KO AWATEA

White Paper Series

A Case for Change

Moral Obligation and Pursuit of Quality

Number **one** in a series

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Counties Manukau District Health Board — A Community Partnership

Inspire / Create / Share / Act

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Executive Summary

It is patently evident that there has been fundamental thinking by Counties Manukau District Health Board (CMDHB) about transformational changes which it aspires to effect in the provision and delivery of best in class healthcare services and improved population health for its constituent communities. Progress is being realised and it has set in place Ko Awatea as a Centre of Education, Improvement, and Innovation to assist and inform the District Health Board in its navigating pathways to achieve this transformation.

These are challenging times for all District Health Boards in New Zealand and there is considerable scope for further improvement. This is especially so in a time of economic stringency which may disproportionately affect the more disadvantaged communities that have a greater dependency on welfare benefits and public services. Funding health services has always been a challenge, but with the global financial crisis the situation is even more difficult with expectations of greater productivity but smaller budget increases.

Expectations and demands made of CMDHB are high and increasing. Longevity is not a problem if the elderly population is healthy. However, current trends suggest that needs for health-orientated services are likely to grow as the population ages. New medical and technological advances that further prolong and improve the quality of life are likely to further stress resources. Moreover, economic downturns are known to have their greatest negative effect on the poorest in society. It is very likely that the societal inequalities which are reflected in health inequities will be exacerbated. There is evidence that these inequalities are increasing.

The work to date and the way forward suggested by the paper is not just an academic exercise. Ensuring the future of the services provided by CMDHB is about keeping people as fit and healthy as possible, successfully tackling inequities, alleviating suffering, and bringing comfort, dignity and hope to people when they are at their most vulnerable. There is a danger that we forget, amidst all the discussions and statistics, economies and efficiencies that health services are there for people in distress, in need and in expectation of care and support which meet their needs.

Setting the standard

Overarching principles

A number of themes have been addressed in the full paper which were developed in response to the question: how to establish in Counties Manukau 'world class healthcare' defined as '*healthcare that is best suited to the needs of the communities served by Counties Manukau District Health Board that is as good as, or better than, comparable systems found elsewhere.'* In achieving that aim the paper offers the following fundamental precepts:

1. A system that performs well against the New Zealand Government's clearly stated national objectives for health policy articulated in the paper, 'Better Sooner More Convenient';

2. A care system that is balanced and integrated across all levels and functionally and effectively establishes a localities-based approach;

3. A health system that achieves an excellent level of quality that is as good as or better than that demonstrable in comparable systems elsewhere;

4. The quest for health care that best suits the needs of the constituent communities matched by concurrent efforts to realise a step change in population health, which requires an emphasis on addressing health inequities and social disadvantage;

5. The further development of effective and efficient knowledge management and health intelligence with readily available high quality, pertinent, and comprehensive information and intelligence to analyse, compare, evaluate and develop services;

6. A system that is firmly aligned with the Triple Aim methodology;

7. Recognition that addressing inequalities and improving health outcomes has to be achieved within existing budgets, meaning that prioritisation of health spending is a daily occurrence;

8. A health workforce that is sufficiently trained to recognise and address health inequalities.

What is expected of the Services provided and delivered

People should have confidence, based on routine experience of interactions with health and social services, that:

- Services to meets people's health needs will be seamless and integrated, as if all were provided by a single organisation that knows the problems and co-ordinates each element of the response;
- Services will be available when needed, delivered in a timely fashion and locally (where appropriate) in a high quality environment;
- All care will be safe, of high quality, knowledge informed, evidence based and effective in terms of outcomes, satisfaction, delivery, cost and supported by publically available information;
- Services will be delivered so that the person's experience as a service-user means they feel:
    - respected;
    - treated appropriately;
    - listened to (and responded to); and
    - that their dignity has been preserved;
- People will be empowered to take care of themselves and their children (Whanau) and feel compelled to act responsibly towards their health, wellbeing and healthcare.

Identification of Key Challenges

The key challenges to achieving the 'best in class' are not unique to CMDHB – indeed, they are challenges faced by most health organisations in the developed world. However, the way in which the challenges are addressed will require a tailored and thoughtful response from CMDHB.

The identified challenges include:

- **increased demands** which may be placed on the DHB and, indeed, nationally by the ageing population, pharmaceutical developments and medical and technological advances;
- **high expectations of the public, politicians and many health professionals**, which often assumes there is a medical solution to any problem;
- **financial stringencies** which may well decrease funding in real terms, and could directly affect population health;
- **lack of urgency** within certain constituencies within the organisation itself to explore fully and with urgency, the mechanisms, structures and cultural change that are required in order to achieve the benefits of **innovation, integration and step changes in quality improvement**;
- the need for politicians, healthcare professionals and the public to realise that **the status quo is unsustainable and that change is essential**;
- the moral and economic case to **reduce social inequalities and inequities** to ensure universal access to healthcare and improve the health of people in Counties Manukau; and
- the need to **integrate more effectively** so that there is close alignment of hospital, primary care and community services at the local level**.**

Strengthening the organisation and services offered by CMDHB

The analysis of evidence and findings which has informed this report would imply that CMDHB needs to strengthen further its efforts to:

- Reduce health inequalities and inequities;
- Promote a ‘sea-change’ in public attitudes towards accessing and valuing health and human services and their expectations of these services, by involving the public in the complicated world of planning and prioritising services;
- Drive out waste, harm and variation in the health system, through its continuing pursuit for improved quality and patient safety in healthcare services and integrating primary care and community services at the local level to maximise efficiencies and obtain better value healthcare;
- Ensure effective partnerships in the local community and between them and hospital provided services to promote a general shift in healthcare away from hospitals and into the community. In keeping with which, a focus should be maintained on strengthening public health at the local level;
- Influence its partners and stakeholders to achieve a consensus that will seek solutions to health problems across policy agendas;
- Encourage further, a robust and generic approach to leadership which will greatly facilitate the achievement of the quality agenda, and a recognised status for providing and delivering health services which are as good as, or better than comparable systems elsewhere.

Addressing the challenges

In order to progress the transformational change proposed it is recommended that Counties Manukau District Health Board focus attention on three main areas; **1) building leadership, 2) changing attitudes, beliefs, expectations and behaviours, and 3) implementing an Independent Commentator Panel.**

Building leadership

Progress toward best in class can only be achieved by strong and relentless leadership. Building such leadership capacity would be best undertaken by the early advent of a **Leadership Academy - Health Improvement and Transformational Change** hosted and serviced by Ko Awatea. The Academy would be driven by a framework for action that incorporates a 'whole of system' approach including representation not only from the health sector but also from other sectors known to contribute to the social determinants of health (e.g. education, housing, family services). A **Faculty of Leadership in Health Improvement** and a **Faculty of Innovation and Enterprise** would sit under the Academy and would work towards common outcomes and cross-fertilisation of ideas, concepts, research and best practices stimulating exponential progress to gaining best in class status.

The overarching **Academy** would be the entity which brings the work of the Faculties together, ensures integration and decides the individual strategic directions and objectives of the Faculties themselves as they contribute to the overall 'vision' and strategy of the Academy whose principal purpose is to achieve the 'best in class' status to which CMDHB is committed.

Changing Attitudes, Beliefs, Expectations and Behaviours

The transformation required to achieve the change goal will require significant **cultural change** within the organisation and in the broader community. The initial focus on a case for change among the workforce is essential before change among the other constituencies is addressed. Acceptance of change and its visible manifestation in the organisation and workforce is the *sine qua non* of tackling change in others.

Among the workforce, the **Academy** and it's **Faculties** will be *engines of change* by promoting the concept of change for the better, propagating a corporate approach to culture change, providing and demonstrating by role models, behaviour and examples from elsewhere that different ways of thinking about and tackling the key challenges bring about tangible benefits for staff and the people they serve. An environment which has mainstreamed '**bias for action'** would be nurtured.

It is also proposed that the principles of ***Motivational Interviewing*** are adopted as a policy and strategy to facilitate a successful process of change. Just like 'Health Impact Assessments' are adopted to recognise, assess and comprehensively evaluate impacts on population health which might arise from the introduction of initiatives, projects, developments and major structural and process changes, it is strongly recommended that ***'Impact of Change Assessments'*** are adopted as routine as part of the continuing emphasis to bring about desired change. Thereby, identifying, assessing and documenting beliefs, attitudes and expectations of those who are perceived to be reluctant to the process of change, to permit the devising and adoption of appropriate Motivational Interviewing Models best to bring about the desired change.

It is further recommended that consideration is given by the Executive Team and Board to prepare and issue a ***'Statement of Intent'*** which sets out unambiguously that progress towards 'best in class' status will only be achieved by the organisation and its workforce soundly embracing a set of principles which by their very nature heralds the necessity for progressive change that underpins a 'modus operandi' for achieving that coveted status.

An Independent Commentator Panel

In order to support achievement of 'best in class' status, the establishment of an **Independent Commentator Panel** hosted and serviced by Ko Awatea is strongly recommended. The panel will draw together an authoritative, widely-drawn, expert, eclectic and impartial group of persons as a source of highly informed, relevant opinion and dispassionate counsel for the Board and Executive Team of CMDHB. Its purpose would be robustly to assist the DHB in successfully meeting key challenges, to comment on the progress of current initiatives, and to be a source of advice in the planning, resourcing, design and development of new initiatives. The panel would also network with recognised organisations in New Zealand and with similar international organisations/individuals to obtain other sources of impartial and independent, informed opinion, advice and good practice.

The way forward

In all of the work to come the objective must be consistent, coherent, strongly driven cumulative improvement, with honesty and transparency about what needs to change and how that is being achieved. This will require leadership, innovation, commitment and some sacrifice. **This is no mean task and it will not be accomplished in the winking of an eye nor without dedication and steadfast commitment, brave and strong leadership, some sacrifice and an earnest desire to realise a step-change in the health and wellbeing of the people.**

A Case for Change: Moral Obligation and Pursuit of Quality

Prologue

It is patently evident that there has been fundamental thinking by Counties Manukau District Health Board (CMDHB) about transformational changes which it aspires to effect in the provision and delivery of best in class healthcare services and improved population health for its constituent communities. Progress is being realised and it has set in place Ko Awatea as a Centre of Education, Improvement, and Innovation to assist and inform the District Health Board in navigating pathways to achieve this transformation.

The principles underpinning the future healthcare of the population served by Counties Manukau District Health Board must address a profound moral issue. There is a danger that we forget, amidst all the discussions and statistics, economies and efficiencies, that at the heart of health and disability services are people in distress, in need and in expectation of care and support which meet their needs: the premature child in the cot, the elderly man robbed of his memories by Alzheimer's disease; the thirty-year old diagnosed with cancer, and the older woman waiting for a knee operation. It will require brave leadership, innovation, commitment and some sacrifice to ensure that such people as these continue to receive the best care possible. The objective must be consistent, coherent, strongly driven cumulative improvement, with honesty and transparency about what needs to change and how that is being achieved.

There are essential contributions to be made by healthcare professionals, health service leaders and managers, politicians and, not least, the public: these, at bottom necessitate a cultural change in beliefs, attitudes, expectations and behaviours about the way in which more effective and safe healthcare can be provided and delivered to meet the needs of the communities and the population as a whole. It will be important for Counties Manukau District Health Board to demonstrate that it can deliver health services comparable with the best examples found anywhere in the world.

These are challenging times for all District Health Boards in New Zealand and there is considerable scope for further improvement. This is especially so in a time of economic stringency which may disproportionately affect the more disadvantaged communities that have a greater dependency on welfare benefits and public services. Funding health services has always been a challenge, but with the global financial crisis the situation is even more difficult with expectations of greater productivity but smaller budget increases.

The quality of services provided to the people of Counties Manukau must be seen as *the* paramount issue. It is a key element in any strategy which is formulated to address the key challenges which the District Health Board faces. Placing quality at the heart of the business strategy for CMDHB will result in improved health outcomes for constituents, and a better return on investment in the health services offered. "The equation of quality care with higher costs is a fallacy and an undue focus on cost cutting will not deliver the changes required" (MacArthur et al, 2012).

The power of a focus on *harm, waste and variation* as a way of driving out unsafe practices and inefficiencies and improving patient experiences must be strongly supported by all the partners and key stakeholders. To meet some of the financial challenge to the DHB and create sustainable services, it is essential to continue the focus on service improvement. This will

further improve treatment, patient experience, and quality of life, particularly in the end stages of life. The organisation needs to be acutely aware that it is there entirely for the benefit of patients. There is no place for institutional indifference towards the people being treated. A citizen-centred service puts the needs of those it seeks to help entirely to the forefront.

This is not merely an academic exercise. It is not yet another set of piecemeal initiatives, each of which may be most worthy in themselves. This is about tackling the problem which frustrates all attempts to seek and achieve purposeful change for the betterment of health and healthcare: for those whose health inequities demand to be redressed, for those who need health services and for those who develop and provide them. This is about recognising the cardinal barrier and dismantling it to achieve the desired excellence to mark out Counties Manukau District Health Board as the best in class health organisation in Australasia and, indeed, beyond. That barrier is an overarching culture and milieu resting on people's belief systems, attitudes, expectations and behaviours that frustrate progress, harbour fears, limit well-judged risk, stifle innovation, demean leadership and perpetuate pedestrianism and inertia.

A compelling case for change and actions to deliver

In order to gain the laudable objectives outlined above, this paper advances **a case for change** which over the next few crucial years, needs to embrace and involve the people, patients, decision-makers, health professionals, community service providers, the workforce and leaders in the District Health Board. A process of well managed actions and interventions should be put in place whereby the beliefs, attitudes and expectations which frustrate progress must be modified.

Important long term and underpinning themes in a compelling case for change and reform must encompass the following essential elements:

- An overarching vision for a well integrated health and social care system;
- A workforce and financial strategic framework which will significantly assist in driving forward and delivering the vision;
- A cogent and coherent direction of travel for the organisation as a whole and its constituent parts;
- The development (if not yet established and universally held) of a strong set of values which characterise the organisation, the services it delivers, the centrality of the patient, the culture of its workforce, its ways of working, its objectives and aspirations;
- An over-riding emphasis that is placed on quality improvement, patient safety, valuing the workforce and a bias for action and innovation, the employment and further development of intelligent targets, a move away from process targets and outputs and recognition of the power of transparency in the furnishing of information;
- The recognition of the paramount importance of clinical leadership, where ‘clinical’ is not confined solely to medical and allied healthcare professionals but involves all those who are critically important in the delivery of quality services to people; and
- Strengthening the role of public health at the local, community and organisational level with an emphasis on partnership working.

Politicians can play a vital role in change and reform. If there is a demonstrable need for a change in, or reconfiguration of, services, opposition from politicians may reflect the short-term desires of local people though threatening sustainability and improvement of services over the longer term. Valuable fundamental benefits from change have to be promised to the public and politicians alike and these promises have to be kept; economic justification for change must be tempered by compelling, realisable, transparent and tangible improvements in the quality and delivery of health services. The power of sharing experience, possibly using patients’ own stories about their own experiences, needs to be harnessed to suggest how planned change achieves better patient outcomes. The case must be made for any and every change – that each change moves the service toward recognition as best in class.

The patient experience is the ultimate judge of quality and the people which the DHB serves are a great untapped resource in a time of austerity. The public will often be the best judge of the effectiveness and quality of services. The user’s eye view can identify weaknesses in the system and help identify areas of delay, waste and inefficiency, and opportunities to improve integration.

Moreover, the evidence strongly links quality with efficiency (J Øvretveit, 2010), revealing that:

- Adverse events linked to poor quality happen, and are costly;
- Better care does not always cost more – lower cost is often evidence of better care;
- The cost and benefits of quality are spread over time and between stakeholders and can only be realised by effective partnership working.
- Context factors must be thoroughly explored which influence whether a provider saves money from quality improvement.
- There also needs to be a tight focus on public health initiatives, and ideally government-wide action to support health and well-being over the longer term and examine how action in policy areas traditionally regarded as outside healthcare can promote and sustain better health.
- Embedding quality is difficult. There is a resistance to introducing new methods of practice, which means that the widespread introduction of service change and better ways of working is unnecessarily slow. The successful implementation across Wales of several measures arising from the *1000 Lives Campaign* was achieved only when such improvements were imposed as mandatory although built on a voluntary and engaged network tests across the system by the previous 1000 Lives Campaign work (Welsh Assembly Government, 2010).
- Promoting quality is an essential requirement for achieving a recognised status for CMDHB which demonstrates that it is comparable with or even better than, the best found anywhere and its achievement will assist in reducing the financial burden on the organisation.

Key Challenges faced by CMDHB

There has been substantial work over the last several years to identify key challenges which confront Counties Manukau District Health Board now and into the future; the following encompass most of these:

- the **increased demands** which may be placed on the DHB and, indeed, nationally by the ageing population, pharmaceutical developments and medical and technological advances;
- the **high expectations of the public, politicians and many health professionals**, which often assumes there is a medical solution to any problem;
- **financial stringencies** which may well decrease funding in real terms, and could directly affect population health;
- a **lack of urgency** within certain constituencies within the organisation itself to explore fully and with urgency, the mechanisms, structures and cultural change that are required in order to achieve the benefits of **innovation, integration and step changes in quality improvement**;
- the need for politicians, healthcare professionals and the public to realise that **the status quo is unsustainable and that change is essential**;
- the moral and economic case to **reduce social inequalities and inequities** to ensure universal access to healthcare and improve the health of people in Counties Manukau; and
- the need to **integrate more effectively** so that there is close alignment of hospital, primary care and community services at the local level.

Safeguarding the values of the CMDHB and applying them in new ways to new circumstances requires a radical response to the immediate challenges. To ensure that CMDBH delivers 'world class' health services a change in attitudes is needed in all constituencies - the politicians, healthcare professionals, health and community service partners, and the public. All are stakeholders, and all have much to gain from improvement, because all could potentially be users of the service.

There is a pressing need to challenge existing assumptions among the public, those working in healthcare services, those in government, and those in partner organisations.

But these are also times of great opportunity. The need for change places a duty on the CMDHB, on politicians, and on those who believe in it to change and seek solutions that will secure the future.

In Wales, similar challenges were addressed by the Bevan Commission who deliberated on 'World Class' healthcare and what it would look like if Wales were to achieve a service comparable with the best anywhere (Aylward, 2011). The outcomes of the deliberations are included in Appendix 1.

Challenges brought by an ageing population, combined with medical and technological progress

The increased life expectancy of people alive today in the more developed and wealthier countries is due to improved social and economic conditions and ways of life, and the impact of improved healthcare and new pharmaceutical and medical technology. However, this increased longevity may not be proportionately matched across all segments of the population and among the elderly.

Counties Manukau has a young population with high numbers and proportions of the child and youth population and low proportions of those over 65. However, the proportion of the population over 65 is expected to increase significantly. A draft report prepared by Counties Manukau District Health Board (2011) describes an expectation that the population aged 65 and over will increase by 6.9% in the next twenty years (from 8.7% in 2006 to 14.6% in 2026) - this increase comes with the attendant physical and mental health problems associated with ageing. Given current trends, overall level of illness and disability costs associated with old age is likely to increase as the population ages.

Therefore, there is warranted concern about the long-term pressure this 'demographic shift' will place on health organisations in the next 20 years. Moreover, medical and technological advances will continue to introduce ever more treatment options, so that the pressure on resources will increase. This would be less of an issue if in future years older people were healthier and less disabled than they are today. Unless that proves to be the case (and this can only be achieved by radical change in the existing ways healthcare provision and health improvement initiatives are delivered) meeting the future funding for supporting and caring for an ageing population may well prove to be unsustainable. It follows that population health at all ages needs to be improved, to enhance the health and well-being of future generations of older people.

Much more needs to be done to:

- focus efforts on the systematisation of care for non-communicable diseases;
- develop information systems to monitor care and improve the quality of service delivery;
- empower individuals to care for themselves and their children (this will mean providing better information to patients and carers); and
- educate the general population in the middle years of life about living with chronic diseases, in anticipation of their likely longevity and the strong probability that all those in the middle years of life today may well develop one or more chronic diseases later in life.

The challenge of public expectations

A strong message needs to be heard and understood that health services are under substantial pressure to continue to meet the needs of their constituent communities and, in particular, to enhance them further. It needs to be clearly articulated that unless the case for change leading to improvement in services receives the support and cooperation of the people themselves the maintenance and further enhancements cannot be guaranteed. There are simple things that every health service user can do, and everyone needs to play a part.

Healthcare is not free; it is very expensive. It is paid for by the people, for the people. As Bevan himself said of the NHS, “everything has to be paid for in some way or another” (Bevan, 1952).

Partnership between the DHB and the communities it serves, and a balance between rights and responsibilities, has huge potential to reduce waste (for example, by full take-up of appointments, compliance with medication, etc). The DHB cannot drive waste out of the system without support from and co-operation with patients and with society as a whole. Patient expectations about treatment will have to change. Currently, often ‘quality of service’ is perceived in society in terms of the number of beds in a hospital, creating reliance on acute hospital-based care that may often be inappropriate and not in the best interests of patients (British Medical Journal, 2010). The benefits of change for the better are not well presented to public, politicians and healthcare workers alike.

Achieving a shift of care, where this is appropriate, from hospitals to the community, and embracing service change needs careful handling. Very often, little thought is given to formulating the messages, testing them and later, effectively delivering them in the most appropriate way for the diverse target audiences. This is an area which needs considerable expertise, foresight, testing and planning to communicate (in the true meaning of the word) - and using the right people to do it. This is a much neglected area of expertise and delivery which merits urgent attention. There is a pressing need to use resources more efficiently and to provide accessible services on a sustainable basis; this is unlikely to be met in any meaningful way without effective engagement with, and the transmission of compelling messages to, those whose beliefs and attitudes necessitate change.

Financial stringencies

The impact of the current economic stringencies based on the evidence accrued from past economic downturns, strongly implies that the health of many people in disadvantaged communities will be damaged, and could:

- deepen health inequalities and social exclusion;
- cause the removal of services in an unplanned fashion; and
- create variation between services offered in different localities with the greatest impact on those communities that lack material wealth, social capital and cohesion.

The values enshrined by CMDHB are of particular importance here. Strategic planning can take into account inequalities, and deploy resources to tackle them. Concerted efforts to reduce harm are good for patients and eliminate unnecessary costs. Eliminating waste and poor practice will free up vital funds. Shortening treatment procedures and improving systems will release some of the cost that is caused by 'multiple touches' and referrals-on from one healthcare worker to another (Willson, 2011) thereby alleviating some of the burden.

The challenge of integrating more effectively

"Integrated organisations must deliver integrated care. The patient wants to move through care and then return home. We all want a pathway which enables us to receive high quality care as we move through the local health and social care systems" (Aylward, 2011).

Several studies have examined the benefits of integrating healthcare and (social) community services and the obstacles to securing them (Ham and Smith, 2010). The available evidence endorses policies which strongly encourage the close alignment of hospital, primary care and community services at the local level: more local tailoring of services to suit and meet the needs of the constituent communities should be the *sine qua non* for effective integration.

Nevertheless the challenges to harmonious integration must be recognised and robustly tackled. In order to achieve integration that leads to a shift of care from hospitals to the community numerous issues need to be considered including:

- establishing new forms of organisation and governance,
- addressing the difficulties caused by differences in policy, aims and culture across different organisations,
- addressing the lack of support systems, for example, electronic patient records accessible across the joined-up services, and
- gaining public involvement and input into the development of services.

Alongside integration with external agencies, CMDHB needs to continue to champion and support the frontline, particularly in its relationships with primary care where the majority of interactions between the health services and the public take place. The overarching objective of a planned, managed and integrated approach is the realisation of a seamless system where a person gets whatever care and support that is needed without necessarily knowing which sector has provided that comprehensive service.

Tackling the challenge of health inequalities and the impact of personal responsibility

The profound influence poverty, deprivation and environment have on life chances has been well demonstrated. Bevan himself had a simple definition of poverty: "the general consciousness of unnecessary deprivation" (Bevan, 1952).

In the 1970s Dr Julian Tudor Hart, a GP working in the Welsh Valleys, noted that in the impoverished communities he served, those with the greatest need for healthcare received the least in terms of services and support (Hart et al, 1972). This 'inverse care law' still persists in deprived and disadvantaged communities in the United Kingdom (Aylward, 2011) as well as New Zealand (CMDHB, 2011).

In subsequent decades, despite advances in modern medicine and improving social conditions, the health chances of people who are better off have improved at a faster rate than the less well off in terms of overall mortality and ill health across most classes of disease, leading to ever-widening inequalities in health (Watt, 2002). Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is referred to as 'proportionate universalism' (Marmot, 2001) and asserts that all services when accessed should be of the highest quality for all who access or require them. The emphasis of proportional universalism should be to ensure that the availability of quality health care and the ease of access to it is the same for the most disadvantaged and least disadvantaged groups (Aylward, 2011).

It is in the national and population's long-term interests to redress social inequalities and address the social determinants of health. In order to address these issues it is essential that there is a broad understanding that the major determinant of poor health and health inequities are predominantly poverty, economic inequality, disadvantage and social exclusion. In these adverse circumstances individual life-choices are few and difficult to take however important they are held to be in the genesis and perpetuation of many chronic and debilitating illnesses. Smoking, obesity, unprotected sexual encounters, alcohol and substance abuses and other aspects of health-risking lifestyle are responsible for the consumption of a large proportion of the healthcare workload and budgets. This can only be reduced through individuals taking responsibility and, most importantly, being supported in taking responsibility, for their actions, and their health. This is not just a minority of people; currently 67% of the adult population in Counties Manukau are overweight or obese and 20% are estimated to smoke cigarettes regularly (CMDHB, 2011).

Recognising that people make choices under a range of different influences and constraints means that while it is essential to avoid victim-blaming, it is important to work with individuals and communities to find ways of giving people a greater sense of power and control over their own life choices. This must be recognised and addressed.

People can change their lives in an 'enabling society', which minimises disadvantage and gives people opportunities for the future. A citizen-centred society should recognise the real constraints under which many people's lives are lived, and adjust accordingly approaches to addressing health inequalities.

Social inequalities and the social determinants of poor health can be tackled systematically in a number of ways ranging from encouraging primary care providers to use the latest thinking on ways of engaging and empowering individuals, through to incorporating the principle of proportional universalism in high level policy decisions, so that those with greater social disadvantages receive more carefully tailored services.

Meeting the challenges

Counties Manukau District Health Board is well-placed to meet these challenges by:

- A determined commitment to improve quality further and reduce variation in procedures to ensure harm does not occur;
- Improving efficiency and productivity through eliminating waste, harm and variation and ensuring that best practice is observed everywhere in CMDHB;
- Encouraging innovation, particularly in re-engineering care pathways to provide faster access to services;
- Creating positive interaction between those working in health and other policy areas, ideally, as is practicable, influencing and encouraging a locus for health in all policy agendas;
- Using information in a purposeful way to promote transparency and trust, and to drive improvement;
- Partnering, with:
  - The people and its constituent communities to develop a healthy population;
  - Patients, to reduce unreasonable expectations and to value a health service that meets their needs;
  - Healthcare workers, who need to champion service improvements;
  - Public services, to prevent fragmentation and promote integration; and
- Courageous leadership and developing talented and visionary leaders.

The transformation described throughout this paper will require significant cultural change within the organisation and in the broader community. The initial focus on a case for change among the workforce is essential before change among the other constituencies is addressed. Acceptance of change and its visible manifestation in the organisation and workforce is the *sine qua non* of tackling change in others. This message of necessary change should also be embraced, in a counsel of perfection, by politicians so that they too can add their weight to the case for change in a unified voice.

A plan of action

In order to move forward with the changes that are necessary to address the key challenges outlined in this paper and to attain a health system that is as good as or better than comparable systems around the world Counties Manukau District Health Board needs to focus attention on three components; 1) **building leadership**, 2) **changing attitudes, beliefs, expectations and behaviours**, and 3) implementing an **Independent Commentator Panel**. Each component is described more fully below and recommendations to take the change process forward are offered.

Leadership

There is already a plethora of available mechanisms to instil and promote leadership. The barrier is getting people to engage and actively participate; to recognise that progress to the best in class can only be achieved by strong and relentless leadership. Robustly driven initiatives which would gain these objectives must be dissected, discussed and advanced. This would be best undertaken by the early advent of a **Leadership Academy - Health Improvement and Transformational Change** with a guided framework for action to be given endorsement by the Senior Executive Team and the Board; by open and **interactive forums** for dialogue and debate primarily on leadership and collaboration - of which some piloting has been successful in recent weeks. The opportunity should also be seized of

introducing a **Faculty for Leadership in Health Improvement** and a **Faculty for Innovation and Enterprise** sitting under the Academy; of which the combined outcomes and cross-fertilisation of ideas, concepts, and research and best practices would stimulate exponential progress to gaining best in class status.

The Academy and it's Faculties should be rapidly brought into being, initially involving a select number of CMDHB staff with an intention for early growth in membership, a mutually agreed framework for action; widely publicised, given endorsement by the executive team and Board and linked with incentives (what's in it for me?). The Academy and its Faculties would aim for recognition beyond Counties Manukau as innovative and good practice emanating from Ko Awatea; attracting authoritative speakers to a planned programme of lectures and seminars and even an exchange of fellows within New Zealand and from the international arena. Future Visiting Chairs would view the Academy and its Faculties as valuable assets and progress them during their tenure.

The forthcoming **Asia-Pacific Forum on Quality Improvement in Healthcare** will also provide an axis for leadership, progressive change, innovation, and inspiration that could well accelerate the development and wider recognition of the Academy and its Faculties exploit and enhance the emerging benefits that the Academy would bring and reinforce the case for change.

Changing Attitudes, Beliefs, Expectations and Behaviours

Among the workforce, the Academy and it's Faculties will be *engines of change* by promoting the concept of change for the better, propagating a corporate approach to culture change, providing and demonstrating by role models, behaviour and examples from elsewhere that different ways of thinking about and tackling the key challenges bring about tangible benefits for staff and the people they serve. An environment which has mainstreamed '**bias for action'** would be nurtured.

In a novel way, principles of ***Motivational Interviewing*** could be adopted as policy and strategy to facilitate a successful process of change. 'Health Impact Assessments' are used to recognise, assess and comprehensively evaluate impacts on population health which might arise from major structural and process changes. In a similar way, it is strongly recommended that '***Impact of Change Assessments'*** be adopted routinely as part of the continuing emphasis on bringing consensus on the need for purposeful change. Thereby, identifying, assessing and documenting beliefs, attitudes and expectations of those who are perceived to be reluctant to the process of change, to permit the devising and adoption of appropriate Motivational Interviewing Models best to allow informed and dispassionate dialogue that brings about the change for the better and for the long term.

It is further recommended that consideration is given by the Executive Team and Board to prepare and issue a ***'Statement of Intent'*** which sets out unambiguously that progress towards 'best in class' status will only be achieved by the organisation and its workforce soundly embracing a set of principles which by their very nature heralds the necessity for progressive change that underpins a 'modus operandi' for achieving that coveted status. It is hoped that the formulation of these principles will be informed by this paper. It is suggested that the Vision and Values statements of the DHB should be revisited as part of this process.

An Independent Commentator Panel

In order to support achievement of 'best in class' status, the establishment of an **Independent Commentator Panel** hosted and serviced by Ko Awatea is strongly recommended. The panel would draw together an authoritative, widely-drawn, expert, eclectic and impartial group of persons as a source of highly informed, relevant opinion and dispassionate counsel for the Board and Executive Team of CMDHB. Its purpose would be robustly to assist the DHB in successfully meeting key challenges, to comment on the progress of current initiatives, and to be a source of advice in the planning, resourcing, design and development of new initiatives. The panel would also network with recognised organisations in New Zealand and with similar international organisations/individuals to obtain other sources of impartial and independent, informed opinion, advice and good practice. White Paper number 2 'Establishing an Independent Commentator Panel' describes in some considerable detail proposals for the establishment and functions of the panel which would act as an 'Independent Commentator'.

In relevance to the other components of this paper the Independent Commentator Panel could support and endorse the Academy and its Faculties, contribute to their programmes of seminars, and propagate and endorse innovative thinking and practice.

Epilogue

Decisions needed: about investment, engaging with the public, mobilising the expertise of the CMDHB's workforce, and choosing a path of continuous self-sustaining improvement will potentially have consequences that will be felt for generations. Decisions can be taken to move decisively forward in creating a stronger, more sustainable integrated healthcare service committed to matching the best anywhere. In all of these things the objective must be consistent, coherent, strongly driven cumulative improvement, with honesty and transparency about what needs to change and how that is being achieved. This will require leadership, innovation, commitment and some sacrifice. This is no mean task and it will not be accomplished in the winking of an eye or without dedication and steadfast commitment, brave and strong leadership, some sacrifice and an earnest desire to realise a step-change in the health and wellbeing of the people.

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Appendix 1

The Bevan Commission:

'World Class Healthcare'

Perhaps one can reflect on a number of themes developed by the Bevan Commission from the question of how to create 'world class healthcare' in Wales, and what '*healthcare that is best suited to the needs of Wales and comparable with the best anywhere'* would look like? The Commission formulated the following statements on desired outcomes:

- A system that performs well against the Bevan Commission Principles;
- A care system that is balanced and integrated across all levels and that functionally and effectively links healthcare provision/delivery with population health interventions and social services;
- A care system that achieves an excellent level of quality that is as good as or better than that demonstrable in comparable systems elsewhere;
- An integrated system that best suits the needs of Wales, matched by concurrent efforts to realise a step change in population health, which requires government taking a crucial leadership role; and
- Readily available high quality, pertinent, and comprehensive information to analyse, compare, evaluate and develop services.

As a result, people should have confidence, based on routine experience of interactions with the health and social services, that:

- Services will be seamless and integrated, as if all were provided by a single organisation that knows the problems and co-ordinates each element of the response;
- Services will be available when needed, delivered in a timely fashion and locally (where appropriate) in a high quality environment;
- All care will be safe, of high quality, effective (and cost-effective), and supported by publically available information;
- Services will be delivered so that the person's experience as a service-user means they feel:
    - respected;
    - treated appropriately;
    - listened to (and responded to); and
    - that their dignity has been preserved.

The Commission also emphasised that people will be empowered to take care of themselves and feel compelled to act responsibly towards their own healthcare. The NHS could not resolve the health problems of Wales alone: these must be addressed by a broader public health strategy otherwise the NHS will become increasingly strained over the longer term.

Poor health and health inequities would have been tackled by strong action, both because they are often avoidable and because they generate a huge burden on people and services. However, there are barriers to action. The causes of poor health are many and deeply rooted in material and structural factors that would require intervention by the envisioned integrated health system and supported by local and national government in all sectors. Health in all policies would no longer be an aspirational mantra but generally agreed as the necessary way of cross government working to realise a giant stride in improving the health of the population. While government at the national, local and community levels can do more to

improve health through carefully tuning their policies and strategies, the NHS has the potential to contribute further to the economy in many ways and the health sector can also contribute to achieving the ambitions of government as part of a broader agenda aiming to improve all aspects of well-being in Wales.

The Bevan Commission Principles

1. A shared responsibility for health between the people of Wales and the NHS;
2. A service that values people;
3. Getting the best from the resources available;
4. A need to ensure health is reflected in all policies;
5. Minimising the effects of disadvantage on access and outcome;
6. A high quality service that maximises patient safety;
7. Patient and public accountability; and
8. Achieving continuous performance improvement across all dimensions of healthcare.