

PROPOSAL

CENTRE OF EXCELLENCE OF HEALTH IN PORIRUA BASIN

The following is an outline of the purpose and structure for leadership of the *Centre of Excellence* of Health in Porirua Basin:

1. Objective

The objective of the Centre of Excellence is:

- To achieve improved health outcomes through an integrated continuum of care.
- To eliminate disparities.

2. Description

The *Centre of Excellence* is the *set of relationships* of all of the agencies who contribute to improved health outcomes and reduced disparities in Porirua Basin. It recognises that it is only by the concerted action of all participants that the best health outcomes will be achieved with the people, families and communities of Porirua basin.

The *Centre of Excellence* concept is illustrated in Figure 1. The Cluster model – Figure 2 shows all the participants in the *Centre of Excellence*.

3. Background

The *Centre of Excellence* idea came out of the Community consultation undertaken by the Capital and Coast District Health Board in 2001/02 when it was considering options for the future of Kenepuru Hospital. During those discussions, the Community promoted the idea of a *Centre of Excellence* in the Porirua Basin which would achieve improved health outcomes through an integrated continuum of care.

In subsequent discussions it was decided to establish a Healthcare Cluster, which would promote excellence in health care through collaborative action by all of the agencies which contribute to improved health outcomes in Porirua basin. The Healthcare Cluster targeted diabetes as the priority health problem that it wished to tackle first, to give specific, measurable improvements in health care. At the same time, the Board encouraged discussions with the community about the concept of a Kenepuru Community Hospital. Major progress has been made through the decisions of the Board on the services at Kenepuru, and the establishment of the PHOs.

Experience in the Porirua basin has been that the best results have been achieved when agencies facilitate relationships between professionals and communities. It is “magic” when they come together. For example, the Immunisation Programme included GPs and practice nurses working with community organisations and community health workers. It involved primary care professional leadership and local

people going door-to-door. The Diabetes Cluster and Cardiovascular programme are following a similar pattern.

4. The Concept

This proposal is the fulfilment of the earlier concept of the *Centre of Excellence*. It recognises the challenges in Porirua basin for improved health outcomes. It puts a stake in the ground, that we are aspiring not just to be good in our approach to health care. Rather Porirua basin will be known as a *Centre of Excellence* because of its innovation, quality of services, responsiveness to local needs, and collaboration of all agencies who contribute to improved health outcomes.

5. Structure

The *Centre of Excellence* requires leadership that can describe the strategies being adopted, and motivate local communities to participate in the implementation.

The proposed structure to provide leadership for the *Centre of Excellence* is as follows:

- At the governance level there will be a “Porirua Steering Group” which involves representatives of CCDHB (Kenepuru Community Hospital), PHOs, Ngati Toa, PCC, Tawa Community Board, Healthlinks and the MP for Mana to bring together strategies and policies. This could be based on an annual evaluation and planning cycle. Executive support will be provided to the Steering Group by the CE of CCDHB, CE of PCC and Manager of Healthlinks.
- The providers will form a “Porirua Operational Group” to work together on operational policies and practices to reduce disparities and improve integrated care, and report to the “Porirua Steering Group”.

6. Role of Steering Group

The primary role of the Steering Group is “developmental” – that is, it will promote innovative initiatives in our Community that will help achieve the vision of a *Centre of Excellence* of Health in the Porirua basin. It is not a “complaints” group – they should be addressed to the operational agency. It carries out the following roles:

- Decision maker on what areas it will focus on that will make the most difference to achieving excellence in health in Porirua Basin
- Champion of *Centre of Excellence*
- Promoter of innovative initiatives in our community towards health excellence
- Enabler and facilitator of solutions
- Prodder and unblocker of obstacles where necessary to achieve health excellence

The Steering Group may champion specific projects necessary to achieve the *Centre of Excellence*, such as workforce capability development.

The relationship of the Steering Group is illustrated in Figure 3. Each of the agencies has a direct line of service to the “person and community” in the centre of the diagram. There are direct lateral links between agencies, signifying how they work

together to serve people and communities. The Steering Group is also shown at the centre of the diagram in dotted lines. It does not have line responsibility, but rather acts as a champion, developer, enabler and facilitator of the *Centre of Excellence*, achieved through the combined action of all agencies to serve people and communities.

7. Critical Success Factors

The Centre of Excellence will be successful when:

- The objective of improved health outcomes and eliminated disparities is being enhanced (as measured against the public outcome indicators, beginning with those established by CCDHB).
- There is a sharper focus and less duplication, that is less repetition of the same subjects being discussed by the same faces around different tables.
- There is additional inclusiveness of agencies that are not in current networks.
- Viable strategic options are presented to the community for ongoing health improvements.
- Tangible practicable outcomes are being achieved by the action of members, for example workforce capability development.
- All participants recognise there is a significant net gain from their participation.

8. Reducing Duplication of Processes

Concerns were raised by PHOs about the need to reduce duplication of meetings. They talked about currently having to meet with “the same faces, about the same issues, around different tables”. It is proposed that Healthlinks be asked to lead a deliberative process to engage with community groups with an interest in health, with a view to consolidating community representation at the same time as the above changes are made to implement the *Centre of Excellence*. Participants need to feel that they are involved in a process where their available time is used most productively. There also needs to be alignment between local and regional organisations including Councils.