Whanganui Regional Health Network 2023-24 Annual Plan

Whanganui Regional Health Network

Draws on key expectations from the Whanganui Regional Health Network (WRHN) Strategic Plan for 2023-2026. Focusing on building the knowledge and expertise of our workforce and our membership to use and respond to whānau voice through co-design, and to be contemporary in cultural competence. To have strong workforce development and sustainability plans, and to champion primary health care service development through models of care that reflect strong Whānau Ora, clinical and Pae Ora.

Focus area	What we want to achieve	Actions/Measures
Enabling primary health care teams (GPTS/WAM)	Complete the final component of IPMHA roll-out into remaining practices / Whanganui Accident & Medical (WAM)	• Full quota of FTE rolls filled • Equity Access data for HIP/HC • GPT feedback (regular survey)
	Working within a collaborative Te Hononga framework with GPTs, Iwi providers and community stakeholders, and listen to whānau voice to support what matters to them, as the CPCT roll-out moves from traditional to comprehensive, seamless coordinated care	• Co-design process reflected • Roles implemented in region • Equity and 'population targeted' access data
	Bring GPTs on a journey of changing attitudes and behaviour, so they create collaborative relationships with key players within the communities they are servicing	• GPT/Subsidiaries feedback surveys initiated • Practice support workforce reflects what matters • Access data reflects GPTs focused on what matters to the whānau that they are serving
	Support GPTs to develop and strengthen relationships with key partners to deliver an outcome that improves equity of access and health outcomes for Māori, Pacific peoples, Tāngata whaikaha and people living in rural and highly deprived areas	• WRHN facilitate opportunities for GPTs / Iwi provider workforce / Iwi leaders and consumers to create a one plan approach that drives self-navigation and achieves improved health and wellness

		• Identify the workplace safety and education needs of GPTs, to ensure the workplace is a culturally safe environment for Kaiāwhina workforce to operate in a seamless way and flourish • Reach out to the allied health workforce in the city and rural communities to ascertain how we can maximise access and deliver imperatives within CPCT specifications
	Review of info and tech systems – what outcomes needed/desired, right products for accurate outcomes for GPTs and primary providers	• Technological solutions and training/development reflect what matters and what needed (e.g., Advanced Forms streamlined and claiming/invoicing processes, Evolution training)
	WAM in primary care context • Sustainability of service • Evidence of whānau voice • Model of care / Programmes of work clear	• Workforce model reflects budget and service demands and is authorized by Te Hononga delegated leaders and meets Regional Wayfinders equity expectations • Programmes of work identified and have associated pathways and revenue in place • Assess equity in access for those people not enrolled or not attending general practice cohort (as modelled nationally) and create access for this group that are high needs and eligible • Progress with national and regional leaders' policy change, to ensure Accident and Medical Clinics in provincial NZ are viable

		• Confirm strategy and service model with Te Hononga and seek strategic levers for continuation of the delivery of the expanded WAM service
System enabling functions	Finance/business systems efficient (Electronic payroll/Velixo monthly reporting technology) Information systems Workforce development – skill development re inclusion of consumer voice/co-design principles, cultural confidence and competence Workforce sustainability planning	• Ipayroll/electronic timesheets across all WRHN and subsidiaries • 365 across WRHN and subsidiaries fully implemented • Technology and practice products to address self-management/virtual consults • Consumer voice and co-design training • Cultural confidence and competence development programme • Clinical education programming support • GPEP training programme/connections (Emma) • NP/RN development and support pathways (Amy/Janine S)
Starting Well (Child & Maternal)	Clear integration of consumer voice to programme development and assessment	• Evidence of consumer voice data gathering • Equity outcome measures • Attainment of national targets • Narrative data shared with Te Hononga partners to drive connected strategy

Living Well (LTC and other)	Clear integration of consumer voice to Long Term Condition (LTC) programme development and assessment LTC refresh – connection to GPTs, system coordination and evaluate effectiveness of model against imperatives of Locality priorities and principles • Team roles identified • Integration/connectivity across key services impacting on LTC such as loans/labs (improving experiences and outcomes for people) • Identification of gaps in service transition/integrations Self-management programme development (that is data and consumer driven) to respond to need Strong health consumer organisational network established in conjunction with community consumer health organisations (such as Parkinson society)	• Equity access measures • Narrative data • Collaborative learning and design with CPCT leads, to ensure a system response is seamless and effective • LTC team model design, coordination pathways, connection to GPTs, hospital teams and expanded care team clear • Equity access data (volumes, wait times, connections) • Self-management groups (data for range, volumes attended, consumer feedback) • Sufficient self-management support leaders trained • Growth of self-navigation and self-management strategies, i.e., Manage My Health targets, access to care plans for LTC • Volunteer and community organisations have regular meetings, network supports navigation of health system and consumer voice informed links