

Population Health Service Level Alliance Work Plan 2020-22

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Priority actions towards transformational change, improved system outcomes and/or enhanced integration			
1. A system approach to promoting and supporting healthy lifestyles is developed through co-design and is implemented across the Canterbury Health System	Oversee a co-design process on the Canterbury Health Systems approach to promoting and supporting healthy lifestyles. Note: by “promoting and supporting healthy lifestyles” we mean all the ways that the health system can/could enable people to flourish. This includes not only the services that we would usually think of (smoking cessation and so on), but all direct interactions with people, including communications where there are opportunities to support people.	Q2: Co-design completed and report finalised that identifies principles for a new approach to health lifestyles for the Canterbury Health System (CHS). Q3: Opportunities identified in the CHS to improve approach to health lifestyles. Q3-Q4: Recommendations taken to ALT regarding the development of healthy lifestyles in the CHS.	<ul style="list-style-type: none"> ▪ Decreased amenable mortality
	Following the co-design, work with other groups within the CCN (alliance groups, partners and reference groups) and stakeholders in the wider community to facilitate the development of a shared approach to healthy lifestyles. Identify how the Canterbury Health System can influence healthy public policy by reviewing our current approach and identify areas to further strengthening this approach.	Year 21/22 Q4: <ul style="list-style-type: none"> ▪ A Canterbury Health System healthy lifestyles plan is developed and presented to ALT for approval that includes measures that will track outcomes of plan. ▪ Recommendations to strengthen our influence on healthy public policy is presented to the ALT. 	<ul style="list-style-type: none"> ▪ Decreased amenable mortality ▪ Inequity is more closely monitored and reduction of inequity begins to be monitored
2. Improve the equitability of access to Canterbury Health Services	Progress knowledge of enrolment in general practice in Canterbury: <ul style="list-style-type: none"> ▪ Complete the research project on people who are tenuously enrolled or unenrolled with general practice in Canterbury. ▪ Review the findings of the above research and other research collated to date to identify any gaps in our understanding. ▪ Identify research on the impact on equity of access from telephone and virtual consultations. ▪ Commission further research to address gaps in understanding. 	Q1: <ul style="list-style-type: none"> ▪ Research report received ▪ Gaps in our understanding are identified Q3: <ul style="list-style-type: none"> ▪ Further research is undertaken 	<ul style="list-style-type: none"> ▪ Across all outcomes
	Establish a set of metrics to monitor health outcomes and access across the CHS using a pae ora framework that can be used by PHASLA and wider.	Q4: <ul style="list-style-type: none"> ▪ Metrics identified and report distributed across the CHS. 	
	Work with other CCN groups (alliance groups, partners and reference groups) and outside the CCN to facilitate the development of a shared system approach to access to health care services across Canterbury.	Year 2021/22 Q1: A CHS plan is developed around access to primary health care services and presented to ALT for approval.	<ul style="list-style-type: none"> ▪ Across all outcomes

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3. Improve access to best practice interpreting services across the Canterbury Health System for people with limited English proficiency (LEP) and those who are deaf	<p>Improve access to best practice interpreting services.</p> <ul style="list-style-type: none"> Promote and support the adoption of best practice guidelines across the CHS. Review the use and uptake of 'ezispeak' in Canterbury. When national guidelines on interpreters services are released, update Canterbury guidelines. Develop and present to the PHSLA/ALT a draft action plan to enable the implementation of the Best Practice guidelines. Agree on minimum standards for qualifications to work as professional interpreters in the CHS. Agree on a common set of criteria to guide the definition of a professional interpreter. 	<p>Q2:</p> <ul style="list-style-type: none"> Alliance partner organisation uptake of best practice guidelines. An increase in the utilisation of interpreter services by alliance partner organisations. <p>Q3:</p> <ul style="list-style-type: none"> Draft action plan presented to the PHASLA. 	<ul style="list-style-type: none"> Increased equity of access Greater access for our population to interpreting services for their health needs A common approach to the standards of interpreting services for our population
	N/A as work group has 12 months term and work will transition to ongoing improvement as part of normal operations.	Year 2021/22	
4. Improve access to gender affirming health care	<p>Progress access to gender affirming services.</p> <ul style="list-style-type: none"> Embed the new HealthPathways established through the co-design project including responding to any emerging issues and changes needed to the pathways. Communicate the new pathways for accessing care to the Trans community and health professionals. Support the upskilling and education on Trans care for general practice teams. Further strengthen relationships with clinicians across primary and secondary care to increase knowledge within and between the services. 	<p>Q4:</p> <ul style="list-style-type: none"> Utilisation of relevant HealthPathways. Summary report received. A high level of acceptability of new processes from the perspective of consumers and health professionals. 	Increased equity of access
	N/A as work group has 12 months term and work will transition to ongoing improvement as part of normal operations.	Year 2021/22	
Actions towards monitoring progress			
5. Progress is made towards being smokefree by 2025	Oversite of the Tobacco Control Plan 2020/21 (EOA/SLM).	<ul style="list-style-type: none"> Timeline TBC by MoH. The 2020/21 Tobacco Control Plan endorsed by ALT. A contract for Stop Smoking Services with MoH is renewed by July 2020. 	<ul style="list-style-type: none"> Smokefree 2025 Reducing our population smoking rates across Canterbury
	Oversite of the refining of the Te Hā - Waitaha service model to achieve	Ongoing: Measures of cessation from service users	

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6. Reduced Alcohol Harm in our population	greater outcomes for our Wahine population to become smokefree. (EOA/SLM)	by ethnicity.	
	Oversite of work with Smokefree Canterbury towards our goal of Smokefree 2025. (EOA/SLM)	Ongoing Population level smoking rates by ethnicity.	
	Monitor the refinement of the Te Hā - Waitaha service model to achieve greater outcomes for our Wahine population to become smokefree. (EOA/SLM)	Year 2021/22 Ongoing Te Hā - Waitaha delivery model refined.	<ul style="list-style-type: none"> Smokefree 2025 Reducing our population smoking rates across Canterbury
	Monitor work with Smokefree Canterbury towards our goal of Smokefree 2025. (EOA/SLM)	Year 2021/22 Ongoing Continued coordination with Smokefree Canterbury.	
	Monitor the development and implementation of a communications plan to increase awareness of the health risks associated with alcohol (EOA).	Q4: Communications plan approved by cross sector working group that includes communications both for within the health system and for the wider population /media.	<ul style="list-style-type: none"> Reducing the rates of alcohol related harm in our population
	Oversee the improvement and understanding of individual and population level alcohol data across the health system.	Q4: <ul style="list-style-type: none"> Updated BERL (Business and Economic) research on the cost of alcohol harm to Canterbury health sector completed and disseminated. Research project initiated on alcohol data collection and availability from other local agencies. 	
	Monitor the implementation of policy which reduces alcohol-related harm.	Year 2021/22 Ongoing <ul style="list-style-type: none"> Adoption of a CDHB staff Alcohol & Drug Policy. Review completed of workplace alcohol policies in place by other organisations across the health sector. 	Reducing the rates of alcohol related harm in our population
Oversee the support of staff to identify and address risk and harm related to alcohol.	Year 2021/22 Ongoing Brief intervention training for hospital staff made available and promoted.		
7. Increased motivational interviewing skills of primary health care professionals	Oversee the progress of influencing norms and behaviour change. (EOA)	Q4: Develop and implement a Communications Plan.	<ul style="list-style-type: none"> Enable Health Sector workforce to support our population to stay well and take greater responsibility for their own health and wellbeing
	Oversee the coordination of prevention, identification, treatment and support.		
8. Amenable mortality	<ul style="list-style-type: none"> Monitor referrals to Green Prescription. Develop a system wide approach to increase cervical screening coverage (SLM).	<ul style="list-style-type: none"> Target of 4,000 referrals/annum. A proposed approach to increasing cervical screening coverage developed. 	Goal 1 - People take greater responsibility for their own health

Key metrics to indicate progress delivering work plan actions, impact on health outcomes and/or monitor performance	
Description of metric	Data Source
1. Better Help For Smokers to Quit – Primary, Secondary, Maternity.	MoH
2. Quarterly performance reporting of Te Hā – Waitaha data to MoH.	CDHB
3. Quarterly performance reporting of Green Prescription Referral data to CDHB.	Sport Canterbury / CDHB
4. Quarterly performance reporting of Motivational Conversation Service provision.	Pegasus / CDHB
5. Quarterly performance reporting of cervical screening coverage.	MoH NSU
6. National Cervical Screening Programme Coverage Data.	National Cervical Screening Programme
7. To be established - a set of metrics identified to monitor health outcomes and access across the Canterbury Health System using a pae ora framework that can be used by PHASLA and wider.	Various

The 2020-21/22 CCN Work Plan for all alliance groups can be viewed on the CCN website [here](#).