement of the priorities. Objectives must be specific, measurable, accurate, realistic and time-bound.</p>
Provider	<p>A provider is an agency that the DHB pays to delivers services under a specific agreement.</p>
Provider-arm	<p>Provider-arm services are services that are directly delivered by the DHB, these are not contracted services.</p>
Quality	<p>The United States Institute of Medicine (IoM) definition states that quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.[1] The IoM has identified six dimensions through which quality is expressed:</p> <ul style="list-style-type: none"> • Safety - <i>avoiding harm to patients from care that is intended to help them</i> • Effectiveness - <i>providing services based on scientific knowledge and which produces clear benefit</i> • Patient centeredness – <i>providing care that is respectful or responsive to individual needs and values</i> • Timeliness – <i>reduced waits and sometimes harmful delays</i> • Efficiency – <i>avoiding waste</i> • Equity – <i>providing care that does not vary in quality because of a person’s characteristics</i>
Refresh of a strategy	<p>Refreshing a strategy is most viable when aspects of how the strategy is realised need to be revisited, but the overarching spirit does not.</p>
Stakeholder	<p>Person, group or organisation that has interest or concern in an organisation. Stakeholders can affect or be affected by the organisation’s actions, objectives and policies. Some examples of key stakeholders in this context are providers, employees, government (central and local), professional agencies, iwi, hapu, primary care alliance partners, service users, patients and communities.</p>
Strategic imperative	<p>These are a declaration of Waikato DHB’s critical areas of focus, which will remain unchanged over the medium term. The strategic imperatives communicate a sense of intended direction to the entire organisation.</p>
Strategy	<p>A strategy is a tool to guide you forward. It provides a high-level guide that is not too vague but also not so specific that adapting to a changing environment becomes impossible. A strategy is often widely communicated using a strategic framework that fits on one page. A strategy usually includes a vision, a mission statement, values, and priorities.</p>
Values	<p>Important and lasting beliefs or ideals shared by the members of a culture or group about what is good or bad and desirable or undesirable. Values have major influence on a person’s behaviour and attitude and serve as broad guidelines in all situations.</p>
Vision	<p>A vision statement describes what the organisation aspires to achieve in the longer-term future. It indicates what the organisation wants to become and defines the direction for its development. It serves as a clear guide for choosing current and future courses of action.</p>
Waikato DHB	<p>Waikato DHB is based in Hamilton, and covers an area from the Coromandel in the north down to near Mt Ruapehu in the south. As a DHB we:</p> <ul style="list-style-type: none"> • Plan in partnership with key stakeholders such as our primary care alliance partners, the strategic direction for health and disability services; • Plan regional and national work in collaboration with the National Health Board and other DHBs; • Fund the provision of the majority of the public health and disability services in our district, through the agreements we have with providers and the provider-arm; • Provide hospital, community based, and specialist services primarily for our population and also for people referred from other DHBs; • Promote, protect and improve our population’s health and wellbeing through health promotion, health protection, health education and the provision of evidence-based public health initiatives.

[1] Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington DC: National Academy Press, 1990, p244.

introduction

TO THE WAIKATO DHB MENTAL HEALTH & ADDICTIONS STRATEGY

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WHAT IS THIS STRATEGY ABOUT?

This strategy is about change. Not the tinkering around the edges kind of change nor the doing more of the same thing kind of change. This strategy is about transformative innovation causing significant change.

Waikato DHB is part of a wider health and social system and a strong health system is fundamental for improving the health of our population and eliminating health inequities. There is a need to move away from silo based thinking to systems based thinking which frames challenges and opportunities in the context of a wider dynamic health system. In order to work more effectively with our health and social partners we first need to get 'our own house in order'. There are many aspects of this strategy which focus on the changes Waikato DHB mental health & addiction service needs to make so we can 'be the change we want to see in the health system'. This strategy is about all the functions Waikato DHB mental health & addiction service is responsible for delivering, but we acknowledge that we are stronger together when we work in partnership

Waikato DHB mental health & addiction services needs to be open to new technologies and new models that will challenge the status quo and will ultimately raise the quality and accessibility of health care. The DHB needs to be prepared to identify potential opportunities, take risks in investing in innovations and play an active role in driving, implementing, monitoring, and evaluating activity.

This will help us create a more evidence based health system.

This strategy is underpinned by doing what is in the best interests of the people it serves, with them at the centre.

WHY DOES THIS STRATEGY MATTER?

Mental health & addiction care demand is intensifying as the population grows and changes; population risk factors have tended to receive only limited attention. We propose a shift of emphasis to promote healthy life choices, early intervention to reduce and prevent ill health from getting worse. To get there, a number of substantial challenges must be faced including:

- Failure to provide services well for all of the populations;
- Inequalities and inequities in the system;
- Increasing demands on the system as our population ages;
- Like most countries New Zealand will continue to experience budget pressures;

- Changing personal preferences where many people wish to be more informed and involved with their own care;
- Technology is transforming our ability to predict, diagnose and treat disease;
- Integrating further and more rapidly with the other parts of the health sector and with the social sector.

We believe that a whole host of transformative innovations, small and large, will improve the mental health & addiction system and assist in responding to current and future health demands. We want to be part of a future where we work in partnership to build a new health system that is characterised by greater convenience, better outcomes, higher quality, better value, and greater performance than could ever be achieved under the current system and we cannot do this alone.

WHAT WILL IMPLEMENTING THIS STRATEGY LOOK LIKE?

Transformative innovation happens across the mental health & addictions system. It happens in the community, it happens in public health, it happens in primary care, it happens in hospital environments and it happens in those functions that support health care service delivery. It is through viewing these component parts as a whole; and recognising they are tightly connected and highly sensitive to change elsewhere in the system that we stand the best chance of achieving the vision, the mission, and the strategic imperatives presented in this strategy.

The gains we expect to derive from this strategy are not simply a function of reallocating resources and utilising new technology. Effective system change will require us all to shift the way things are done; our staff, our NGO partners, our primary health care partners, our health and social partners, our communities, and service users will need to adapt to the changes that will come from implementing this strategy but we cannot successfully implement this strategy without them.

Implementing this strategy will require working

outside traditional health sector boundaries. This means working in partnership with agencies across sectors to address the determinants of health and the requirements of high-need populations.

The more often and more comprehensively the components of the system can talk to each other from within an integrated framework – communicating, sharing, problem solving – the better chance any intervention has to positively impact on shared outcomes. Essentially, multiple organisations can achieve more by working together and the health system needs to reflect that rather than creating fragmentation, encouraging ‘siloes’ approaches and stifling transformative innovation.

Performance and accountabilities need to reflect a system wide approach to health and health related outcomes. The performance management of the sector should be based on this foundation – an approach that aligns strongly with the drive to improve the quality, safety and individual patient experience of care, improve health and eliminate inequity, and ensure best value for public health system resources.



background

TO DEVELOPING THE WAIKATO DHB MENTAL HEALTH & ADDICTIONS STRATEGY

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The purpose of the mental health & addictions strategy refresh is to both ensure we align with the Waikato DHB's values and priorities and to reflect the changing needs of our community.

A refresh, was decided upon in acknowledgment that the spirit of the 2009 strategy was still relevant but needed an update to ensure that the high-level strategic goals and specific key priorities were identified for the next five years.

This strategy was developed in consultation with our staff, service users, our NGO and Primary Care partners

Waikato DHB in context

Waikato DHB was formed in 2001 and is one of 20 district health boards established to plan, fund, and provide health, mental health & addictions services and disability services for their populations. This includes funding for primary care, hospital services, public health services, aged care services, and services provided by other non-government health providers including Maori and Pacific providers.

Te Tiriti o Waitangi (The Treaty of Waitangi) is New Zealand's founding constitutional document and is often referred to in overarching strategies and plans throughout all sectors. Waikato DHB values the Treaty. Central to the Tiriti o Waitangi relationship and implementation of Te Tiriti o Waitangi principles is a shared understanding that health is a 'taonga' (treasure). The principles of Partnership, Participation and Protection¹ will continue to underpin the special relationship between Waikato DHB and iwi, and are threaded throughout our strategy.

We collaborate with other health and Non-Government Organisations, stakeholders and our communities to identify what mental health & addiction services are needed and how best to deliver these services.

As at 30 June 2015, the Waikato DHB Mental Health & Addictions Services had 745 full time equivalents (FTE). These employees are central to the DHBs ability to deliver mental health & addiction services to Waikato communities.

The Waikato – Geography and Demography

Waikato DHB covers over eight percent of New Zealand's population, from Northern Coromandel to close to Mt Ruapehu in the South, and from Raglan on the West Coast to Waihi on the East. It takes in the city of Hamilton and towns such as Thames, Huntly, Cambridge, Te Awamutu, Matamata, Morrinsville, Ngaruawahia, Te Kuiti, Tokoroa and Taumarunui.

Key demographics:

- For 2015/2016, our population was 394,340;
- Our population is getting proportionately older;
- The Maori population (estimated to be 23 percent of our population for 2015/2016) is growing;
- Pacific people represent almost 3 percent of our population;
- Approximately 60 percent of our population live outside the main urban areas;
- We have a larger proportion of people living in areas of high deprivation than in areas of low deprivation.

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Mapping the Waikato DHB mental health & Addiction Strategy to the New Zealand Health Strategy

The New Zealand Health Strategy: Future Direction outlines the high-level direction for New Zealand's health system over the 10 years from 2016 to 2026. It lays out some of the challenges and opportunities the system faces; describes the future we want, including the culture and values that will underpin this future; and identifies five strategic themes for the changes that will take us toward this future.

During the development of the Waikato DHB Mental Health & Addictions Strategy, we assessed alignment with other government, non- government, provider, and partner agency strategies. The refresh of the New Zealand Health Strategy was occurring at the time of the early development of the Waikato DHB Mental Health & Addictions strategy refresh so we kept up-to-date on its progress to ensure alignment where appropriate.

Mapping the Waikato DHB Strategy to other agencies

Ensuring the Waikato DHB Mental Health & Addictions Strategy could be aligned to other agencies' strategies will help us to achieve our goals and help the other agencies to achieve theirs.

IMPLEMENTING THE **strategy**

The first pre-requisite to the success of this strategy will be strong and unambiguous leadership. The opportunities identified in this strategy invite people to lead and take responsibility. Mental health & addiction care demand is intensifying as our population changes and grows. These changes and growth are and will continue to present the health and social systems with challenges, some of which have not been encountered before. In order to respond to these challenges we must become more innovative and we must get comfortable with change. Turning this strategy into action will mean making changes; some changes will see more investment in some areas and some changes will mean disinvestment. Whatever the changes, they will be done by using robust decision-making and in partnership with others to ensure we are delivering excellent health services and care

EXPLAINING THE WAIKATO DHB'S
MENTAL HEALTH & ADDICTIONS

strategy

Our vision

The vision for the organisation is our aspirational, long-term desired goal that all staff employed by the Waikato DHB Mental Health & Addictions Services can relate to and are working towards. The vision will be reviewed every five years to check whether it is still appropriate.

Our strategic imperatives

The strategic imperatives underpin our goals, which will be reviewed after five years along with the vision.

Each strategic imperative is explained by illustrating what we mean, why each strategic imperative matters, and what our focus on each strategic imperative will look like.

Our priorities

The priorities are how we will action the strategic imperatives, and as a result the whole strategy through operational activities. The priorities will be reviewed every three years with the achieved priorities moving into a maintenance focus and those not yet achieved continuing to be priorities. During the three-year review, new priorities will be added where appropriate.

Under each strategic imperative four priorities have been allocated. Each priority is explained to illustrate what we mean, why it matters to have this priority, what the priority will look like when delivered, and how the priority will be actioned.

Our values

Our values lie at the core of what we do. Values are important and lasting beliefs or ideals shared by the members of a culture or organisation. They speak to us about what is good or bad and desirable or undesirable and serve as broad guidelines in all situations. Values have a major influence on our attitudes and behaviours. When the vision and mission are reviewed, the values will be checked to ensure they are still relevant.

Our Objectives

The objectives this strategy will achieve are outlined in this document, they guide our actions to deliver on the priorities. Our objectives cross priorities, this will help reduce duplication, strengthen decision-making, and break silos. The objectives will be required under the contracts of the people charged with delivering those results to show accountability for doing what we say we are going to do.

STRATEGIC

framework

Waikato DHB Strategy

Mental Health & Addictions Vision

**Strengthened communities,
through trust and partnership**

Values

People at heart

Te iwi Ngakaunui

Give and earn respect – *Whakamana*

Listen to me; talk to me – *Whakarongo*

Fair play – *Mauri Pai*

Growing the good – *Whakapakari*

Stronger together – *Kotahitanga*

Productive partnerships



Health equity for high need populations



A centre of excellence in learning, training, research, and innovation



Safe, quality health services for all



Effective and efficient care and services



People centred services



Pae taumata

Ratonga a iwi

Manaaki

Haumaruru

Oranga

OUR priorities



- Radical improvement in Māori health outcomes by eliminating health inequities for Māori
- Eliminate health inequities for people in rural communities
- Remove barriers for people experiencing disabilities
- Enable a workforce to deliver culturally appropriate services



- Deliver timely, high quality, safe care based on a culture of accountability, responsibility, continuous improvement, and innovation
- Prioritise fit-for-purpose care environments
- Early intervention for services in need
- Ensure appropriate services are delivered to meet the needs of our populations at all stages of their lives



- Utilise the expertise of communities, providers, agencies, and specialists in the design of health and care services
- Provide care and services that are respectful and responsive to individual and whānau needs and values
- Enable a culture of professional cooperation to deliver services
- Promote health services and information to our diverse population to increase health literacy



- Live within our means
- Achieve and maintain a sustainable workforce
- Redesign services to be effective and efficient without compromising the care delivered
- Enable a culture of innovation to achieve excellence in health and care services



- Build close and enduring relationships with local, national, and international education providers
- Attract doctors, nurses, and allied health staff to the Waikato through high quality training and research
- Cultivate a culture of innovation, research, learning, and training across the organisation
- Foster a research environment that is responsive to the needs of our population



- Incorporate te Tiriti o Waitangi in everything we do
- Authentic collaboration with partner agencies and communities
- Focus on effective community interventions using community development and prevention strategies
- Work towards integration between health and social care services

OUR values

People at heart *Te iwi Ngakaunui*

Give and earn respect – *Whakamana*

- Be courteous and considerate
- Own what you do
- Value everyone's contribution
- Accept differences and diversity
- Put yourself in the shoes of others

Listen to me; talk to me – *Whakarongo*

- Listen to and hear others
- Open and safe sharing
- Kept in the loop and informed
- Direction and expectations clear

Fair play – *Mauri Pai*

- Create opportunities for inclusive decision-making
- Share the work, do your share
- Equal recognition for all
- Clear and transparent processes

Growing the good – *Whakapakari*

- Acknowledge and appreciate me
- Create opportunities to learn and grow
- Give support, praise and feedback
- Provide experiences to maximise potential
- Share learning(s); create change

Stronger together – *Kotahitanga*

- Be kind and helpful to each other
- Foster a supportive safe work place
- Celebrate and share success
- Collaborate to achieve known outcomes

“ Let’s make the focus on higher order concerns (such as reducing inequity) rather than specific service level issues such as closer to home. Reducing inequity is a core principle that should be retained in the strategy ”



strategic goals & objectives

GOAL 1:

“We provide culturally responsive services with a specific focus on improving health outcomes for Maori”.

Objectives Mental Health:

- a. All service users/ tangata whaiora whom identify as Maori at point of acceptance into Adult Mental Health and Addiction Service, will trigger an automatic referral to Kaitakawaenga services and have a cultural assessment completed to identify the appropriate interventions as a means to embed the cultural pathway into the ICP
- b. All staff to attend the MH&AS cultural training with a view to ongoing cultural competency training through the Takarangi programme
- c. The workforce demographic reflects the population served by 2021
- d. The consumer workforce will increase over the next 5 years (DHB & Community providers)
- e. Increase the proportion of Maori being treated informally

Objectives Addictions:

- a. As part of the planning for the move to the new inpatient facility we will ensure the physical environment of CADS “Whare” is more culturally responsive. We will achieve this by CADS being actively involved in the planning of the new facility
- b. Improve the educational focus in the community (e.g. Marae/Iwi/rural communities/GPs/CYFS/Probation & Corrections/Online applications/social media)
- c. Audit and feedback on Maori access rates to ensure we are improving access to services
- d. Access to Kaitakawaenga in Addictions Services

GOAL 2:

“We provide an effective and safe service that people and their loved ones trust”.

Objectives Mental Health:

- a. Our practice is evidence based, where evidence exists, but we will also be innovative in our development of future models of care/services. Where we develop model/services that are not evidence based, we will evaluate models to ensure efficacy
- b. We will evaluate measure and monitor what we do and how we are performing. This will be done by service review/audit, feedback from consumers/family. We will create measures for social outcomes indicators by 31 July 2017
- c. We will measure customer feedback through complaints, compliments, Real Time Feedback and surveys.
- d. Involvement of service users and whanau in recovery plans, this will be demonstrated by recovery plans being signed off by consumer and/or family
- e. Clinical outcomes are monitored and measured using (HONOS). We will see an increase year on year in the number of completed HONOS and within 5 years we will have 95% completion of HONOS in all services

Objectives Addictions:

- a. We will measure and monitor what we do and how we are doing by consumer feedback both positive (publicity/press) and negative (responding and support of complaints process). Feedback to MDT the results and develop strategies to address any gaps. First feedback session by June 2017 and then annually thereafter
- b. We will base our practice on evidence based research working within effective processes, protocols and policies. This will be measured by ADOM (Alcohol & Drug Outcome Measures), treatment plans and recovery goals. We will have 99% completion of ADOM by 2020.

GOAL 3:

“The service user is at the center of their care”

Objectives Mental Health:

- a. Provide person centered training to all staff by 30 June 2019, with 75% trained by 30 June 2018 and 100% of new staff to receive recovery training
- b. Adoption of a consistent trauma informed approach, by December 2017, underpinned by training for all clinical staff
- c. Seclusion reduction targets are identified and met, we aim to have zero seclusion by January 2018
- d. Service user engagement is evident in recovery planning, as per objective (e) in goal 2. Recovery in practice to be measured by the content of the ‘one plan’.
- e. Whanau engagement measures to be developed by 30 June 2017.
- f. Every service user over two years in the service has advanced directives; this will be in place by 30 September 2017.
- g. 80% of comprehensive first assessments demonstrate Co-existing Problems (CEP) assessment, by June 2017 and 100% by December 2017.
- h. Expand alternatives to traditional approaches to care (e.g. inpatient admissions and office based appointments) this will include the adoption of virtual health into the mental health & addictions treatment options. Provide appointments in the community outside of regular business hours. Extension to current hours to be in place by December 2017.
- i. Build an inpatient unit which is “right sized”, taking into account the new models of care. Develop increased crisis respite options as alternatives to inpatient admissions, as part of the new models of care.

Objectives Addictions:

- a. Recognise and provide clients with high and complex needs; a stepped recovery approach that includes an integrated/dedicated detox/ facility to be achieved within the planned new build for Adult Mental Health Inpatients facility.
- b. Develop appropriate assessment and interventions that address the trauma needs of AOD clients. Engage a range of psychotherapeutic models (from behavioural to CBT/ACT, Gestalt, etc.) in groups and individuals using a broad range of disciplines (psychologists, counsellors, social workers, nurses). Assessment and treatment model to be developed by July 2017.

GOAL 4:

“Our service will ensure a positive, healthy work environment that nurtures skills, knowledge and a caring attitude”.

Objectives Mental Health:

- a. Review current work environments to identify suitability for purpose, create an action plan to develop positive, healthy work environments that are fit for purpose by 30 June 2017
- b. We will establish and foster an emerging leaders group by 31 March 2017
- c. Implement forums for staff feedback across the service, in particular exploring issues around morale, forums to be in place by June 2017
- d. Carry out staff surveys annually with the first being completed before the end of 2016
- e. We will establish the service’ values and aligning behaviors, language and attitudes, developing an implementation plan by 31 March 2017. Embed values, behavior, language and attitudes, throughout the service, using the implementation plan as detailed above 30 September 2017.
- f. Review policies and procedures to ensure they align with values 30 June 2018.
- g. Confirm the role of the keyworker/case manager, as a component of Integrated Care Pathway by 31 March 2017

Objectives Addictions:

- a. Identify current strengths and the development needs of staff through the APR process. Develop an annual Learning & Development calendar to meet identified needs.
- b. Establish positive learning cultures for undergraduates/new graduates through a structure process involving clinical leads/educational and professional bodies. Measure improvement through Wintec, Audit, Exit Interviews.

GOAL 5:

“As a partner in a holistic system of care, remove barriers to the care and support of individuals, whanau and the community”.

Objectives Mental Health:

- a. To develop a shared system governance structure with clear membership and purpose, goals and terms of reference by 31 March 2017
- b. To develop a one plan, service user-centered model approach by 31 July 2017
- c. Ensure the workforce can work in a holistic manner, have tools to support holistic practice by having systems, skills, education, technology, ability to identify workforce needs, capacity and capability, shared care plan.

Objectives Addictions:

- a. Review the AOD Model of Care to ensure we have a model of care that is informed by an approach that emphasises integrated formulation across all aspects of wellbeing. Implementation of this model by June 2017
- b. Develop a process for consumer/whanau community feedback through regular community forums. First forum to be held by February 2017



STRATEGIC IMPERATIVES

The Strategic Imperatives outlined in this section are required if we are to fully implement the goals and objectives for the mental health & addictions services

STRATEGIC IMPERATIVE

health equity for high-need populations

TE HUA RAUTAKI – **oranga**

WHAT DO WE MEAN?

Waikato DHB in conjunction with Iwi Maori Council, will provide the leadership to ensure we are committed to achieving health outcomes and equity across high-need population groups. Health outcomes are described as the effect the process has had on the people targeted by it. These might include, for example, changes in their self-perceived health status or changes in the distribution of health determinants, or factors that are known to affect their health, wellbeing, and quality of life. Health inequities are described as ‘differences which are unnecessary and avoidable, and are unfair and unjust’. While we have identified priority high-need populations, this does not mean we will not support other populations experiencing inequities.

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WHY DOES THIS MATTER?

As a DHB, we have a specific remit to lead, promote, protect, and improve our population’s health and wellbeing through accountability for our results. When we focus on achieving health outcomes and equity for our populations everyone benefits because we are ensuring the right type of health services and care are delivered at the right time (earlier rather than later) and in the right place (at home, closer to home, or if required at hospital).

WHAT WILL THIS LOOK LIKE?

There is an expectation that the DHB and all contracted providers will be responsible and accountable for contributing to this imperative. This signals a significant change that services will be more responsive and accountable for health outcomes for high-need populations. It is expected that existing services that are not meeting the needs of high-needs populations will be reconfigured; development and implementation of new service models and funding will be prioritised for these populations.

We will use the equity tools available to us in all service planning. The tools will be used to identify the most effective intervention for achieving health equity. We will take account of particular needs within the communities served, to ensure access to services and communication is effective and responsive, and that services are safe and culturally appropriate.

Focusing on the determinants of health is crucial if health inequities are to be eliminated. This requires a multi-agency approach; therefore, we will be continuing to work in partnership with organisations in some areas and growing partnerships in others.

Developing health services by, with, and for specific populations has shown to be effective in reducing inequities. We will work with all our high-need populations to improve health outcomes and achieve health equity. We will work with our providers, partners, and communities to ensure they are empowered to deliver services and care that suit the needs of the Waikato population.

WHAT ARE THE PRIORITIES FOR THIS STRATEGIC IMPERATIVE?

- Radical improvement in Māori health outcomes by eliminating health inequities for Māori
- Eliminate health inequities for people in rural communities
- Remove barriers for people experiencing mental health & addictions issues
- Enable a workforce to deliver culturally appropriate services

“ Become the leaders for the region - to provide/facilitate quality services for all of the Waikato DHB population, including Maori, rural and high-need populations in ways that make a difference to their wellbeing...doing whatever it takes with whoever is needed to make the difference. No more saying it's not my / health's job! ”



STRATEGIC IMPERATIVE

safe, quality health services for all*TE HUA RAUTAKI – haumarū*

WHAT DO WE MEAN?

Safe services means that services are consistently person (or whanau) centered, and clinically and culturally effective and safe, for all people, all the time. The United States Institute of Medicine definition states that quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.¹

WHY DOES THIS MATTER?

Unless we reshape care delivery, harness technology, and drive down variations in the delivery of quality, safety and timely care, then the changing needs of the individual and population will go unmet, people will be harmed who could have been cured, and unacceptable variations in outcomes will persist.

WHAT WILL THIS LOOK LIKE?

We will be accountable for the delivery of the highest quality healthcare services, at all the various stages of life, to people in the Waikato. Our goal is to have the highest quality health services and care in New Zealand.

We will have a culture that is safe, accountable, and committed to learning and continuous organisational development, which will enable us to deliver demonstrable improvements in patient care. We will embed continuous quality improvement, high quality safe patient care, compliance with regulatory frameworks within the organisation, and will empower our staff and providers to continuously raise the standard and improve quality and safety.

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WHAT ARE THE PRIORITIES FOR THIS STRATEGIC IMPERATIVE?

- Deliver high quality, timely safe care based on a culture of accountability, responsibility, continuous improvement, and innovation
- Prioritise fit-for-purpose care environments
- Early intervention for services in need
- Ensure appropriate services are delivered to meet the needs of our populations at all stages of their lives

¹ Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington DC: National Academy Press, 1990, p244.

“ I like the people centered priority – I hope it works in practice. Over the years in health we have talked about this but we only achieve it in a limited manner ”



STRATEGIC IMPERATIVE

people centred services

TE HUA RAUTAKI – *manaaki*

WHAT DO WE MEAN?

Providing people centered services means empowering people to take much more control over their own

care and treatment. We recognise that service users, their families and carers are often 'experts by experience'. This imperative is focused on putting people at the centre of all services and interactions.

WHY DOES THIS MATTER?

We need to move away from 'one size fits all' care models and create a person centred approach to provision, which ensures that everyone gets the service they require, when they need it, where they need it and with their input. Increased health consumer knowledge and autonomy is associated

with improved outcomes. Staff, health providers, and health systems need to be engaging with people wherever they are located. More broadly, we need to engage with communities and people in new ways, involving them directly in decisions about the future of health and care services.

WHAT WILL THIS LOOK LIKE?

We will do more to support people to stay healthy, make informed treatment choices, manage their conditions and avoid complications.

We will provide people and families with the necessary information and resources, and assist them to develop skills to engage with health services and be

a part of managing their own health needs. We know that different people or groups will require different approaches so we will listen to, involve and empower our patients and service users in their own health care.

We will make more use of the opportunities digital technologies offer and strengthen our virtual care approach.

We will maintain processes to enable Māori to participate in, and contribute to, strategies designed to improve the health of Māori. These processes include the development of effective relationships with iwi and Māori, and consultation with Māori. They also include improving service delivery, reducing health inequities, monitoring health outcomes and being accountable for the results achieved. We will maintain and grow mechanisms to ensure other groups with high-needs are able to participate in, and contribute to, strategies designed to improve their health.

WHAT ARE THE PRIORITIES FOR THIS STRATEGIC IMPERATIVE?

- Utilise the expertise of communities, providers, agencies, and specialists in the design of health and care services
- Provide care and services that are respectful and responsive to individual and whānau needs and values
- Enable a culture of professional cooperation to deliver services
- Promote health services and information to our diverse population to increase health literacy

implementing

THE PRIORITIES

1. Utilise the expertise of communities, providers, agencies, and specialists in the design of health and care services

WHAT DO WE MEAN?

People who regularly interact with or work within the health system have a wealth of knowledge due to their personal and professional experience with health care, services, and systems. This expertise needs to be utilised for the design of health services and care to ensure they are appropriate for people's needs.

WHY DOES THIS MATTER?

Health services and care are about more than treating illness; people's health and wellbeing is improved when services are designed in a way that is appropriate to their cultural and socio-economic needs. We need to ensure we are working in the best way possible for our diverse population so they can stay well, get well, or manage with support and comfort that suits their needs. The Waikato has a diverse population with varying health needs and we need to ensure that we do not apply a one-size fits all approach.

Mental health & addictions services will work with our service users, family/whanau and other partners to co-design services to better meet the needs of those who access our services

It is equally important to use the knowledge of those who are responsible for delivering the care and services as they hold expertise in how systems and processes function. Their knowledge can be used to ensure there is safe practice, efficient service, and care for colleagues who are impacted by the work they do.

WHAT WILL THIS LOOK LIKE?

We will examine and use best practice to grow our ability to engage with the people of the Waikato and involve them in service design. Through this, we will ensure that people and groups who have not traditionally had a voice are given the ability to participate.

Our engagement will include our own staff, specialists, providers, and health and social agencies. We will learn and adapt what others do well and continuously improve the way we work.

2. Provide care and services that are respectful and responsive to individual and whanau needs and values

WHAT DO WE MEAN?

This is about putting the person at the centre when providing care and services, it is about always being respectful to others and acknowledging their values and beliefs by being adaptable and responsive to their needs.

WHY DOES THIS MATTER?

Waikato is a diverse district and often what is appropriate for one person, group, community, family, or whānau may not be appropriate for another. People need different things out of health care or services and as a DHB we must be able to adapt and respond to each person's needs. When we do this, people will have more confidence in the care and services they receive because they know they are not seen as a statistic.

WHAT WILL THIS LOOK LIKE?

This priority is focused on people who will receive health services and care, however it also applies to the other areas of the DHB which may not interact with people needing care but perhaps work with those who provide care. We will prioritise and expect our staff to be culturally competent, including those who do not work directly with people receiving care and services.

3. Enable a culture of professional cooperation to deliver services

WHAT DO WE MEAN?

Waikato DHB staff work in a variety of areas and represent various disciplines. We will cooperate with each other through clear communication and by using the different skills and knowledge colleagues have to provide timely, quality care and service for the population.

WHY DOES THIS MATTER?

Delivering people centered services is about recognising people's need to receive care and services that are appropriate to them. Different professional groups have different perspectives. By ensuring all viewpoints are recognised in service design and delivery we are more likely to achieve people centred care.

WHAT WILL THIS LOOK LIKE?

Staff will work together to ensure care and services are respectful, responsive, and appropriate. We will drive clear communication between all health professionals, to enable cooperation to be achieved.

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4. Promote health services and information to our diverse population to increase health literacy

WHAT DO WE MEAN?

This priority is about how we provide people with information; people vary in the ways they access and understand information and we need to be sure that we are communicating in ways that are appropriate and effective for our diverse population.

WHY DOES THIS MATTER?

In order for people to understand how to stay healthy, improve their health and access services we need to communicate in a way that is appropriate and relevant to them. In Waikato we have a diverse audience and we need to adapt how we communicate so the information is understood, and so people can make informed decisions about their health and wellbeing.

WHAT WILL THIS LOOK LIKE?

We will focus on building better health literacy working with the Ministry of Health to share effective techniques. We will use a range of methods for informing people about ways to get healthy and stay healthy. We will use appropriate language and technology. We will ensure information is clear and consistent. cultural competence will be prioritised in our staff so we can better communicate with Maori, Pacific peoples, and our migrant populations.

“ Let’s not stop innovation and let’s take advantage of the capability and capacity of what’s happening in the environment ”



STRATEGIC IMPERATIVE

effective and efficient care and services

TE HUA RAUTAKI – ratonga a iwi

WHAT DO WE MEAN?

Effective and efficient services means at all levels health services and care will meet the needs of our populations. This means we need to ensure our foundations are strong, we are financially sustainable, we have a high quality and sustainable workforce, and the best available information to inform decision-making. It also means that we will have the courage to make the difficult decisions to either invest or disinvest in services in order to meet the needs of the populations we serve.

WHY DOES THIS MATTER?

This matters because everything we do has a consequence and ineffective quality, care, or services may cause unnecessary suffering. By “getting it right” the first time, we also avoid unnecessary costs to service users’ health and government spending. There are more claims on the budget than can be afforded so we need to organise the system in the best way possible to meet current and future demand. We also need to work smarter to meet demands and excel in health services and care.

WHAT WILL THIS LOOK LIKE?

In order to deliver the necessary change we will invest in our current and future workforce. We will learn from the best examples, not just from within New Zealand but internationally. We will evaluate new care models to establish which produce the best experience for patients and the best value for money. We will exploit the information revolution to deliver more effective care.

We will be part of a future that no longer sees expertise locked into hospital buildings and fragmented services. It will be a future where the system is organised to support people with multiple health conditions, not just single diseases. A future that sees far more care delivered locally but with some services in specialist centres where that clearly produces better results. We see a future that dissolves long-standing and artificial divides between general practice and hospitals; physical and mental health and addiction; health and social care; and prevention and treatment.

WHAT ARE THE PRIORITIES FOR THIS STRATEGIC IMPERATIVE?

- Live within our means
- Achieve and maintain a sustainable workforce
- Redesign services to be effective and efficient without compromising the care delivered
- Enable a culture of innovation to achieve excellence in health and care services

implementing

THE PRIORITIES

1. Live within our means

WHAT DO WE MEAN?

Maintaining financial stability is about ensuring we are spending wisely, working smarter, ensuring value for money, and that there is transparency and accountability for the health budget allocated to the Waikato.

WHY DOES THIS MATTER?

Health has continued to receive a significant portion of the government's expenditure and we are accountable to the government and to the taxpayers for how we spend it. On present projections health costs will go up and funding will not keep pace. We need to extract better value from every dollar we spend.

WHAT WILL THIS LOOK LIKE?

We need to be better at preventing poor health, ensuring people with conditions receive early and appropriate care and services to prevent deterioration, and providing whole-of-person care and services. This will require us to change the way we work and change the way we contract for the delivery of services (in collaboration with providers) so providers can continue to deliver to the Waikato population.

If we want to secure health and wellbeing for future generations then we must be prudent in the way we work and spend health dollars. This requires collective action and a fundamental change to ensure that all our services are efficient as they can be.

2. Achieve and maintain a sustainable workforce

WHAT DO WE MEAN?

Achieving a sustainable workforce is about ensuring the right people are in the right positions and proactively engaged. It is also about filling positions being vacated so there is no discontinuity of service. This may also extend to staff employed by contracted providers and other service agencies in order to implement the priorities in this strategy.

WHY DOES THIS MATTER?

A sustainable health workforce is fundamental to the delivery of excellent health services and care to the Waikato population. Training new staff is expensive and time consuming as is keeping people employed in roles they are not passionate about. As a DHB, we need to strive to be a place where people love to come to work because highly engaged staff are more efficient and effective in their work.

WHAT WILL THIS LOOK LIKE?

We will streamline our recruitment. We will anticipate where our future shortages will be and act swiftly to address them. We will be flexible in our approach to roles and staffing. We will grow our leadership capability and give those leaders appropriate support. We will ensure staff are fully engaged in their work and understand the vision and their role in delivering it.

3. Redesign services to be effective and efficient without compromising the care delivered

WHAT DO WE MEAN?

This priority is about changing the way we do things to ensure effective and efficient care and services for the Waikato population.

WHY DOES THIS MATTER?

If we continue to do what we have always done, then we will likely continue to get the same results and remain where we are. As a DHB, we need to regularly evaluate what we do to ensure we are continually improving our care and services to meet the populations' growing and complex needs. By this means we will also derive better value from every dollar we spend.

WHAT WILL THIS LOOK LIKE?

We will continue to evaluate services to find where improvements can be made and to confirm what is working well. We will also need to partner with our providers and other health and social service agencies to ensure the right type of services are being delivered and to identify gaps. We will need to work across traditional boundaries, such as primary and secondary, and we will need stronger systems and relationships.

4. Enable a culture of innovation to achieve excellence in health and care services

WHAT DO WE MEAN?

This priority focuses on achieving a culture that inspires innovation from staff for the Waikato population. Innovation is a term often used to describe great new ideas, however, in the wrong environment innovation can be hampered. Innovation occurs when the setting is designed to allow it.

WHY DOES THIS MATTER?

In order to deliver the right services, in the right way, at the right time the DHB needs to embed an organizational culture that inspires people to suggest new ways of working. Staff have a unique perspective and some great ideas and we need to encourage them to feel comfortable expressing these ideas.

WHAT WILL THIS LOOK LIKE?

Encouraging innovation from staff is an area of organisational development with many best practice examples. We will explore how others have achieved workplaces with a culture of innovation, and how that could be implemented here.

“ We want Waikato DHB mental health & addiction services to become a centre of excellence, achieving this would raise Waikato’s profile nationally and internationally and lead to attracting & retaining high quality staff and improving our quality of care ”





STRATEGIC IMPERATIVE

a centre of excellence in learning, training, research, and innovation

TE HUA RAUTAKI – pae taumata

WHAT DO WE MEAN?

Learning, training, research, and innovation are vital to ensure health professionals deliver services in a way that best meets the needs of patients and whanau. Becoming a centre of excellence means

we aim to achieve the highest standards; anything less than exceptional is unacceptable. This will include developing the non-regulated workforce and other health professionals that evolve as service reconfigurations and models are implemented.

WHY DOES THIS MATTER?

We are responsible for making decisions that will affect the health and wellbeing of Waikato people; by using research we can ensure those decisions are based on strong evidence. The Waikato health system's ability to provide quality health services to the community now, and into the future, requires investment in training.

Trends show there are limited numbers of health professionals trained in New Zealand who remain here and our migrant health workforce is increasing. Often the Māori workforce tends to remain in New Zealand and if they go overseas, they are likely to return. That is why investing in recruitment, development and retention of Maori staff is a great return on investment.

When we take a principled approach to professional development and training, our staff will continually be focused on best practice for our high-need populations and our Waikato communities. We must ensure our workforce is trained to work within the diverse cultural environment that exists in the

Waikato. We must ensure New Zealand trained health professionals are able to learn from the expertise that our migrant health workers bring with them.

WHAT WILL THIS LOOK LIKE?

We see a future where our innovative approach to learning, training and research will attract the best people who will come to learn, teach, and choose to stay within the Waikato. More qualified health professionals will be needed to meet the demand for health services as the Waikato grows. By offering the best training for students, opportunities for health professionals to teach others, and cutting edge research we will become a centre of excellence that health professionals are drawn to.

Our facilities and processes will provide staff and students with a great environment in which to learn and grow. People make employment decisions in part because of the quality of teaching and we need to offer and lead our students in the best training to encourage the best students to come to the Waikato for their careers.

WHAT ARE THE PRIORITIES FOR THIS STRATEGIC IMPERATIVE?

- Build close and enduring relationships with local, national, and international education providers
- Attract doctors, nurses, and allied health staff to the Waikato through high quality training and research
- Cultivate a culture of innovation, research, learning, and training across the organisation
- Foster a research environment that is responsive to the needs of our population

implementing

THE PRIORITIES

1. Build close and enduring relationships with local, national and international education providers

WHAT DO WE MEAN?

Relationships with other education providers enhance the quality of education delivered to those who want to work in the health sector. This includes ma-tauranga Māori Waikato based providers, New Zealand providers, and education providers overseas.

WHY DOES THIS MATTER?

There are many examples of excellence in learning, training, and research. Some of these examples are local to the Waikato and some are outside the Waikato. It is important that we build strong relationships with education providers so we can learn what is available and share the expertise and opportunities that Waikato DHB has. Joint arrangements will help us share the expertise others have developed.

WHAT WILL THIS LOOK LIKE?

Many staff at the DHB have received their education or have taught in institutions in New Zealand and around the world. Strengthening and formalising those networks and developing new forums for networking will help build and enhance relationships. Building the Waikato DHB's profile through better communicating the work that is occurring will be beneficial for education providers who might have students or specialists who could contribute. Partnering with the local and national providers will be crucial.

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2. Attract health staff to the Waikato through high quality training and research

WHAT DO WE MEAN?

We want Waikato DHB to reflect the population we serve and be a workplace that health professionals are eager to work in because of the interesting research being conducted and for the excellent opportunities to give and receive training.

WHY DOES THIS MATTER?

When Waikato DHB employs the best, our populations get the best. We are able to employ the best health professionals when high-quality training and research is available to them.

WHAT WILL THIS LOOK LIKE?

As a DHB, we need to become braver in sharing the work we do and the research we conduct and are involved in. We need to do this using a variety of forums so our presence is visible to a wide audience. We will collaborate with other agencies to deliver on their research goals and activities, such as the first New Zealand Research Strategy. Opportunities to conduct research and to share our research will be better advertised within the DHB and to our health and social agency partners. We will develop our training to a consistently high standard that attracts staff including the non-regulated workforce.

3. Cultivate a culture of innovation, research, learning, and training across the organisation

WHAT DO WE MEAN?

Innovation, research, learning, and training are not just something most people do. They need to be fostered and nurtured to create a culture where staff are encouraged to be innovative, research is valued, learning is prioritised, and training is respected.

WHY DOES THIS MATTER?

A culture of innovation, research, learning, and training will help us to attract and keep the best staff. It will enable us to grow the staff we have. It will enable DHB to be at the cutting edge of the latest advances in healthcare.

WHAT WILL THIS LOOK LIKE?

Staff will inspire each other and the DHB will become an organisation where innovative ideas from staff, providers, health and social partners, education providers, and communities are encouraged. Research will be used to support innovative ideas to turn them into reality, and an environment of continual learning and training will be nurtured.

4. Foster a research environment that is responsive to the needs of our population

WHAT DO WE MEAN?

The Waikato DHB will be an organisation that conducts research that will be valuable to our population and contributes to the wider research community. Research must prioritise and be inclusive of our high-needs populations. Decision-making will occur with the use of the most appropriate and robust research.

WHY DOES THIS MATTER?

Research which is responsive to the needs of our population is the springboard for improving services and care. Therefore, we must foster an environment from which exactly that kind of research emerges.

This priority is not only about being a contributor to research communities but also using research conducted internally and externally to the DHB for decision-making.

WHAT WILL THIS LOOK LIKE?

We will focus on research that is of value in the delivery and services especially to high-need populations. We will work closely with our partners to identify areas of research.

“Productive partnerships is something that will always require work...people change, situations change, so you need to keep the conversation going. There are old hurts but we can work through these when we keep the partnerships alive through communication”



STRATEGIC IMPERATIVE

productive partnerships*TE HUA RAUTAKI – whaneketanga*

WHAT DO WE MEAN?

Authentic partnerships are those in which collaborative sharing of knowledge, wisdom and experience with health, NGO, social, and other community agencies occurs. The end goal is improving the health and wellbeing of the people of the Waikato.

WHY DOES THIS MATTER?

It is recognised internationally that integrating health and social care across public, private, non- government organisations, and professional agencies is critical to a safe and sustainable health service.

The challenges communities are facing cannot be addressed with the limited tools that hospitals and doctors in the medical system have. It is through a partnership approach that health services, social services and the broader community can share the responsibility of improving people's wellbeing to enable them to reach their full health and social potential. A partnership approach strengthens collective efforts. People live in communities, not in complicated systems that are alienated from the natural supports around individuals.

WHAT WILL THIS LOOK LIKE?

We are uniquely placed to combine our clinical expertise, our roots in the community and our system leadership role to work in partnership across the health and social care systems to achieve health equity and improve wellbeing. This will require a new perspective where leaders look beyond their individual organisation's interests and towards the future development of the whole health care system – and are rewarded for doing so. It will require a new type of partnership between national bodies and local leaders. We cannot do everything that is needed by ourselves. That is why we will lead where possible, support when necessary and advocate when appropriate, a range of new approaches to improving health and wellbeing.

We will work to further develop an integrated health system in the Waikato. We will also be working with our social care partners to integrate with them. We will have an environment that is flexible and enables us to take the opportunities where we find them.

We will build our communities' trust in us through effective community interventions. We will work with professional bodies of practitioners, thinkers, theorists, researchers, and communities who are working towards health and wellbeing, to use their expertise and diverse knowledge and skills.

WHAT ARE THE PRIORITIES FOR THIS STRATEGIC IMPERATIVE?

- Incorporate te Tiriti o Waitangi in everything we do
- Authentic collaboration with partner agencies and communities
- Focus on effective community interventions using community development and prevention strategies
- Work towards integration between health and social care services

implementing

THE PRIORITIES

1. Incorporate Te Tiriti o Waitangi in everything we do

WHAT DO WE MEAN?

This involves health and care agencies working together with Māori towards the mutual aim of improving health outcomes and achieving health equity for Māori.

WHY DOES THIS MATTER?

Waikato DHB values the importance of te Tiriti o Waitangi; the government affirms that Māori hold a unique place as tangata whenua and that te Tiriti o Waitangi is the nation's founding document. To improve Māori health and wellbeing it is vital that te Tiriti o Waitangi is a foundational guide in the health sector. Working with a common guide will set us all on the same page when understanding authentic partnerships. Central to partnerships that incorporate te Tiriti o Waitangi is a shared understanding that health is a 'taonga' (treasure) and we will work to protect it.

WHAT WILL THIS LOOK LIKE?

Acting in good faith as Tiriti o Waitangi partners. Working with an agreed common purpose, interest, and cooperation to achieve positive health outcomes. Not acting in isolation or unilaterally in assessment, decision-making, and planning of health and social care and services. Ensuring the integrity and wellbeing of both partners is preserved.

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2. Authentic collaboration with partner agencies and communities

WHAT DO WE MEAN?

Collaboration is the process where two or more agencies or communities work together towards a shared goal or outcome. Collaboration is the direct opposite of competition. When we collaborate authentically with others, we are working to realise better health and wellbeing for our populations.

WHY DOES THIS MATTER?

The Waikato DHB holds a lot of power and control because we are responsible for delivering and funding for Waikato's health, this, however does not make us the experts in community interventions and we must work with and be inclusive of those who are the experts.

WHAT WILL THIS LOOK LIKE?

There are already some great examples of the Waikato DHB working in collaboration with other agencies to enhance the populations' wellbeing, such as the Peoples Project. These projects work because there is no competition, the approach is person/whanau centered, and the overall aim of the projects is improving health and wellbeing through collaboration between agencies that have different but equally important skills and strengths. Models such as these will be used by others and adapted to suit the projects' requirements.

3. Focus on effective community interventions using community development and prevention strategies

WHAT DO WE MEAN?

Community development is about working with local groups and organisations (who represent people at a local level) towards structural interventions that give communities the opportunity to have greater control and participation in matters that affect their lives. Preventing poor health and wellbeing is always better than trying to cure it.

WHY DOES THIS MATTER?

Community development is about people's active involvement in their health, if we want people to be more responsible for their health then we need to enable a system to allow that to occur. Institutions are a key factor in community development being effective, as they will hold knowledge and power at a policy, funding, and decision-making level. If we fail to get serious about prevention then the recent progress in healthy life expectancies will stall, the unnecessary differences will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend our budgets on reducing the impact of wholly avoidable conditions. If we can work with those who are delivering effective community interventions then we can hopefully enhance the many community interventions and prevention strategies being delivered and create new effective approaches to enhance the health and wellbeing of our population.

WHAT WILL THIS LOOK LIKE?

This is about the community leading with the support of the DHB to achieve health and wellbeing. There are many opportunities for the Waikato DHB to become more involved in the community development approaches occurring throughout the Waikato and this can be done by firstly achieving the priority of authentic collaboration with other agencies. There are examples where this is done very well, such as the public health unit where community development and prevention strategies are core to the work they do. All Waikato DHB staff need to work closer with the public health unit and with the other health and social care agencies in the Waikato.

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4. Work towards integration between health and social care services

WHAT DO WE MEAN?

The Waikato DHB is only one part of delivering effective health services and care. When there is integration between health and social agencies, we become a whole health system.

WHY DOES THIS MATTER?

A whole health system is stronger, more effective, and efficient than any single service. Sharing knowledge and learnings will enhance each other's areas of specialty, which will allow health and social services to deliver care and services that will be relevant and appropriate for our populations in the Waikato.

WHAT WILL THIS LOOK LIKE?

We cannot work in isolation from each other and the Waikato DHB must trust others to deliver services and care when they are the most appropriate and effective provider or agency to do so. We will continue to be active contributors to interagency groups and will lead where appropriate.





DECEMBER 2016

