NZ College of Primary Health Care Nurses NZNO Conference

Saturday 8.35 am to 9.20 am
1 August 2015
Te Papa, Wellington
Theme of “Integration”
The challenges & opportunities are complex and requires integration of framework and methodology to be executed under inspirational leadership that can set out a compelling narrative that starts with clear purpose, vision, mission supported by strategies and an operating model that encourages innovation and is strongly underpin by values and culture that reflects who we are as New Zealanders.
Integration

1. Health > Social Services > Public Services
2. Home>Community>Primary>Hospital
3. Midwives>Pharmacy>General Practice
4. Promotion>Prevention>Early Detection>Early Intervention>Treatment>Rehabilitation>Palliative
5. Volunteers>NGOs>Local govt>Public service>private sector
6. Individual>Family/whanua>Communities
7. Local>Regional>National services
9. Strategies>Operating Model>Culture/Values
1. Health is part of NZ social services & public service to support New Zealanders.
Broader social statistics

1. 118,000 NZers on job seekers benefit (Maori 35%)
2. 69,000 NZers on Solo Parents Benefit
3. 94,000 NZers on Supported Living Payment
4. 8,500 in prison
5. 35,000 in community probation
6. NCEA Level 2 (Maori – 68%. Pacific – 75% All – 81%)
Government Expenses – some details..

1. Social security & welfare - $24.6B
2. Health - $15.6B
3. Education - $13.1B
4. Law & Order - $3.6B
5. Transport & communication - $2.2B
6. Finance costs - $3.7B
Challenges

1. Demographics & hard to reach population
2. Lifestyle & long term chronic illness & conditions
3. Emergence of new infectious and communicable diseases (Ebola)
4. Re-emergence of familiar but controllable infectious and communicable diseases
5. New technologies and drugs (500k/2/648)
6. Threats to public health from natural and man made
7. Sustainability – workforce, fiscal, current service models
Opportunities

1. Prevention, early detection, intervention of lifestyle & long term illness.

2. Shift from a residential & illness treatment model to a community, primary, home and self care model.


4. Better integration
   a) within the health services
   b) other public services & local authorities
   c) private and NGO sectors

5. Greater use of technology
COMPLEX NOT COMPLICATED CHANGE
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FRAMEWORK FOR TRANSFORMATION

- Purpose, Vision & Mission
- Key Strategies
- Culture/Values
- Operating Model
Operating Model

1. Roles, responsibilities & accountabilities
2. Methodology & process
3. Structure
4. Governance
5. Capability
6. Information & Analytics
7. Technology
METHODOLOGY FOR CHANGE

- Models of care
- Policy, regulation & funding
- Org & Business models
- Enablers

Consumer focus
Capacity/capability
Leadership
Environment
LEADERS FOR KNOWLEDGE WORK

Cottage – master craftsman

Industrial - managers

Strategic Thinkers

High Perf. Implementor

Networker

Knowledge work – interactive collaborators

Transforming Health Care Leadership

Michael Maccoby, Clifford L. Norman, C. Jane Norman, Richard Margolies
## Leadership competency

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AGE OF KNOWLEDGE WORK – Challenge of leadership

Strongest emotional ties are with their colleagues NOT with their bosses

Collaborate with a leader who makes their lives more “meaningful”

Stellar personal qualities “necessary but not sufficient”
Technology theme
## Technology theme

| a) Genetechnology | a) Personalised & regenerative medicine |
| b) Biotechnology | b) Future Food |
| c) Nanotechnology | c) Growing organs |
| d) Robotics, AI & sensors | d) 3D to 4D printing revolution |
| e) Wearables apps | e) Exoskeletons & prosthetics |
| f) Quantum computing |  |
Innovations

• Sustaining v Disruptive innovations
• Disruptive innovations starts at the edges
• Many moving parts to become BAU
• Lessons from other industries
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THANK YOU