

PRINCIPLES FOR DEVELOPING A LOCAL INTEGRATED MODEL OF CARE

IN CANTERBURY RURAL AREAS

19 July 2016

The Canterbury Health System promotes the integration of health services to improve health service delivery, eliminate duplication of tasks and ensure best use of increasingly limited health workforce resources.

The following principles of integration of health services (which may include integration of health workforces) are presented to ensure consistency of approach in rural health service integration.

1. Integration of services in rural Canterbury will be supported by the Canterbury Clinical Network.
2. Service delivery models will be locally led, with input from community stakeholders, contracted health providers, and Canterbury DHB clinical staff (where these are providing services in the area).
3. Wherever inpatient beds are included in the model of care, nursing leadership would continue to sit with the Canterbury DHB to ensure consistency with Canterbury DHB standards, policies and procedures and alignment with Ashburton and Rural Division service delivery standards. This would be the case whether the service delivery model includes Canterbury DHB as a provider or when there is an alternative provider of services that include inpatient beds. The manner by which this alignment is achieved will be detailed in the consultation for change for that particular area.
4. Where standard policies cannot be adhered to because of the service delivery model, exceptions to current policies, processes and procedures will exist. When this arises the Clinical Governance teams, which will include Canterbury DHB nursing leadership, will agree on and develop new fit for purpose best practice policies, processes and procedures and ensure they are documented with staff trained accordingly. This will ensure that all rural staff who work across multiple agencies have a single agreed way of working. This will streamline policies and minimise the risk of staff failing to comply with multiple policies and enable staff to maximise health outcomes for their patients.
5. When the model of care proposes changes to staff deployment, or proposes that Canterbury DHB ceases some or all aspects of service delivery, Canterbury DHB will:
 - Consult with staff in good faith
 - Keep staff informed as we go
 - Minimise staff redundancies
 - Require new provider to maintain standards
 - Maintain nursing leadership connections
6. Where the model of care proposed changes to *other* organisations' staff deployment, (eg staff employed by general practice, age residential care providers or other health providers) Canterbury DHB will support those other organisations to undertake process for change alongside the DHB process for change, so all employees providing patient care in the area are consulted in a single process.
7. Where it is within CDHB's ability to enable a service that has been designed by a community with local clinical input for their people, and the proposed service delivery model can be supported with the existing resources, there should be no barriers to implementing the local model of care.