



CCN QUARTERLY REPORT
Q1: JULY - SEPTEMBER 2020



Summary highlights and comments

Ashburton Service Level Alliances (ASLA)

- Feedback on barriers to Aged Residential Care (ARC) residents accessing primary care services in Mid-Canterbury prompted the SLA to investigate model of care options. Consultation with ARC facilities identified a general preference for aligning with one general practice. Consultation with ARC residents and their families on their preference is being considered before a communication from the SLA to general practice is made on a preferable model of care.
- The cultural competence of the health care workforce in Ashburton to serve the region's growing multicultural population can be a barrier to accessing health services. A working group is undertaking a stock take of SLA member organisation's documentation on cultural development to identify any gaps and the future direction of this work.
- Access to sexual health services has emerged as an area of need following the withdrawal of the family planning services from Ashburton last year. While this was raised as a concern for the youth of Ashburton, it impacts the wider population. The SLA is monitoring services and identifying opportunities for improving access. Alongside this some local clinicians are working together to establish a new sexual health service for 14-17-year olds.
- The Ashburton Community and Social Sector Research Report released in September, identified 24 areas in which to support the community and social sector post COVID 19. This report viewed [here](#) raises areas of overlap with Safer Mid Canterbury and The Ashburton District Council. A meeting is scheduled in September to discuss these opportunities.

Child & Youth Health Workstream (CYWS)

Ngaire Button and Michael McIlhone formally took over the role of Co-Chairs of the Workstream in September. They have taken time to engage with CYWS members to understand their view of workstream priorities and consider any changes (e.g. to group and meeting structure), that may better support the CYWS priorities to be achieved. A report summarising themes from the discussions will be circulated in Q2; this will inform a workshop with CYWS members early in 2021 to reset the purpose and structure of the group.

In the interim, while the lack of facilitator and project leads within Planning and Funding has impacted progress, some work on the group's priorities has continued, notably in the following areas:

- The Canterbury Breastfeeding group is exploring alternative ways to improve access for Māori and Pacific women.
- Strengthening Pacific engagement in the Parenting and Pregnancy Education programmes.
- Access to Sexual Health services for Youth including any opportunities to utilise the current School Based Health nurses in this role.

Community Services Service Level Alliance (CSSLA)

- The CSSLA is currently rolling out an electronic referral process for Community Services. This is the culmination of two years of work designing and implementing the form and working with Strata Prism to enable this way of working. This referral process situates service allocation with providers, who can better determine the needs of the individual in their own home, rather than a referral covering generic services, as imagined from within the hospital. It is a shift of focus that will have important ongoing effects for the delivery of services in the community.

- The SLA is continuing to provide some oversight to the CREST (Community Rehabilitation Enablement & Support Team) service transition. Of note the SLA is working with the Planning and Funding analyst team to ensure that the data implications of this service change are visible. Reports from the Older Person's Health clinical team and providers indicate that this transition is going well. Ideally no change will be visible to the consumer from this operational change, and with very few exceptions this seems to be holding up.
- The SLA is contributing to ongoing work around the benefits of restorative care. They have contributed to an education package on HealthLearn, and plan to publish a short information brochure explaining the goal of restorative support and how this is used, in the context of Community Services, to enable greater independence for older people living in the community.

Coordinated Access on Release (Te Ara Whakapuāwai)

- In September 2020, members from the group attended a half day visit to Christchurch Men's Prison. The visit was informative and will help put future discussions into context. The visit also highlighted the opportunity to do more for people on remand, especially young men. A visit is planned for Christchurch Women's Prison in November 2020.
- Initial communications to raise awareness amongst Corrections staff, prisoners on release and general practice of the free and extended consultations that are available to people when they are released from prison, has been drafted. The group is also exploring the use of a brochure for the reintegration teams to use when working with prisoners. This will include how to enroll and access general practice and the free and extended consultations that are on offer in Canterbury. These consultations target an 'at risk population' and help improve access to primary care. They also ensure that prisoners on release are well supported with planned care whilst integrating back into the community.
- A data dashboard is being developed, which will provide a snapshot of the consultation claiming data and uptake of these by General Practice. The aim is to have the dashboard finalised by the end of 2020.

Health of Older People Workstream

- We are seeing outcomes from the Kaumātua programme of an increased engagement with Kaumātua in Birdlings Flat (who might otherwise have few connections with the health system). Kaumātua who attend have reported increased social engagement (overall, not only in relation to this programme) and an increased knowledge of various health issues that may concern them.
- The Workstream have considered the available data to identify measures that will enable the group to capture a picture of the drivers impacting the health of older people within that system and to monitor progress on the Workstream's important pieces of work.
- The ongoing work of the Workstream includes preventative actions around dementia and early diagnosis. This work will ensure older people receive the benefits of early engagement with our health system, including early care planning and education for the person with dementia and their whānau/ care partner. Early diagnosis also provides a system measure to ensure we can meet the anticipated demands of expected increase in dementia incidence by 2030. In Canterbury, we are already near capacity in terms of Specialised Dementia Level Aged Residential Care, even though we currently have a greater number of dementia beds than other equivalent DHB with work underway to explore this situation.

Immunisation Service Level Alliance

- The Kaumātua Flu programme (targeted at Māori 65 years and over), while not on the SLA's workplan emerged as a priority through the COVID response. It sought to increase influenza vaccine coverage in Kaumātua as a way of managing the health of this vulnerable population. This targeted approach increased coverage from 48% to 57% for Māori over 65-year olds, with the DHB total population over 65-year-old coverage at 74%.
- In Q1 the national Pertussis vaccination in pregnancy data was available. It showed that in 2019 Canterbury coverage for the Total population was 61.7% while coverage for Māori and Pacific women was 35%. This reinforces using targeted initiatives, including for the promotion of the Pertussis vaccination.
- In Q1 the DHB did not achieve the 8-month target, missing around 46 children. Of these children 10 had declined Outreach Immunisation Services (OIS) and six are still on the OIS schedule.

Integrated Diabetes Service Development Group (IDSDG)

An Integrated Diabetes Services Workshop was held in August to progress the Diabetes Review recommendations. The workshop aimed to:

- Consider how we ensure services are available at the right time, right location and delivered by the right provider;
- Identify how we make sure we have a skilled, competent, and connected workforce; and
- Identify what integrated clinical oversight could look like.

The well attended workshop was an opportunity for networking, with community providers gaining greater visibility and an increased appreciation of the different providers and services available to support individuals and their whānau living with Diabetes. Māori and Pacific providers who attended had previously been under-utilised and a commitment was made to be a more connected workforce was identified as being valuable for the consumer and in particular for people / whānau from priority populations and who traditionally have not engaged with Diabetes services. One opportunity identified from the workshop was to improve community providers access to specialist clinical input. In response, a regular meeting for case reviews and ongoing education has been established that is open to all providers.

The newly established Diabetes Education programmes in the community has had good attendance and received excellent feedback from attendees. Three Community Diabetes Education classes have been held and work is underway to further improve access for people from priority populations. Tangata Atumoto Trust and their mobile nursing team are developing and will run a Pacific diabetes education classes commencing in February 2021. While classes focusing on access for Māori will be co-hosted by Te Pua Waitanga and the Diabetes Centre and will also commence in early 2021.

Integrated Respiratory Service Development Group

- Respiratory physicians continue to support virtual ward rounds with COVID positive patients managed isolation and quarantine facility with multi-disciplinary teams.
- The Community Respiratory Service continues to deliver the new rolling Better Breathing - Pulmonary Rehabilitation programme with positive feedback from patients and volunteers. The team continue to prioritise Māori and Pasifika referrals to the services. The Integrated Respiratory Nursing Service (CRISS, Community Respiratory Service and CanBreathe) continue to meet regularly. A member of the team attends the discharge meetings on the ward to encourage further referrals to the community services.

Laboratory Service Level Alliance

Subgroups have been established by the SLA to progress key pieces of work including:

- Exploring whether access to home visit lab tests is equitable.
- Determining lab test markers as indicators of optimal use of lab tests.

In addition, progress on the E-Lab Ordering in Q1 has included Information System Group (ISG) identifying a project lead to work alongside Planning and Funding and staff from the two Labs, to develop the software needed. Time frames for completion of the project by March 2021 have been established.

Mana Ake Service Level Alliance

- *Evaluation:* The Impact Lab GoodMeasure Report August 2020 identified that for every \$1 invested in Mana the social return on investment of \$13.32 is returned. In addition, the Ministry of Health has commissioned Malatest International and Aro Solutions (Auckland) to undertake an external evaluation of Mana Ake. The Interim report is due to the Ministry of Health 30 November with the final report due April 2021.
- *Mana Ake Website:* A decision has been made not to pursue the Mana Ake Facebook page and concentrate resource investment into the Mana Ake Website. A link from the Mana Ake website to a mailbox @Mana Ake Feedback will enable requests for service and information are directed. And will offer some of the function sought from the Facebook page.
- *School Cluster Forums:* Cluster Forums continue to be provided virtually and are well attended. Participants from outside of Christchurch appreciate the opportunity to attend without travelling.
- *Professional development:* During the COVID response the approach for delivery shifted from large presentations to virtual methods for educators to engage in professional development. The first Mana Ake webinar (autism) was held 19 August with 320 people registered from 138 separate entities, organisations or schools included. 115 of the registrations were from people that have not previously registered for a Mana Ake Professional Development and Learning session. The webinar is available on Leading Lights approximately two weeks after the live event enabling enablers to access these at a time that suits. A further webinar is scheduled for the 28 October
- *Podcast:* The first podcast on School Attendance, was loaded on to Leading Lights in August. A second podcast was posted mid-September. As experienced with the Professional Development it appears that teachers and educators are ready to embrace new ways of accessing professional development. It is noted that there is no cost to schools for these sessions. We will closely monitor usage of podcasts before making a recommendation as to whether to make these regularly available.

Mental Health Workstream

Key highlights from Q1 include:

- At the end of Q1 Canterbury Te Tumu Waiora Programme had 19 general practices in the implementation pipeline, which will service a population of approximately 138,000 people.
- A consortium of Canterbury youth agencies was successful in their bid for a Ministry of Health Request For Proposal for Youth Primary Mental Health and Addiction Services. This will increase the number of clinicians providing care through the Community Youth Mental Health Service (CYMHS) by approximately 9 FTE with additional service funding by early 2021 as part of a CYMHS Wellbeing 2025 Service.
- The initial phase Opioid Substitution Therapy (OST) Programme has been completed and agreement reached on the roll out of this across Canterbury. This new approach to the management of OST provides a safer and more user-friendly service for both consumers and providers.

Oral Health Service Development Group (OHSDG)

- The priority for the OHSDG has been re-establishing the dental services that ceased during level 3 and 4 lockdowns including catch-up appointments for people whose attendance at community and hospital dental services was delayed. The period of lockdown also impacted private dental practices; the subsequent increase in demand for adult services has raised concerns about possible impacts on access for adolescents. Improving Youth access to services is a priority area of improvement for the OHSDG.
- Work has commenced on the Oral Health Patient Pathway with a focus on how children access oral health services within our system and how adults access emergency dental services. Two workshops have been held; the first mapping the current flow of people through the services, and the second looking at what issues, challenge, barriers to access exist and opportunities for system wide improvement. A third workshop will be held in December, to agree recommended ways to improve the overall flow of people through the services. Ahead of the third workshops the Health Equity Assessment Tool will be applied to identify ways to improve equity of access and outcomes through the process
- Hector Matthews attended a Dental Association branch meeting and presented on cultural awareness.

Pharmacy Service Level Alliance (PSLA)

- Completion of the Enhanced Opioid Substitution Therapy (OST) project in September 2020 that demonstrated benefits for clinicians and clients from using an electronic prescribing solution to provide an enhanced OST service. Agreement was also reached on progressing a Canterbury-wide roll-out of the project between October 2020 to June 2021.
- Three pharmacists have been funded by the Canterbury Community Pharmacy Group (CCPG) to receive training on the Meihana model. Feedback from the attendees will be used to revise this training with the expectation that a pharmacy specific training programme will be developed and rolled out across Canterbury. This will assist with increasing pharmacists' cultural competency and improve access for the vulnerable population to the health care provided by pharmacists.
- In Q2 the polypharmacy work group will meet to consider the PHOs response to the work to get equitable access to general practice audit of people on multiple medications and review the future priorities of the work group for 2021.

Population Health and Access Service Level Alliance (PHASLA)

- An update from PHOs and CCPG on their approach to health promotion and services to improve access. This will inform further discussions on across Canterbury work in these areas.
- Eline Thompson presented progress on the research project on 'Access to primary health care for people with poor access.' The overall objective is to improve the group's understanding of people who are unenrolled or tenuously enrolled with a general practice team. This work has been delayed due to COVID-19.
- Endorsement of the Tobacco Control Plan for 2020-21. This Plan brings together Tobacco Control activity across Canterbury and supports delivery against the Tobacco Control Agreement between the Ministry of Health and the Canterbury DHB.
- A draft reset of the co design was tabled with a number of Māori leadership groups. The feedback received was used to inform the development of a final draft tabled with the Te Tiriti and Equity group 9 October. This reset of the co design will guide how the SLAs work on Healthy Lifestyles (Supporting people whānau to manage their own health and Wellbeing) occurs.

Rural Health Workstream (RHWS)

While progress has been made in the following areas work on a revised approach to rural subsidies and workforce analysis has been delayed. Both pieces of work will be tabled with the RHWS in December.

- The CCN Technology-enhanced Education Working Group met to develop a guideline to education providers due Q2 on improving remote access to education.
- Jaana Kahu continues to support kōrero with the group on the role of Manawhenua Ki Waitaha (MWKW) and further understanding our commitment to Te Tiriti o Waitangi. Given the health disparities between Māori and non-Māori, the next steps for RHWS are to establish/maintain relationships across the hapū (listen, then act) and to identify the key rural Māori population issues to progress across Waitaha.
- Sian Sunckell (Youth Perspective, St John) presented her literature review entitled 'Telehealth: Overcoming Barriers for Rural Healthcare' completed as part of her nursing degree. This highlighted access to specialist services is often limited, provided examples of addressing Māori inequity through telemonitoring equipment; and barriers of up-to-date, reliable equipment and internet stability. The full paper can be accessed [here](#).
- Advocacy to Otago and Auckland universities for a 12-week Rural Trainee Intern Programme in New Zealand as an alternative to international intern programmes. This was well received and will start early 2021 and comprise of three – four weeks in a Rural Community Hospital, three weeks in the Mobile Health Bus, and three weeks in a rural general practice to support the growth of rural [workforce](#).

System Outcome Steering Group

The identification of a facilitator for the SOSG in October has supported work of this group to progress, including responding to the Ministry's requirements around reporting and the development of the 2020-21 System Level Measures Improvement Plan.

Urgent Care Service Level Alliance

- Work has begun on decreasing the number of frail elderly patients presenting to ED. At the SLA meeting 10 November an update will be provided on the pilot underway involving the 24-Hour Surgery and ARC facilities. This pilot aims to redirect appropriate ARC residents' patients from ED.
- Work is continuing on increasing visibility of St John and Home Care Medical data. Gaining regular updates will provide the SLA with a more comprehensive picture of urgent care provision across the system.
- A meeting between each of the urgent care facilities and St John in September discussed opportunities to increase the rate of transport to non-ED destinations. Since 2017 the average rate for Canterbury has been 2.4%, the highest rate in the country is 4%. The group is meeting monthly to continue identifying where improvements could be made with and the SLA continuing to monitor transportation data closely.
- Total occupied bed days - acute admissions was slightly higher this quarter than last seeing 69,329 compared to 55,343 last quarter. We also saw a large increase in occupied bed days for Māori with 7,125 this quarter compared to 4,444 last quarter.
- A change in membership on the SLA from Planning and Funding staff impacted the access to data and the ability of the group to progress some objectives in Q1. An analyst has been identified and will attend the November meeting to discuss data requirements.