

# **NZ College of Primary Health Care Nurses NZNO Conference**

**Saturday 8.35 am to 9.20am  
1 August 2015  
Te Papa, Wellington**

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# Theme of “*Integration*”

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## OPENING WORD

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***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***

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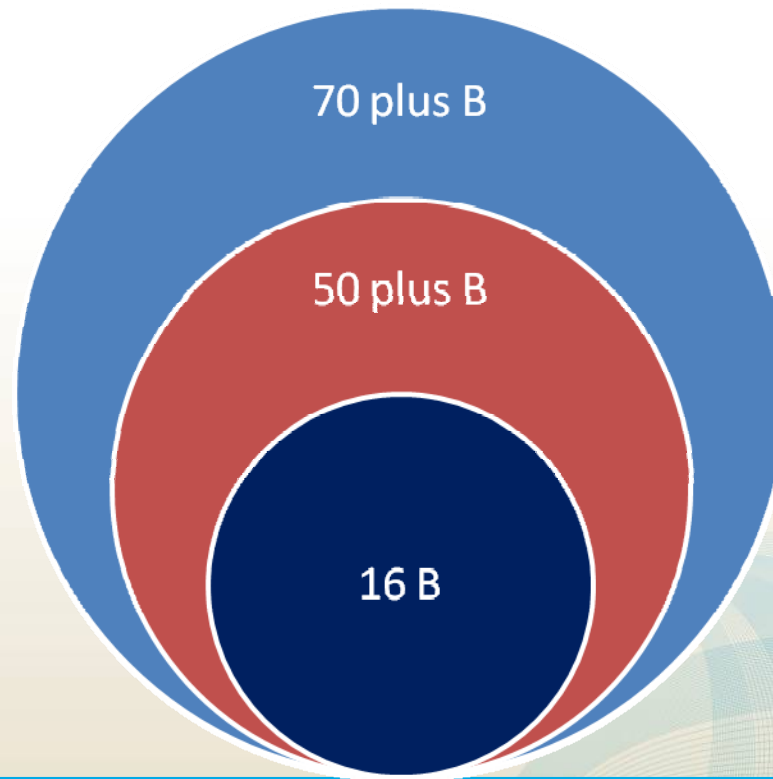
# Integration

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- 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**
  - 8. Purpose(Why)>Vision(Where)>Mission(What/How)**
  - 9. Strategies>Operating Model>Culture/Values**
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# Context

## 1. Health is part of NZ social services & public service to support New Zealanders .



## **Broader social statistics**

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- 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%)**

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# Government Expenses – some details..

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- 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**

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# Challenges

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- 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**
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# Opportunities

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- 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**
  - 3. Greater & earlier partnership & involvement of individuals, their families & communities.**
  - 4. Better integration**
    - a) within the health services**
    - b) other public services & local authorities**
    - c) private and NGO sectors**
  - 5. Greater use of technology**
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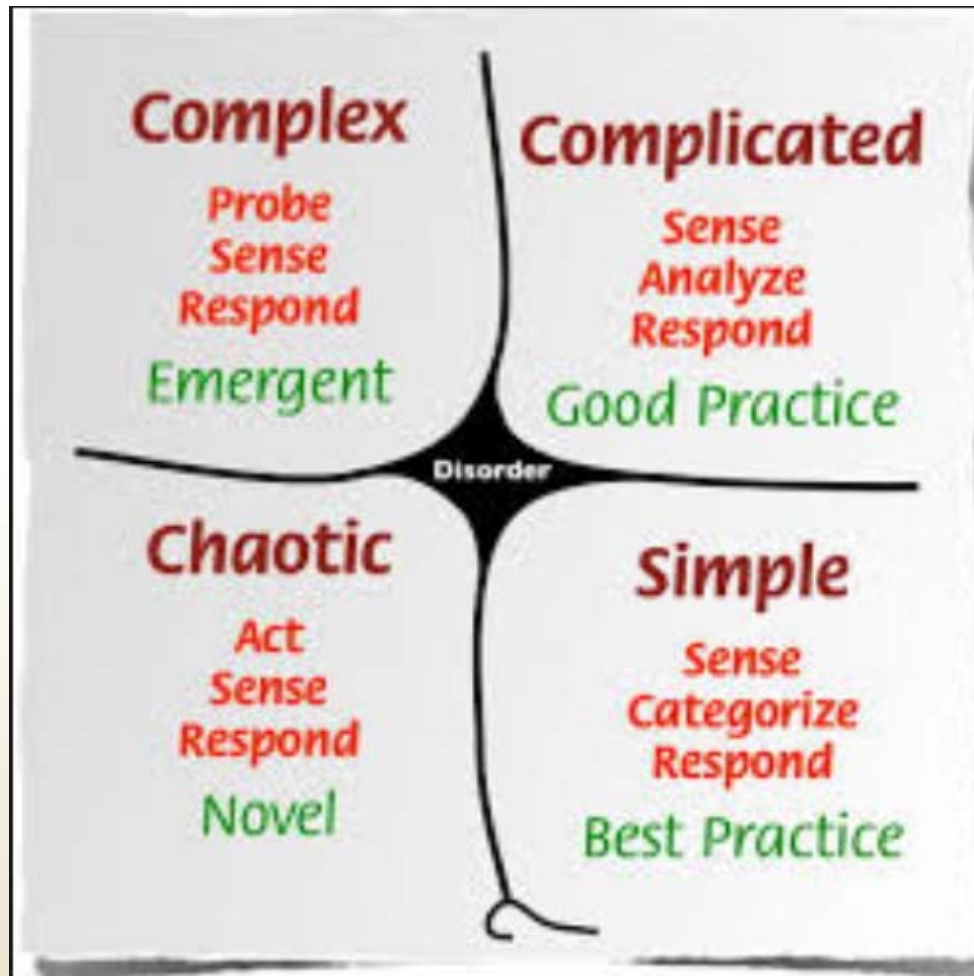
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**COMPLEX  
NOT  
COMPLICATED CHANGE**

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# COMPLEX NOT COMPLICATED CHANGE



# FRAMEWORK FOR TRANSFORMATION

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# Operating Model

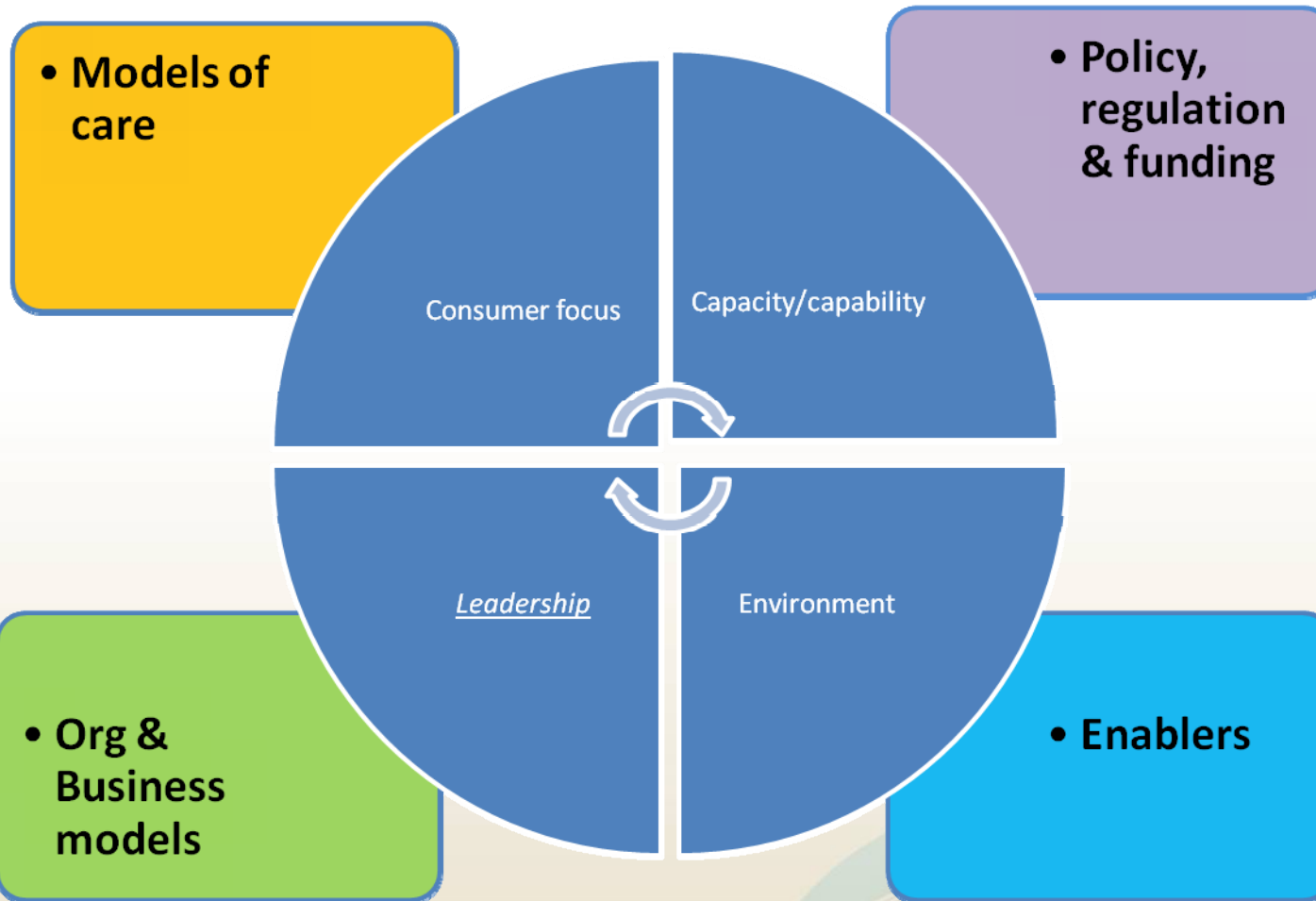
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- 1. Roles, responsibilities & accountabilities**
- 2. Methodology & process**
- 3. Structure**
- 4. Governance**
- 5. Capability**
- 6. Information & Analytics**
- 7. Technology**

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# METHODOLOGY FOR CHANGE



# LEADERS FOR KNOWLEDGE WORK

Cottage –  
master  
craftman

Industrial -  
managers

Strategic  
Thinkers

High Perf.  
Implementor

Networker

Knowledge  
work –  
interactive  
collaborators

TRANSFORMING  
HEALTH CARE  
LEADERSHIP

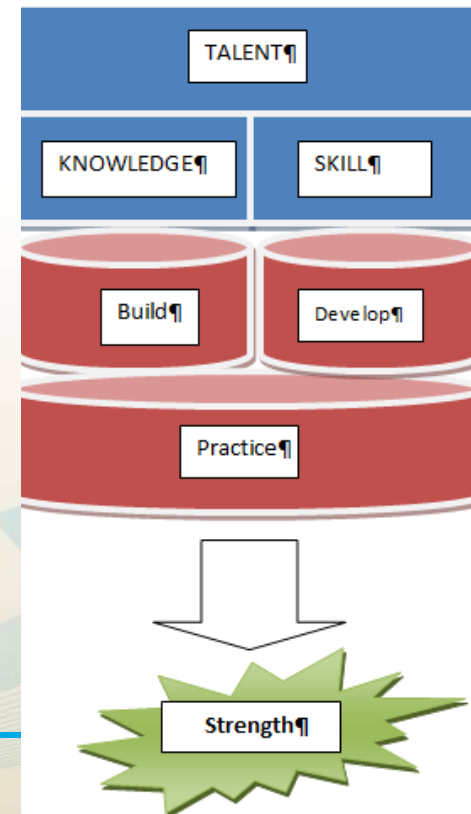
A SYSTEMS GUIDE TO  
Improve Patient Care, Decrease Costs,  
and Improve Population Health

MICHAEL MACCOBY  
CLIFFORD L. NORMAN  
C. JANE NORMAN  
RICHARD MARGOLIES

# Leadership competency

	Simple	Complicated	Complex
<i>Talent</i>			
Knowledge			
Skill			
Strength			

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## **AGE OF KNOWLEDGE WORK – Challenge of leadership**

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**Strongest emotional ties are with their colleagues NOT with their bosses**

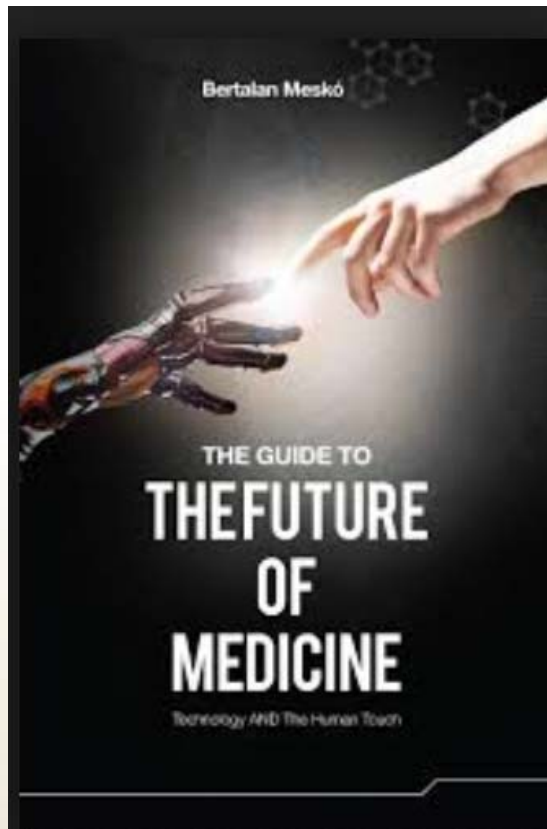
**Collaborate with a leader who makes their lives more “meaningful”**

**Stellar personal qualities “*necessary but not sufficient*”**

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# Technology theme

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# Technology theme

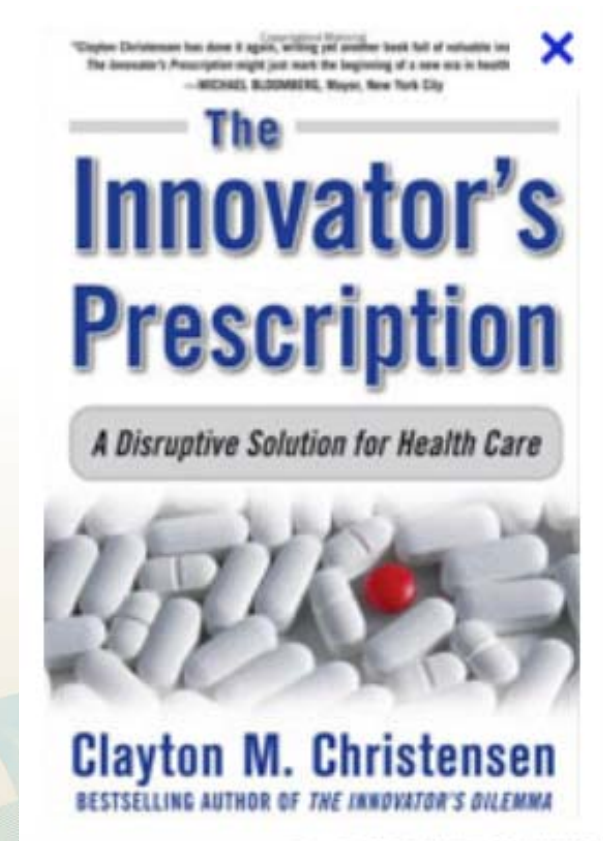
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- a) Genetechnology**
  - b) Biotechnology**
  - c) Nanotechnology**
  - d) Robotics, AI & sensors**
  - e) Wearables apps**
  - f) Quantum computing**
- a) Personalised & regenerative medicine**
  - b) Future Food**
  - c) Growing organs**
  - d)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

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



## FINAL WORD

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**THANK YOU**

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