TE WAIORA Nelson Marlborough Health

FROM GOOD TO GREAT

Health for Tomorrow
A Strategy for the Future of Nelson Marlborough Health

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Foreword

We are pleased to present Nelson Marlborough Health's vision of health in the future – Health for Tomorrow – and our plan to deliver the health and care services that will be needed by the people of our community.

Health and care services have significantly changed, particularly since the early 2000s when District Health Boards and Primary Health Organisations were established. We know health and care will continue to change over time, and we need to do things differently to reflect these changes.

We also need to address inequity in health outcomes for the people in our community, and lift our health system performance from good to great. We believe the people in our community deserve the best possible health care, and Health for Tomorrow will help us achieve that goal, and ensure we are ready and responsive to future changes.

Naku noa.

Jenny Black

Chair

Nelson Marlborough Health

Peter Bramley

Acting Chief Executive

Nelson Marlborough Health

Executive Summary

Health for Tomorrow outlines how we will provide health and care services in the Nelson Marlborough region to deliver our vision of healthy families. Health for Tomorrow sets out our view of the Nelson Marlborough health system in the future, and the approach we will take to plan and deliver the health and care services we will need.

Like all health and care systems across the world we are facing challenges. The world of health is changing, and we need to do things differently to reflect these changes, and to address inequity in health outcomes for the people in our community. We also intend to deliver:

- Improved quality, safety and experience of care
- Improved health, independence, participation and equity for all populations
- Best value for public health system resources.

To deliver the plan and achieve our vision needs a staged approach. Our plan has actions for the short term (now until 2018), medium term (2019-2025) and long term (2026 and beyond). Our action themes are:

- ***Building and supporting healthy communities:*** We will work with others for an environment that encourages activity and good health
- ***Delivering programmes of integrated care***: We will provide a consistent experience across the network of services to meet people's health and care needs
- ***System-wide facility and infrastructure planning***: We will provide modern and sustainable community and hospital services
- ***System-wide workforce planning***: We will have a workforce with the right mix of skills, knowledge and experience
- ***System-wide information technology***: We will deliver connected information systems with people at the centre
- ***Robust and shared Quality and Safety processes – coordinated clinical governance across the system***: We will work across all settings of care to provide safe and consistent services and achieve quality individual and population health outcomes
- ***Focus on measures that shine a light on quality and safety***: We will measure to ensure all health and care services are safe and of the highest quality.

We are confident that the actions within the Health for Tomorrow plan will achieve our goal to provide the best possible health care for the people of our community, and ensure we are ready and responsive to future changes.

What is Health for Tomorrow?

Health for Tomorrow outlines how we will provide health and care services in the Nelson Marlborough region to deliver our vision of healthy families.

Health for Tomorrow sets out our view of the Nelson Marlborough health system in the future, and the approach we will take to plan and deliver the health and care services we will need. We know health and care will continue to change over time. Health for Tomorrow will help us be ready and responsive to those changes.

Background

In 2008, the Chair and Board members of Nelson Marlborough District Health Board asked: *"How do we meet the opportunities and challenges in a rapidly changing world to ensure that the people of Nelson, Tasman and Marlborough are healthy and have access to the type of health services they need?"*

This question was asked of clinicians, managers, senior executive and community members. Their answers formed the basis for the first version of the Board's strategic vision, then called Health 2030. That vision describes:

- How we identify and respond to the key challenges the Nelson Marlborough health and care services will face in the future.
- How people will experience health and care services.
- A clear set of actions that will build a health and care service that meets the needs of the population.

Health 2030 was revisited in 2012, and again in 2014, to make sure our long term vision responds to new developments and challenges in health.

At each review we have re-affirmed that our original intention and vision of health service providers joining together to solve problems, in partnership with the local communities, is the right approach.

In 2012, the plan was revised to include an increased emphasis on being and staying healthy, being responsive to changes in technological advances in medicine, and active leadership of change by clinicians.

In 2016 the plan is being revised to ensure it remains current as further detail emerges from the 2015 *Health Needs Assessment* and *Health Services Plan*.

We want our plans to reflect that healthcare is ever-changing and as such we are renaming our strategic direction to ***Health for Tomorrow***, to better reflect the changing nature of health and care as we go forward.

Setting the scene

What are the challenges that Health for Tomorrow needs to address?

Like all health and care systems across the world we are facing challenges. The world of health is changing, and we need to do things differently to reflect these changes, and to address inequity in health outcomes for the people in our community.

1. **Increases in chronic health diseases and long-term conditions** means that the costs of health and care will continue to rise, particularly for the growing number of older people in Nelson Marlborough who have more complex health needs.

2. **Our communities' expectations** of health and care services are increasing. We will need to make the tough health and care decisions with the people of our community, such as travelling within Nelson Marlborough when specialist care is required, and how to address health inequities through care allocation decisions.

3. **Increasing ethnic diversity** and a variety of family/whanau structures impacts on the health needs of people, and will influence how we plan and provide future services.

4. **Multiple health and care service providers and health professions** mean that bringing services together for people is a challenge. We need to ensure care and support services are fully integrated by changing to new multidisciplinary ways of working with all health provider, local and government agencies, and consumer groups included.

5. **Our ageing health workforce** means we need to plan for winding down options and to open up training and recruitment solutions that could quickly replace people to keep their knowledge. At the same time we need to develop culturally competent personnel to work differently and deliver new models of care.

6. **Promoting wellness and the prevention of disease** is increasing in importance. We need to think much more long-term about population health benefits which may not be so easy to see in the shorter term.

7. **Medical technology and clinical best practice is continuing to advance at a rapid pace**. We need to balance the pace with which we adopt these changes against the population health benefits, value for money, and our "whole of person, whole of system" approach.

8. **Our model encourages self responsibility**, and recognises the value of people, families and communities in taking care of their health. Our challenge is how we support people to take responsibility for staying healthy, reducing the risks of disease and identifying problems early and seeking help.

9. **We need to get the best value for people and for the system** from all available resources, health or otherwise. Government spending on health is constrained as a result of the taxpayer's willingness to support the increasing costs of health care. This means government spending will not keep pace with the increased expectations of our community. We need to be able to measure and demonstrate that we are investing in services that are delivering the health and quality improvements our population needs, and will achieve the best health outcomes for the people of our community.

Health for Tomorrow – Our Goals

National goals

We are committed to deliver the government ambition that "New Zealanders live longer, healthier and more independent lives". Similarly we intend to deliver:

- Improved quality, safety and experience of care
- Improved health, independence, participation and equity for all populations
- Best value for public health system resources.

Nelson Marlborough Health Goals

Nelson Marlborough Health has 3 over-arching goals for the local population.

Improved health, independence, participation and equity

We will foster good health through supporting our communities to develop ownership and responsibility for their health. It means we will work with our communities to make sure we support individual choices and support behaviour change. We will also involve our community in making decisions about allocation of services to address health inequity.

Improved quality, safety and experience of care

We are committed to ensuring we provide safe, quality care that delivers the right balance of hospital and community services using an integrated, multi-agency approach.

Best value of public system health resources

We must make the best use of public resources in delivering health and care services. Our trained and competent workforce will include all health workers, informal caregivers and volunteers. It is our workforce who will enable us to flexibly respond to the future. We will also develop and maintain the right infrastructure to address the changing needs of our population.

Health for Tomorrow Model - Our approach

The following principles underpin our model.

Wellness based

We will maintain wellness by creating healthy and safe environments, by working with our communities to improve health literacy so the people of our community know what it means to be healthy and what to do for themselves and their families to stay healthy. When people experience ill-health we will work to return them to health and make sure they know who can support them to stay in good health.

People-centred

People and their whanau/families are at the heart of Health for Tomorrow. Around them and with them, we will continue to build community and hospital systems that will support health professionals to work together across settings of care to provide the best care for the individual and the population. We are committed to supporting people to manage their own health and well-being.

When people need health and care services, they will be seen by the right person and in the right setting, first time. General practice providers, pharmacies, health centres, hospitals, aged care, mental health and Maori providers will be a single networked system. We will work to keep services close to our communities, and make it easy to work with other services to help the people of Nelson Marlborough access appropriate health and care services when needed.

Clinically led and governed

We will continue to strengthen and grow systems of care that are:

- led by clinicians;
- supported by managers; and
- Have strong clinical governance to ensure quality and safety.

Clinically led services are designed to provide timely and accurate information that supports decision-making and delivers performance that is measureable and sustainable.

Integrating care and services across the whole of system

People will experience seamless care of the highest quality. Services will work together and communicate effectively. Services will be inter-connected to fill gaps and remove duplication in health service care and delivery.

We will deliver a consistent care experience across the network of services, across health conditions, across levels of care, and throughout a person's life.

Whānau Ora and reducing inequalities

We believe it is important for whanau to plan and manage their own health. This will include "*wairua* (spirituality), *te ao Maori* (the Maori way of living in the world), *tikanga* (Maori customs and protocols), self-determination, and economic and social factors."[i] We will work with people and their families to determine and decide what services are needed and how they are provided to ensure equity of access and best health outcomes.

Financially sustainable

Health services need to be financially sustainable. We are committed to investing where the local health needs are. To achieve this we will regularly review services to identify new or existing services to invest in, and current services that are no longer appropriate.

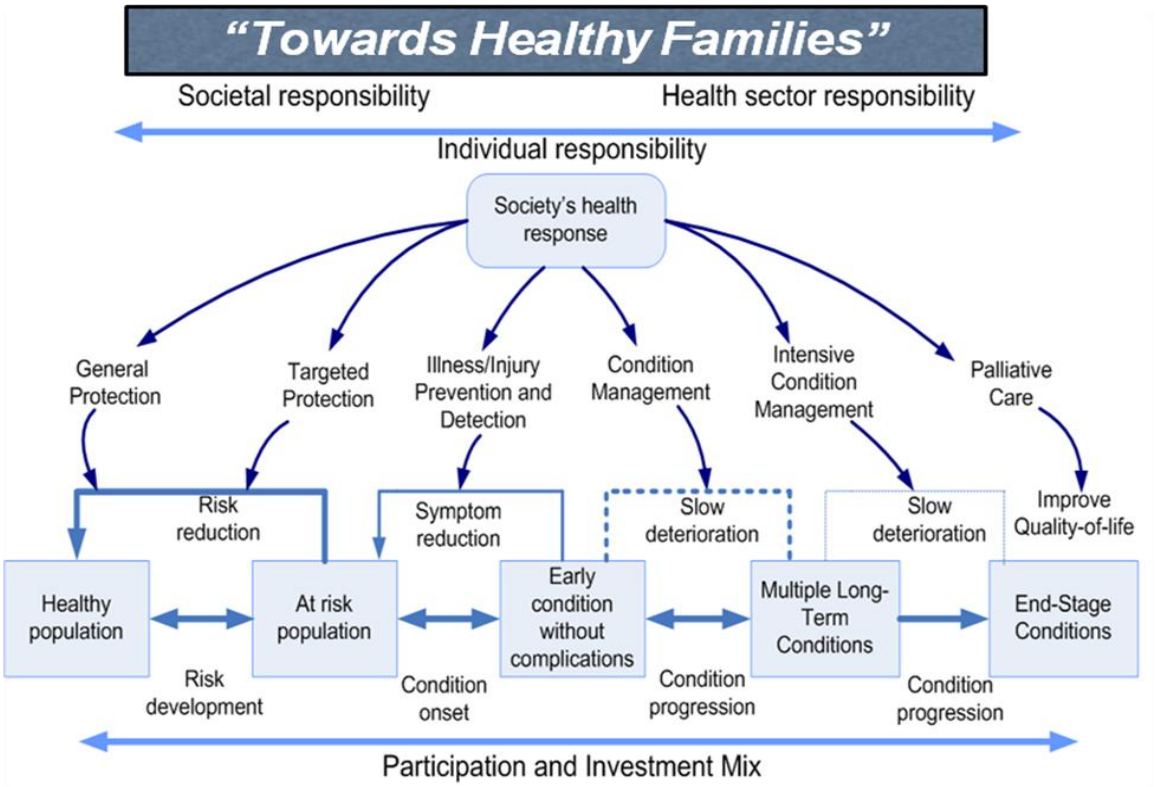
Working in partnership

We will partner with our communities and get their input into our plans. We will work collaboratively "outside" of the health sector to address some of the broader issues that affect health, such as the environment, housing, income and education.

Health for Tomorrow – Our Framework

Built on the principle of supporting people to live independently and live long and healthy lives, the Health for Tomorrow framework describes how we think about the health of our population across their lifetime. It addresses:

- how we work together to build healthy families and communities and keep people healthy
- how we work with people to reduce the risks of experiencing illness in the future
- how we will identify when people are experiencing ill-health as early as possible through access to timely assessment and diagnosis
- how we will respond quickly with people who start to experience ill-health to return them to good health
- how we work together to slow down the rate at which people's health gets worse
- How we will ensure quality at the end of life.



This framework identifies five groups within our population:

- **Being Healthy** (Healthy population)
  The focus for this group is about individuals, families and communities taking responsibility for being healthy. It includes addressing factors that affect health, such as housing, income and a healthy environment.

- **Keeping Well** (At risk population)
  The focus for this group is taking action to remain well by reducing their exposure to health risks that could impact later in life.

- **Returning to health** (Early condition without complications)
  This covers those people who are experiencing a health condition that requires support from health and care services to return to good health.

- **Living well with illness and disability** (Multiple Long-term Conditions)
  This covers people with multiple health conditions that require support and services to maintain health and independence, and to slow down the deterioration of their health.

- **End of life and dying with dignity** (End-stage conditions)
  This covers people with life-limiting conditions who need support to ensure a quality end of life. This includes a dignified death in line with their agreed advanced care plan.

We also recognise that within each of these population groups there are people who do not have the same access to being healthy and health and care services. We will reduce this imbalance by specifically planning and delivering services to meet the needs of disadvantaged people and achieve equitable health outcomes for the people of our community.

Health for Tomorrow – Our Model

People are at the centre of our health care model for the future. People and their families/whanau and communities will be our partners in achieving improved health outcomes for all. We recognise that being healthy requires us to influence factors outside health and we must work with other government agencies.

Services will be designed around people so they receive the right treatment when they are ill or injured. These services will be located as close to home as possible. Services will be coordinated across organisations and professions to deliver a single care experience that supports people at all stages of their life.

We will work to address disparities in health outcomes, particularly for Maori and our vulnerable populations.

Our future service delivery is built on:

- a clear vision and direction for health and care services in the Nelson Marlborough region to meet the needs of the population
- an agreed set of values to drive the delivery of future services
- strong evidence of population health need and what is most effective and works best
- alignment with district, regional and national strategic direction and capacity
- Affordability within the funding provided by Government through 'Vote: Health'.

The assumptions used to build our model can be found in Appendix A at the end of this document. The following graphic shows a high level view of how our interconnected system will deliver a community based approach, supported by integrated services working to deliver the services our population needs now and in the future.

What have we done so far?

We are already working to change the way we provide health and care services in the Nelson Marlborough region. Some of the high level achievements are:

- ***Created a solid financial position for the future***. We reviewed how we work and found there were opportunities to work smarter (efficiencies), and activities we could reduce or stop doing (disinvestment). We also invested money in actions that will save us money in the future. Having completed the review, we are now "living within our means", and this allows the Board to commit to invest in the future.

- ***Worked collaboratively through our regional health alliance***. Through our involvement in the South Island Alliance we are working with other District Health Boards to develop shared solutions to common challenges. We actively participate in the Southern Cancer Network, the South Island Regional Training Hub and Service Level Alliances.

- ***Established an alliance across local health organisations – ToSHA***. Nelson Marlborough Health, the two local Primary Health Organisations, Kimi Hauroa Wairau and Nelson Bays Primary Health, and Te Piki Oranga, joined forces to set up the Top of the South Health Alliance/Te Tau Ihu o Te Waka a Maui Health Alliance (ToSHA). The alliance "work effectively together, utilising our combined resources to jointly solve problems, develop innovations in health care delivery to meet the health sector challenges and achieve improved health outcomes for the people of Nelson Marlborough"[ii].

- ***Improved access to services by co-locating primary and secondary care services***. Working with the two local Primary Health Organisations again, Kimi Hauroa Wairau and Nelson Bays Primary Health, we established community health hubs in Richmond (Nelson) and Blenheim. This allows us to move services from the hospital (secondary care) to the community (primary care). Services are closer to home for the people of our community, and can be provided more cost effectively outside the hospital.

- ***Set up Programmes of Integrated Care***. We have started to create easier access to services by having services provided in the community through primary care, and coordinating care journeys from the community to the hospital. An example is the Rheumatology service that used to be in Nelson hospital, and is now based at the Richmond Health Hub.

- ***Established Information Technology platforms to support integration of care***. We have implemented electronic rather than paper referrals from primary care to secondary care, and we are currently working on implementing the South Island regional Patient Information Care System (PICS).

- ***Adopted a "one service, two sites' model for hospital services.*** Following an independent review, we worked on making sure everyone in the Nelson Marlborough region had equal access to hospital care no matter where they lived. Our "One service, Two sites" approach means we will have a single waiting list for each service, rather than a Nelson Hospital waiting list and a Wairau hospital waiting list. It also means the people of our community and our staff may need to travel between hospitals for timely care by the right person.

Looking forward – What can we expect in the future

This section describes how health and health services will be experienced in the future by the people, families and communities of Nelson Marlborough in each of our population need groups.

Being Healthy

To support you, your family and community to be well and stay well:

- You and your whanau are at the centre of care.
- You take greater responsibility for maintaining your good health, and understand what is required to stay healthy as a result of your increased health literacy.
- You have access to fresh air, safe water and good food.
- Your home and your community are designed and to help you stay active and well. You live in a warm and dry home, and within your community there are well-designed spaces for you to live, work and play.

Services

Your care is delivered by a team of health and care professionals who work together to offer you a full range of affordable services. The team will support you to get physically active, stop or reduce smoking, take action to prevent disease through immunisation, and provide you with access to screening for possible conditions as needed.

Keeping Well

To support you to reduce your risk of developing health problems as you age:

- You are able to live independently in your own home and your community for as long as possible.
- You have a say in important health decisions that impact on your life, so that you and your family are able to manage your health and life's challenges.
- You have access to advice, assistance and care that is shaped around your needs.
- You will use technology to manage your own care, and get the answers and the care you need.
- You will receive services that meet your needs and fit with your culture.
- You will use tools and support staff to improve how you manage your own health and wellbeing.

Returning to health

To support you, your family and community to return to health:

- You will have access to the health and support services you need close to where you live – in your community. This is through your enrolment with your General Practice provider which works with other providers through an 'integrated family health service'.

- You direct your own care in partnership with your chosen community care provider. You might choose your GP provider, Nurse Practitioner, Maori health provider or other health care provider to be your community care provider.
- You have confidence that the local health system is there if and when needed.
- Doctors and nurses working in hospitals act as expert advisors to your GP, nurse practitioner, and midwife as part of the one team who work both in the hospital and community.
- Your urgent after-hours care includes mobile services and facilities that support you quickly and effectively in an emergency.
- When you are an older person you are an 'active, valued and celebrated' member of your community.

Services

- General Practitioners, Nurse Practitioners, practice nurses and 'physician assistants' who have expertise in delivering care such as minor surgery, diabetes management, rehabilitation, care for mental illness, long-term conditions management and palliative support, all coordinated through a care package designed to meet your needs.
- One Service, Two Sites means that hospitals act as centres of innovation and learning. Specialist and sub-specialist care is distributed across regions but connected through protocols, technology, training and collegial support.
- You and others living in the communities of Nelson and Marlborough continue to access acute care through distributed 'centres of excellence'. These hospitals provide a range of care that, in some cases, mean you may not need to travel to receive care.

Managing illness and disability

To support you, your family and community to manage your health:

- You will have access to 'rapid access' teams with the full range of skills and competencies you may need.
- You will experience continuity of care management through specialist multi-disciplinary outreach and mobile teams that work across all complex and multiple long-term conditions. You will have easy access to regional specialist networks connected to your local district hubs through your General Practice provider.
- You will have a single health record and will be able to give electronic access to people providing your care.
- Your access to specialist care will be managed through your community health care team. Your community care team will work with a range of service providers including a workforce of service users, support staff and professionals who are all well supported by best practice education and supervision, and a shared care record.

- You have access to appropriate facilities. This could be in your own home with access to home-based technologies such as internet-based real-time consultations.
- You will have access to services that keep you well so you don't need hospital care, as well as services to help you recover after you have had hospital care (rehabilitation, convalescent and supportive care).
- You will be able to make and manage any health and care appointments you require through on-line systems.
- You have a specialist coordinator who ensures you can access the services you need to get well and stay well.
- You and others experiencing adverse mental health live in your choice of accommodation, have greater support to access employment and education, decreased use of benefits and grants and fewer presentations to public services including healthcare. Acute mental health services are based in your community, with integrated generalist and specialist support.

Services

- Living in your own home, a range of services are available to enable you to remain independent and to be an active member of your community. The older people's community has been mobilised to provide support to you and other older people like you to meet your needs.

Last years of life and dying with dignity

To support you in the last years of life and allow you to die with dignity in line with your own wishes;

- You will have access to integrated psychosocial support services from a variety of service providers who will support you to stay at home longer.
- You can access respite and palliative care for a broad range of long-term advanced and end-stage conditions.
- You will manage your own end of life care at home with appropriate support. This includes access to technology and IT support that monitors you in your home allowing you to remain at home for longer.

Services

- Community-based care and respite homes operate a wellness model of care. These homes are focused on supporting those older members of your community who can no longer manage activities of daily living and be safely supported in their own homes by mobile care assistants.

Health for Tomorrow – Actions

Health and care services are very important for our community. These services are complex, and we need to work in partnership with the people of our community and providers to make our health system work well without waste, so we get the best health outcomes for the people of our community, and the best value for money.

To deliver the plan we need the right combination of facilities, and we need to grow a skilled, trained and safe workforce.

To deliver the plan and achieve our vision - a whole of person, whole of whanau, whole of system approach – needs a staged approach. Our action plan has three stages – short term (now until 2018), medium term (2019-2025) and long term (2026 and beyond).

Building and supporting healthy communities

We will work with others for an environment that encourages activity and good health.

In the next 3 years (Now-2018)	In 4 - 9 years (2019-25)	In 10 years & beyond (2026 +)
• Partner with other organisations to provide community wellness programmes (get healthy and stay healthy) • Refresh our Health Needs Assessment so we understand what our community needs to inform service planning • Develop an obesity and nutrition strategy • Take action to reduce inequalities in health outcomes and access to services for Maori, Pacific, refugee communities, people living with disabilities • Implement the Nelson Marlborough Alcohol Harm Reduction Strategy • Support the continued roll-out of the Sugar-Free beverages programme, and other initiatives that reduce disease risks in the population • Continue to develop and deliver health literacy programmes • Take a lead in delivering fluoridation	• Contract with communities and providers to link funding with health outcomes • Involve communities in decision making about health spending • Develop partnerships with consumers on the design of health and care services • Continue to provide programmes that advance population health improvement • Achieve our Smoke-free targets • Partner with other organisations to provide homes that are warm and dry • Partner with other organisations to ensure our community has well designed spaces to encourage activity and supports good health • Make it obvious “where to go” to receive your care for your specific need • Embed a Whanau Ora approach to service delivery • Implement our obesity and nutrition strategy	• Support people to make good health choices through increased health information and understanding (health literacy) • Deliver improved health outcomes for all our population through targeted investment and care allocation decisions • Partner with other organisations to remove health equalities by improving access to quality housing, increased exercise and improved nutrition.

Delivering programmes of integrated care

We will provide a consistent experience across the network of services to meet people's health and care needs.

In the next 3 years (Now-2018)	In 4 - 9 years (2019-25)	In 10 years & beyond (2026 +)
• Deliver Maternity, Child and Youth integration project • Develop 'rapid access' teams within the community, and case management to deliver care coordination • Support delivery of a national Health of Older People Strategy to care for our ageing population • Progress ToSHA programmes that will transform services across the life span • Develop our mental health services so those who live outside main population areas have the same level of access • Embed electronic referrals to reduce duplication of processes and resources • Work with partners to allow easy entry to health and care services • Align Disability Support Services planning with service planning • Develop a Long-term Conditions Framework • Develop a robust primary and community care strategy with our PHO partners	• Bring mental and physical health services together for a holistic approach to health • Align the primary and secondary care mental health workforce • Develop a framework for working in partnership with people, families and communities to design health services • Review and develop Health Pathways that will deliver integrated services across settings of care • Maximize the use of InterRAI capability in planning for both care and workforce demands • Improve health care for vulnerable children by working collaboratively with other sectors • Build better working relationships between education and school nursing • Have IT solutions that allow self-booking of appointments, surgery and respite care	• Deliver service choice based on overall condition and personal preferences • Make the best use of the workforce across the health system, with access to the appropriate clinical equipment, information services and facilities so they can provide safe, quality care • Progress towards equitable health outcomes as a result of making tough health and care allocations decisions with the people of our community

System-wide facility and infrastructure planning

We will provide modern and sustainable community and hospital services.

In the next 3 years (2015-2018)	In 4 - 9 years (2019-25)	In 10 years & beyond (2026 +)
• Develop a Nelson Marlborough Health System Facilities plan, including Community Health Hubs, and the location of general practice and community pharmacy • Gain consumer input into infrastructure planning • Develop a Community Health Hub model with co-location of DHB and PHO staff and services • Review current input and output of service provision with a view to providing traditional hospital outpatient services in new ways • Continue to move services from the hospital (secondary care) to the community (primary care) so they are delivered closer to home and are cost-effective	• Develop and implement new ways of delivering services • Redevelop the Nelson Hospital site to support new ways of providing health and care services and better meet the needs of the community • Ensure we have the right configuration of facilities to support the delivery of integrated care • Evaluate and consider the use of public/private partnerships in the facilities development process	• Technology, facilities and equipment are fully utilised and not duplicated

System-wide workforce planning

We will have a workforce with the right mix of skills, knowledge and experience.

In the next 3 years (2015-2018)	In 4 - 9 years (2019-25)	In 10 years & beyond (2026 +)
• Implement the recommendations of the Top of the South Review to ensure the development of the medical and nursing workforce • Continue to work locally and aligned with the South Island Regional Training Hub • Develop a Primary and Community Health Strategy that includes workforce • Establish a Health Learning Centre that will support the development of a fit for purpose workforce and support consumers to become partners in their care • Strengthen diversity of the workforce and representation of Maori, Pacific and migrant populations • Identify, create and share, training and development opportunities for both our skilled and unskilled workforce • Develop and provide leadership programmes for our leaders of tomorrow • Develop initiatives that recognise our volunteer workforce sector • Carry out a Nelson Marlborough Health staff engagement survey and implement changes as required	• Deliver our Nelson Marlborough Health Workforce Plan • Improve recruitment and retention of the local health and care workforce • Continue to implement the Primary and Community Health Strategy including workforce initiatives • Incorporate volunteers in workforce development to recognise the value of volunteers and carers in delivering health and care services • Develop and implement support and health care provider roles • Ensure community carers are enabled to support the use of health technology in the home • Develop succession plans; Implement initiatives to retrain older and experienced people for health careers • Continue to implement initiatives that will improve staff engagement and our organisational culture	• Continue to develop a skilled and flexible workforce that provides evidence based care • Continue to develop a supportive and inclusive workforce culture that motivates and retains existing staff, and attracts new talent to health careers in our region

System-wide information technology

We will deliver connected information systems with people at the centre.

In the next 3 years (2015-2018)	In 4 - 9 years (2019-25)	In 10 years & beyond (2026 +)
• Start implementation of the 'Paper-Lite & Digital Health Strategy', including implementation of a South Island regional Patient Administration System (PICS) and clinical workstation (Health Connect South) • Leverage regional systems to deliver local paper-lite outcomes, such as electronic referral management, laboratory sign-off, radiology ordering and sign-off, early warning scoring and bedside tools, and pharmacy initiatives • Start to replace paper medical charts by scanning paper-based information into the electronic health record (Health Connect South) • Support clinical care in the community with remote access to electronic health records, such as District Nurses using tablets to update health information during home visits • Enable General Practitioners, Pharmacists and Hospital Clinicians to have access to health information in each other's systems using HealthOne • Explore product opportunities for electronic workflows • Explore opportunities to collaborate nationally for New Zealand health software solutions.	• Patient portals to increase people's access to their own health information and support partnerships with their health and care providers are well established • Models of care allow more patients to manage their own conditions in the home, and for key information to be transmitted wirelessly from wearable and other devices to the patient's record, with results proactively managed by clinicians • Models of care fully embrace the potential of Tele-Health, with interactive technology used for clinical assessments and health consultations, particularly for patients in rural and remote parts of the district • Digital solutions are included as part of the Hospital redevelopment, such as touch screen terminals for pre-admission • eMedicine initiatives provide electronic medicine workflows from prescribing to dispensing and reconciliation	• People in the community are able to share their health information with all members of their broader 'health care team' as needed • Community (primary) and hospital (secondary) services have access to single electronic health records for patients, and are able to read and write shared information to provide safe, quality and timely health and care services • Patient information is captured at source, without paper interactions • Hospital based services are supported by appropriate electronic workflows • Health IT software vendors collaborate to build national high-functioning products based on a single data set.

Robust and shared Quality and Safety processes – coordinated clinical governance across the system

We will work across all settings of care to provide safe and consistent services and achieve quality individual and population health outcomes.

In the next 3 years (2015-2018)	In 4 - 9 years (2019-25)	In 10 years & beyond (2026 +)
• Embed clinical governance across all levels of the health and care system so that it becomes business as usual • Develop and update shared policies, procedures and protocols to support consistent service delivery • Develop systems of measurement that assess the "best for person, best for system" approach, and ensure future financial viability • Expand the Top of the South Health Alliance to include partnership with mental health and addiction services • Adopt a system-wide model for improvement • Align the Clinical Governance Groups of the ToSHA partners to be more cohesive	• Develop a framework to assess how our we are delivering services across our health system – make it easy to see • Ensure clinical participation in decision making • Implement a shared measurement system that reflects how each element of our health system contributes to our goals • Work with people, families and communities to develop and deliver measurement that reflects their experience of care	• Achieve safe, quality care that is closer to home, equitable, and meets the needs of our community • Nelson Marlborough health is a single system with aligned goals and common objectives • Continuous improvement, ongoing learning, service development and collaborative working are 'the way we do things around here'.

Focus on measures that shine a light on quality and safety

We will measure to ensure all health and care services are safe and of the highest quality.

In the next 3 years (2015-2018)	In 4 - 9 years (2019-25)	In 10 years & beyond (2026 +)
• Roll-out new models of contracting health and care services that are about getting the best health outcomes for the individual, their family/whanau and the population • Ensure data is available to support robust evaluation of services and outcomes • Support the development and delivery of an integrated performance framework building on the national IPIF framework • Refine the Short Interval Control approach to alert us early to problems and initiate swift responses • Front-line health and care staff recognise the value of data and measurement and identify and share opportunities for improvement	• Embed a Framework for measuring and monitoring quality and safety • Continue to apply a prudent approach to managing finances, using established flexible funding programmes and or contracts. • Transfer the learning from successful quality improvement projects quickly to support a process of continuous quality improvement	• Continue to refine a well-developed system of continual learning across the health and care system

Conclusion

To deliver our vision we need to put people at the centre of health care and maintain effective communication, strong clinical and managerial leadership, and work with current and new partners.

We expect that talking to, and planning with, the people of Nelson Marlborough will ensure that our health system remains responsive and readily adaptable to the constant changes in health and healthcare.

We believe the people in our community deserve the best possible health care, and are confident that the actions within our Health for Tomorrow plan will achieve that goal, and ensure we are ready and responsive to future changes.

Appendix A: Health for Tomorrow – Our assumptions

When thinking about the future of our population we have made the following assumptions

- We are correct in our predictions of our local population in the future and are correct about who they will be and what their health needs will be.
- We will have an increasing focus on wellness and disease prevention, as well as needing to respond to illness and the need for treatment.
- We will continue to be publicly funded and provided. The amount of funding for health services will continue to be limited and we will continue to live within our means.
- How services are configured will vary and will continue to change in order to meet the changing needs of our population.
- Change will be constant, as technology and improved models of care continue to evolve.
- Our health and care workforce will see new workforce groups emerge to assist the traditional workforce to support health.
- Government health policies and frameworks will continue to take the same core philosophical position about moving services closer to people in the community.
- We remain committed to delivering quality services.

[i] Kidd J, Gibbons V, Lawrenson R & Johnstone W (2010) A whanau ora approach to health care for Maori *Journal of Primary Health Care* Volume 2 Number 2 p.163

[ii] Top of the South Health Alliance Charter