Health improvement practitioner (HIP) hub and spoke development

24 February 2025

Background

Te Pou has had a national role leading the workforce development component of the integrated primary mental health and addiction (IPMHA) programme since 2020. This includes delivery of health coach and health improvement practitioner (HIP) training programmes, and an e-learning for support workers new to working in primary care.

Te Pou's role in coordination of the delivery of the HIP programme includes:

- ensuring a national HIP training schedule is available on the Te Pou website
- coordinating registrations with collaboratives and employers
- coordinating all aspects of programme delivery including workshop training scheduling, practicum requirements and final endorsement of HIPs
- coordinating and covering all travel costs for trainers
- contracting HIP trainers either through their PHO employer or directly as contractors
- training new HIP trainers
- working with Mountain View Consulting to train new master trainers
- managing programme content, provision of training materials and quality improvement
- completing workforce profile reports
- undertaking programme evaluation
- employing national team to deliver the programme.

In 2023 Health New Zealand | Te Whatu Ora contracted WellSouth to lead a 'spoke' approach pilot for HIP training coordination for Te Waipounamu. Health New Zealand | Te Whatu Ora provided funding to cover costs for staffing and training delivery.

Te Pou worked with WellSouth to orientate staff to systems and processes for the training programme. Regular meetings were held to work through processes for training and decision making. A Memorandum of Understanding was developed that outlines roles and responsibilities of Te Pou (hub) and WellSouth (spoke).

Te Pou continued to be responsible for programme content, quality improvement and programme evaluation. WellSouth established a governance group with key stakeholders across Te Waipounamu and included Te Pou. The focus of the pilot for the spoke was to coordinate the delivery and cover the costs of the HIP training programme for Te Waipounamu. Te Pou continued to be responsible for programme oversight and covering training costs of HIP trainer candidates and master trainers.

Health New Zealand | Te Whatu Ora has confirmed that further progression of the hub and spoke model for HIP training programme delivery will continue in 2025. This will involve Te Pou having the national 'hub' role and each of the existing four health regions becoming 'spokes'. The timing and phasing for each region will be different depending on their readiness for this approach.

Research to support a hub and spoke model

Hub and spoke[1] is an organisational model comprised of a central entity ('hub') that oversees programme management and coordination, and partner organisations that are directly linked to the hub ('spokes'). This structure centralises decision-making and resource allocation to reduce duplication across spokes, enabling them to focus more on providing services. The hub and spoke design is used across multiple different sectors and industries including health, mental health, addiction, education, transport, and technology.

Te Pou has undertaken a brief scan of the research to identify success factors for this approach. Some of the key findings from this are included here to inform the planning and implementation of the hub and spoke approach.

The hub and spoke model can enable programme efficiency, consistency, and opportunities for expansion

A key feature of the hub and spoke model is the central entity which primarily overlooks governance and management processes such as human resources and staffing, finances, programme administration and coordination, and decision-making. Below are some key benefits of this structure (Corcorran et al., 2023; Derr, 2023; Elrod & Fortenberry, 2017; Sockalingam et al., 2021).

- **Promotes efficiency** by reducing duplication of management and administrative functions across the network, such as resource allocation and data management. This enables spokes to focus time and human resources on service delivery. In healthcare hub and spoke models, the hub may also provide specialist services for people requiring more advanced support while spokes focus on providing more general services (Elrod & Fortenberry, 2017).
- **Promotes consistency** by having a central entity responsible for governance, decision-making, and providing issue directives. This enables messaging to be consistent across organisations.
- Enables **opportunities for expansion**. As core resources are concentrated within the hub, each spoke requires relatively less investment to establish and operate. Ongoing cost savings can provide opportunities to expand the network, either in

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[1] Other terms include hub and spoke network, hub and spoke design, and hub and spoke organisation.

terms of increasing the number of spoke sites or expanding the network's scope of services.

Hub and spoke networks may be effective for mental health and addiction workforce development

The hub and spoke model has been used in workforce development contexts (Corcorran et al., 2023; McCormack et al., 2013). The most widely used application of this model is Project ECHO (Extension for Community Health care Outcomes), which was developed in the US and has been implemented globally. Project ECHO has been implemented for health, mental health, and addiction workforces (Holmes et al., 2020; McBain et al., 2019; Tilmon et al., 2023). It involves pairing clinicians, usually those in rural, remote, or underserved areas (spokes), with specialist mentors at academic medical centres (hubs) using videoconferences and case-based methods of learning. Learning and knowledge sharing primarily occurs at regular videoconferencing sessions involving lectures and discussions around cases or topics raised by practitioners (Corcorran et al., 2023).

Listed below are some benefits of using the hub and spoke model for workforce development. Note that most of the following are drawn from studies based on Project ECHO because it is the most widely studied application of the model.

- Increased self-reported knowledge, skills, confidence, self-efficacy, and job satisfaction among workers (Bessell et al., 2023; Cleaver et al., 2023; Holmes et al., 2020; McBain et al., 2019; Tilmon et al., 2023).
- Promotes reciprocal learning within spoke sites, and between people in spoke and hub sites, through supervision and knowledge sharing (Brown et al., 2019; McCormack et al., 2013; Sockalingam et al., 2021).
- Provides access to continuing education (Zhu et al., 2021).
- Can be implemented to respond to identified sector needs (Agley et al., 2021; Bessell et al., 2023; Corcorran et al., 2023).
- Builds collaboration, trust, and rapport within the network by creating communities of practice (Agley et al., 2021; Corcorran et al., 2023; Gloster et al., 2020).
- Builds long-term professional relationships through coaching and mentoring opportunities (Zhu et al., 2021).
- Potential to improve service quality and outcomes by developing workforce capability (Agley et al., 2021; Bessell et al., 2023).
- Enables spokes to act as champions within their own communities (Corcorran et al., 2023).
- Centralised data collection can create a repository of workforce information including job attainment, further education, and earnings (Lambart & White, 2019).

Key considerations around implementation and communication for hub and spoke models

Hub and spoke networks have encountered various barriers and challenges that can hinder success (Brooklyn & Sigmon, 2017; Elrod & Fortenberry, 2017; Lin et al., 2021; Roxburgh et al., 2012). The hierarchical nature of hub and spoke networks may result in a one-size-fits-all approach that may not align with communities' needs, and in unequal relationships with spoke partners. Resources, capacity, and funding at hubs and spokes can impact their ability to carry out responsibilities and support the effective, ongoing operation of the network. Communication (including vertical communication between hubs and spokes, and horizontal communication between spokes) may also impact success.

Strong relationships and sustainable funding are key to effective hub and spoke networks

Implementation and design
- Requires ample lead-in time to ensure partners are well-positioned to carry out responsibilities
- Hierarchical structure can overlook contextual variations and needs at spokes
- Spokes may feel lack of autonomy

Resources, capacity, and funding
- Insufficient capacity and resources at hubs can create congestion, inefficiencies, and impact overall network operations
- Insufficient capacity and resources at spokes can hinder ability to provide services and support network
- Varying data collection infrastructure and methods across spokes
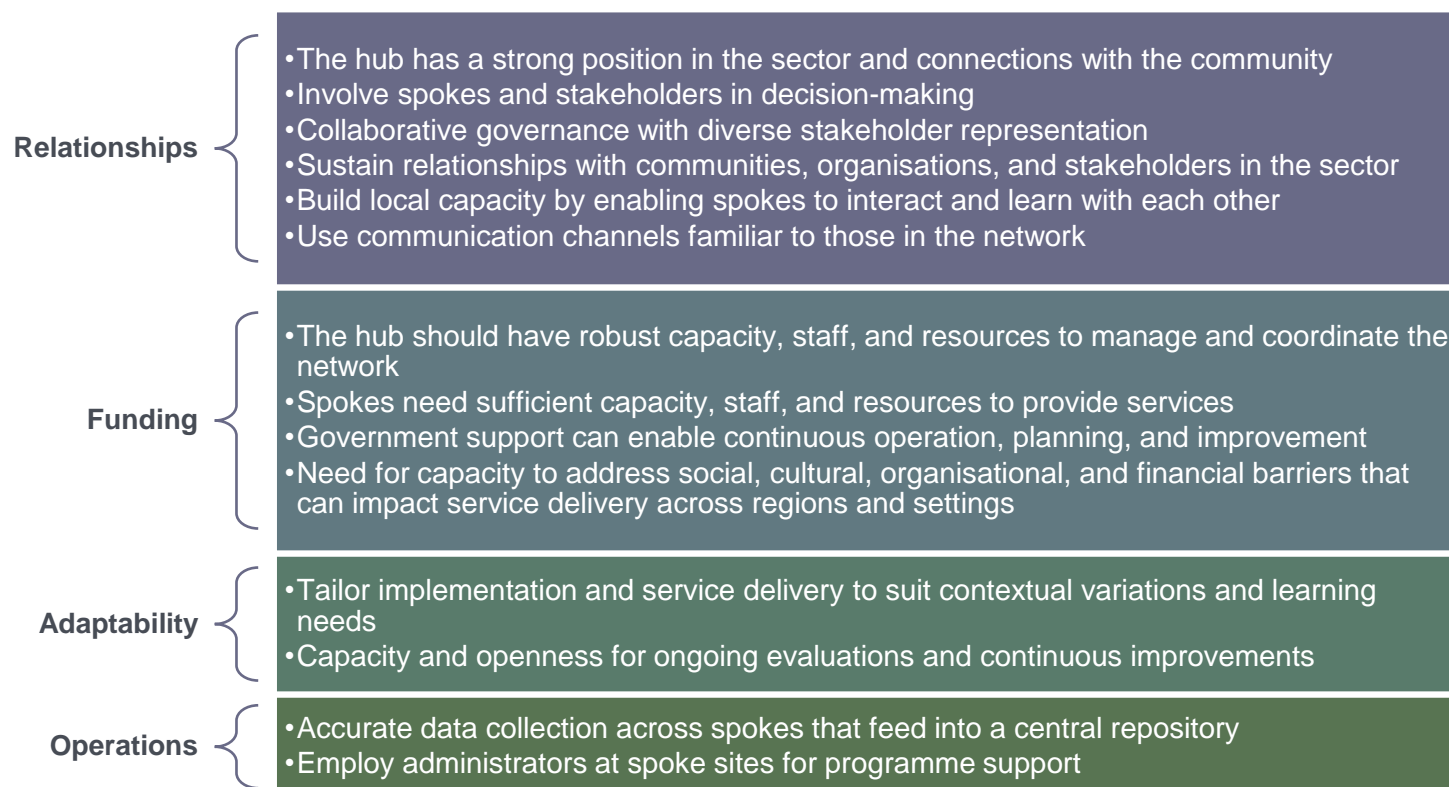- Impacts of broader factors (eg service demand, workforce challenges, sector funding)

Communication
- Spokes can feel disconnected from network, left out from decision-making, and unsupported
- Variations in service approach, delivery, and quality across spokes

Addressing the barriers outlined above, the literature highlights various factors that can support success of hub and spoke networks (Brooklyn & Sigmon, 2017; Corcorran et al., 2023; Elrod & Fortenberry, 2017; Lin et al., 2021; McCormack et al., 2013). The figure below outlines these in four domains: relationships, funding, adaptability, and operations. Relationships that promote decision-making and learning are important for ensuring organisations feel valued and have opportunities to develop within the network. Sustainable funding is vital for ensuring the network can function efficiently and can continue to provide

services for communities. Other important factors centre around adaptability of the network and specific aspects to support operations.

Relationships	•The hub has a strong position in the sector and connections with the community •Involve spokes and stakeholders in decision-making •Collaborative governance with diverse stakeholder representation •Sustain relationships with communities, organisations, and stakeholders in the sector •Build local capacity by enabling spokes to interact and learn with each other •Use communication channels familiar to those in the network
Funding	•The hub should have robust capacity, staff, and resources to manage and coordinate the network •Spokes need sufficient capacity, staff, and resources to provide services •Government support can enable continuous operation, planning, and improvement •Need for capacity to address social, cultural, organisational, and financial barriers that can impact service delivery across regions and settings
Adaptability	•Tailor implementation and service delivery to suit contextual variations and learning needs •Capacity and openness for ongoing evaluations and continuous improvements
Operations	•Accurate data collection across spokes that feed into a central repository •Employ administrators at spoke sites for programme support

Hub and spoke model evaluation for workforce development is needed

Limited information is available about specific mechanisms that make hub and spoke models effective (Faherty et al., 2020; Tilmon et al., 2023). Some studies identify aspects like spoke administrators and interactive learning opportunities as helpful, but the extent of these is not known. Additionally, more work is needed to understand how participation in workforce development hub and spoke programmes contributes to improved outcomes for tāngata whai ora (Holmes et al., 2020; McBain et al., 2019; McCormack et al., 2013). The limited availability of evidence is not unique to the hub and spoke model as other service delivery models are also supported by limited research (McBain et al., 2019). It is therefore important for existing and future workforce development applications to conduct and report evaluations to better understand how this approach can benefit workforces and communities.

HIP training hub and spoke

The Te Waipounamu pilot with WellSouth has been a useful beginning for how the hub and spoke can work for HIP training delivery. The learnings from this, the research, and early information provided by Heath New Zealand |Te Whatu Ora have been used to inform initial planning for what is needed for the next phase of development of the hub and spoke in 2025. This overview is intended to inform discussions for the ongoing development of the regional spokes.

Hub and spoke structure

Defining the roles of the hub and spoke is essential to foster collaborative relationships and clarify roles and responsibilities for the operations of the training programme. Below is a draft high-level overview based on feedback from the pilot, operations of the current programme, and research. This will no doubt evolve over time as the hub and spokes develop.

Strategic reference group
To provide strategic oversight and guidance for the hub and spoke delivery of the HIP training. This will support a collaborative approach for the development and future of the hub and spoke approach. • To identify strategic priorities for ongoing development and sustainability of the hub and spoke approach. • To identify priorities for how the hub and spokes will address equity. • To agree an evaluation approach for the hub and spoke approach. • To consider and provide guidance on responding to emerging themes from evaluations and feedback from both the hub and spokes. • To identify and strategise for emerging themes and trends that could impact the intent, design, and delivery of the hub and spoke approach. • To provide input to the objectives of the quality improvement reviews led by Te Pou for the HIP training The group will be made up of representatives from each the four spokes, Te Pou, and Health New Zealand | Te Whatu Ora. Within the membership there will need to be cultural expertise with a focus on Māori and Pasifika. A terms of reference will be established and agreed with this group. Te Pou to provide secretariat support for the group.

Te Pou (hub)
Overall responsibility for the delivery of the HIP programme which includes: • being contracted by Health New Zealand | Te Whatu Ora for the IPMHA workforce development programmes for HIPs, health coaches, and support workers • employing a programme team for the leadership and coordination of the IPMHA workforce programmes • planning for programme requirements for hub and spoke development to further progress Te Waipounamu spoke • readiness criteria for the development of the three other spokes in a phased approach • supporting regions in their preparation for the establishment of a new spoke • contracting spokes for their leadership role in a region to lead the spoke, funding for the coordination, and delivery of HIP training. This will be through a lead organisation that will hold the contract on behalf of each region • for regions where a training spoke is not in place, Te Pou will contract PHOs for the release time of HIP trainers to be available to deliver the HIP training programme • identify potential HIP trainers for the master trainer pathway and have responsibility for training new HIP trainers and master trainers • responsibility for managing training programme content, quality improvement, and evaluation • identifying programme improvements to address equity • developing relevant processes, and providing systems and documentation that is required for programme delivery through the hub and spokes to ensure national consistency of programme delivery • working with each spoke to identify regional priorities and support the development of an annual project or programme plan • working with each spoke to plan for the growth of the HIP trainer workforce • identifying workforce professional development needs in collaboration with spokes that can be considered for either a regional or national approach • providing ongoing professional development training for IPMHA workforce including HIPs through agreement with Health New Zealand | Te Whatu Ora • evaluating the hub and spoke approach • establishing ways of working with each spoke that fosters a collaborative approach to make the hub and spoke successful and reflective of each region's needs.

Regional training spokes

Responsibility for the leadership of a regional spoke for HIP training delivery within a geographical region which includes:

- identifying a lead organisation to be contracted by Te Pou for the leadership of the spoke and coordinating delivery of the HIP training
- developing an annual project or programme plan for the delivery of the spoke that reflects the role of the spoke described in the service specification provided by Te Pou
- establishing and maintaining the regional infrastructure (groups, networks, and meetings) needed for a collaborative approach for the development and delivery of the spoke in a region
- developing strategies to address regional equity priorities for the HIP training programme
- employing required staffing for the spoke
- establishing a regional training schedule as part of the national HIP training schedule. This needs to avoid duplication of training dates across the regional spokes and the national programme
- delivering the HIP training using the training materials provided by Te Pou.
- provide recommendations for quality improvement or adaptations of the training to Te Pou. Any changes to the programme will be managed by Te Pou
- utilising Te Pou training programme materials, processes, systems, and documentation for the coordination and delivery of the programme
- establishing necessary administration systems needed for the spoke
- supporting HIP trainers in their delivery of the training programme
- identify new HIP trainers to recommend to Te Pou for the HIP trainer candidate pathway
- contracting PHOs for the release time of HIP trainers to be available to deliver the HIP training programme
- identifying potential people to be advanced HIPs
- identifying opportunities for enhancements to the hub and spoke and contributing to the Te Pou evaluation of the hub and spoke approach
- work with PHOs and employers in the region to understand onboarding and support provided to HIP trainees and building regional capability in the IPMHA service delivery model
- identifying ongoing professional development needs of HIPs in the region and liaising with Te Pou as to opportunities for these to be addressed (national or regional)
- communicating with employers of the IPMHA workforce in each region that the responsibility to provide ongoing professional development opportunities identified with their employees remains the same

Regional training spokes
- supporting Te Pou activities to ensure trainers are maintaining the fidelity of the programme which could include assessment and observation of training   - identifying strategies needed to sustain the spoke and delivery of the training programme in the region.

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