The thought and creative design of this document has been intentionally aligned to the Bay of Plenty DHB 2015-16 Annual Plan Summary. Midland DHBs acknowledge the creativity of Bay of Plenty DHB and thanks them for their permission to apply this approach more widely.
Midland Region 2017/18 Regional Service Plan

I appreciate the significant work that is involved in preparing the RSP and thank you for your effort. To formalise ongoing accountability and to provide surety, I have approved and signed the 2017/18 Midland Regional Service Plan (RSP).

I understand that your RSP includes a strong focus on the information technology (IT) and health workforce enablers, and that you will be working with the Ministry to progress all your regional IT activities. Your regional workforce activities are aligned to the district health boards (DHB) annual plans, and I expect that alignment between the plans will continue to be strengthened.

I encourage the Midland region DHBs to continue working regionally to support more effective use of clinical and financial resources, while strengthening your focus on my priorities of public provision of health services, improving access to primary care, reducing inequalities and improving mental health services.

Please note that approval of your RSP does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

Please ensure that a copy of this letter is attached to the copies of your signed RSP held by each DHB Board and to all copies that are made available to the public. Thank you again for your leadership and efforts to deliver high quality and equitable health outcomes for your population.

I look forward to working with you in the future.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc  DHB Chairs and Chief Executives in the Midland region
Endorsement by Board Chairs and Chief Executive Officers of Midland District Health Boards

Sally Webb  
Chair

Helen Mason  
Chief Executive

David Scott  
Chair

Jim Green  
Chief Executive

Deryck Shaw  
Chair

Ron Dunham  
Chief Executive

Pauline Lockett  
Chair

Rosemary Clements  
Chief Executive

Sally Webb  
Acting Chair

Derek Wright  
Interim Chief Executive
Introduction

The 2017-20 Regional Services Plan (RSP) continues to focus on the greater achievement of health and wellbeing for the populations served by the Midland DHBs.

He totara wahi rua he kai n ate ahi
A totara split in two is food for the fire (unity is strength)

Our recent highly successful Midland DHB Boards development days provided a wonderful reminder of how much progress we are making on collaboration as a region. Presentations on trauma, cancer, auditing, IT and quality all demonstrated how we are increasingly operating as a single region when we plan services.

The Midland region has the largest Māori population of any region in New Zealand. We cannot significantly improve the health of our population without dramatically improving the health of our Māori population. To do that Māori must be involved at every level of our planning. On top of the work being done with local Iwi by each board, over the last year the region has ensured that the regional Iwi Relationship Board is involved. This collaboration, with Maori being involved in both the decision making and the service delivery across the region, will assist us in the challenge to improve equity of access and outcomes for all Maori.

Nationally, the Ministry of Health’s focus on the New Zealand Health Strategy continues with its five strategic themes of: people-powered; closer to home; value and high performance; one team; and smart-system. These themes have been incorporated into the regional initiatives and activities of Midland’s clinical networks and action groups work plans in 2017-18. The New Zealand Health Strategy is further enhanced by the Ministry’s introduction of system-wide measures in 2016; supporting further quality improvements to deliver better health services and improved patient outcomes.

Improvement plans are being developed by DHBs and PHOs to help keep patients out of hospital, improve patients’ experience, and utilise prevention and early detection to avoid unnecessary or early deaths. These improvement plans are centred on the following nationally developed System Level Measures (SLMs); promoting better understanding and use of health information, engagement with people in the design and delivery of...
health services, and better health investment in models of care based on local population needs:

- Ambulatory Sensitive Hospitalisation (ASH) rates for 0–4-year olds (ie keeping children out of hospital) acute hospital bed days per capita (ie using health resources effectively)
- Patient experience of care (ie person-centred care)
- Amenable mortality rates (ie prevention and early detection)
- Proportion of babies who live in a smoke-free household at six weeks postnatal (ie a healthy start)
- Access to and utilisation of youth appropriate health services (ie youth are healthy, safe and supported).

Each of our Midland DHB annual planning processes incorporates these SLMs, the associated contributory measures, and locally agreed actions. SLMs provide an opportunity for the region's DHBS to work with their communities, and primary and secondary care providers to improve health outcomes of their local populations. Specific activities, baseline and milestone measures (by ethnicity) are contained in individual Midland DHB Annual Plans. The work plans of the Midland region's clinical networks/action groups and regional enablers describe the initiatives and activities to be undertaken in 2017-18; supporting Midland DHBS’ chosen contributory measures.

At a regional level the Midland DHBs Board Chairs and Chief Executives are continuing a journey of co-design with the region’s communities; acknowledging that the wider determinants of health (environment, economy, education, housing, social support, workplaces, transport and recreation) are centrally important to improving the health outcomes of our populations.

Working regionally is challenging and complex, but the Midland region is making considerable progress, and our various boards are now seeing the real benefits of planning our services collaboratively.

Naku iti noa, na

Pauline Lockett
Chair, Midland Region Governance Group (DHB Board Chairs)
Our Vision
Tā Mātou Moemoea
All New Zealanders live well, stay well, get well.

NZ Health Strategy 2016
Strategic Themes

This Strategy places particular emphasis on integration, which is critically dependent on a team approach.

Particular examples of integration in the health system include:

- Integrated care for a disease condition or population that improves an individual person’s journey (for example, a diabetes pathway)
- Integrated health services that combine different services under one roof (for example, provision of Well Child / Tamariki Ora checks at the same location as ultrasound scans)
- Coordination with initiatives in other sectors (for example, the Healthy Homes Initiatives)
- Vertical integration and service planning that make the right facilities available in the right coverage areas (for example, access to specialists from remote locations, or sharing equipment across hospitals)
Health links with the wider environment

Pae Ora (Healthy Futures)

REFRESHED GUIDING PRINCIPLES FOR THE SYSTEM

1. The best health and wellbeing possible for all New Zealanders throughout their lives
2. An improvement in health status of those currently disadvantaged
3. Collaborative health promotion and disease and injury prevention by all sectors
4. Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi
5. Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
6. A high-performing system in which people have confidence
7. Active partnership with people and communities at all levels
8. Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing

Investment approach

Information and knowledge
Planning and collaborative working
Action and a high performing system
Long term gain and evaluation
Our Strategic Outcomes

1. Improve the health of the Midland populations

Health and wellbeing is everyone’s responsibility. Individuals and family and whānau are to actively manage their health and wellbeing; employers and local and central body regulators and policymakers are expected to provide a safe and healthy environment that communities can live within.

2. Eliminate health inequalities

The New Zealand health service has made good progress over the past 75 years. However, an ongoing challenge is to reduce ethnic inequalities in health outcomes for populations, particularly Māori and Pacific peoples. As a key focus Midland DHBs will work to eliminate health inequalities in its populations.

A core function of DHBs is to plan the strategic direction for health and disability services. This occurs in partnership with key stakeholders and our community (i.e. clinical leaders, iwi, Primary Health Organisations and non-Government organisations) and in collaboration with other DHBs and the Ministry of Health. Eliminating health inequalities is the goal.

EQUALITY VERSUS EQUITY

- In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.
- In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.
- In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.
The New Zealand Triple Aim Framework underpins the region’s activities. The Triple Aim means:

- Health equity for Māori
- Integrate across continuums of care
- Improve quality across all regional services
- Build the workforce
- Improve clinical information systems
- Efficiently allocate public health system resources

The three objectives, applied in a consistent manner to quality improvement initiatives, challenge us to ensure all New Zealanders receive the best health and disability care within available resources.

Our Health Targets

- **Shorter stays in Emergency Departments**: 95% of patients will be admitted, discharged or transferred from an Emergency Department within six hours.

- **Improved access to Elective Surgery**: The volume of elective surgery will be increased an average of 4,000 discharges per year.

- **Faster Cancer Treatment**: 90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks.

- **Increased Immunisation**: 95% of infants will have their primary course of immunisation (6 weeks, 3 months and 5 months) on time.

- **Better help for Smokers to Quit**: 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

- **Raising Healthy Kids**: By December 2017, 95 percent of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.
Our six regional objectives

About us

The Midland region covers an area of 56,728 km², or 21% of New Zealand’s land mass.

Stretches from Cape Egmont in the West to East Cape and is located in the middle of the North Island.

Five District Health Boards: Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki, and Waikato.

Includes major population centres of Tauranga, Rotorua, Gisborne, New Plymouth and Hamilton.

920,825 people (2017/18 population projections), including 236,830 Māori (26%) and 43 local iwi groups.

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### Midland region Iwi

#### Bay of Plenty DHB

Ngāi Te Rangi, Ngāti Ranginui, Te Whānau ā Te Ēhutu, Ngāti Rangitahi, Te Whānau ā Apanui, Ngāti Awa, Tūhoe, Ngāti Mākino, Ngāti Whakaue ki Maketū, Ngāti Manawa, Ngāti Whare, Waitahā, Tapuika, Whakatōhea, Ngāti Pūkenga, Ngāi Tai, Ngāti Whakahemo, Tūwharetoa ki Kawerau

- **Māori population of DHB region:** 25%

#### Hauora Tairāwhiti

Ngāti Porou, Ngāti Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki, Ngāti Kahungunu, Ngā Arika Kaiputahi, Te Aitanga-a-Hauiti

- **Māori population of DHB region:** 51%

#### Lakes DHB

Te Arawa, Ngāti Tuwharetoa, Ngāti Kahungunu ki Wairarapa

- **Māori population of DHB region:** 35%

#### Taranaki DHB

Ngāti Tama, Ngāti Mutunga, Te Atiawa, Ngāti Maru, Taranaki, Ngaruahinerangi, Ngāti Ruanui, Ngā Rauru

- **Māori population of DHB region:** 19%

#### Waikato DHB

Hauraki, Ngāti Maniapoto, Ngāti Raukawa, Waikato, Tuwharetoa, Whanganui, Maata Waka

- **Māori population of DHB region:** 23%
Midland DHB populations

Projected change to Midland total population from 2017/18 to 2037/38

Source: Statistics NZ: Projected Population Tables (released Nov 2016)

Projected change in population distribution from 2017/18 to 2037/38

2017/18 Midland Total Projected Population by four main ethnicities

2037/38 Midland Total Projected Population by four main ethnicities

Source: Statistics NZ: Projected Population Tables (released Nov 2016)
33 Babies were born
(LAST YEAR: 33)

19 People died
(LAST YEAR: 18)

824 Emergency Department Presentations
(LAST YEAR: 788)

103 Patients received their elective surgery discharges
(LAST YEAR: 106)

379 Patients addressed Acute Inpatient Needs
(LAST YEAR: 441)

33 Babies were born
Every day in the region
2015/16

Notes
1 Births and deaths: 2015/16 result is 2014/15 average and last year result is 2013/14 average from Statistics NZ. 2015/16 data available in March 2017. Births and deaths data recorded by regional council groups, not by DHB.
2 Data sourced from DHBs’ 2015/16 Electives Initiatives Report - surgical discharges are defined as discharges from a surgical purchase unit (PUC) including Intraocular Injections and Skin Lesions reported to NMDS, or discharges with a surgical DRG.
3 Data sourced from DHB Annual Reports or directly from DHBs.