CCN work programme 2020-22:

Priority actions and shared areas of focus

Canterbury Clinical Network
Transforming Health Care. Whanau Ora ki Waitaha.

Priority Actions & Shared Areas of Focus: Canterbury Clinical Network Work Programme 2020-21

This document has been developed as a brief summary of the alliance group's priority actions and any obvious links or shared areas of focus across the CCN alliance groups.

Communication across the identified groups is encouraged to reduce any duplication of effort, identify where value in jointly progressing or aligning work or providing regular updates on progress.

There are some commonalties across a number groups. The CCN Programme Office will engage with the relevant parties to explore value of a system level response in support of the work being undertaken in alliance groups.

- HealthOne Access
- Increased use of telehealth / communication of accessing general practice and value of alternate ways to access care
- Cultural development of the workforce
- Shared Care Planning

In addition, access to data to identify any variation in access or outcomes remains a priority for a number of groups.

Note: This document does not include actions the alliance groups are monitoring, although some reference is made to some shared areas of activity.

The alliance groups' priorities have been abbreviated; for more detail please refer to the full Canterbury Clinical Network Work Programme 2020-21/22, available here.

Contents

Ashburton Service Level Alliance (ASLA)

Priorities	Common priorities or links with the following groups
1. Progress integrated journey for people aged 65 and over. 2. Strengthen relationships between primary, secondary, tertiary and community care and local rūnanga. 3. Agree additional opportunities to facilitate enrolment in general practice and transfer between GP with a focus on Māori, Pasifika, Migrant and Culturally and Linguistically Diverse (CALD). 4. Explore expansion of scope of practice within general practice and utilisation of other healthcare roles in primary care. 5. Explore the use of mixed model of face to face consultations and telehealth /virtual consultations in primary and secondary care including linking with other alliance groups. 6. Improve cultural competency of the health care workforce (incl. admin staff) across Ashburton 7. Continue to support the #CareAroundtheClock advertising campaign. 8. Update and distribute communications about how to access general practices post Covid-19 and what services/new ways of working are available. 9. Monitor access to sexual health services in Ashburton including through Youth One Stop Shop.	**Health of Older People Workstream (HOPWS):** The HOPWS have a link with the ASLA on strengthening the Integrated journey for people aged 65 and over; and ARC residents' enrolment in general practice. **Integrated Family Health Service (IFHS) / Health Care Home (HCH):** Contributing to scope of practice within general practice and utilisation of other healthcare roles in primary care, progressing alternatives to face to face consultations in general practice. **Rural Health Workstream (RHWS):** Exploring ways to locally contribute to increasing sustainability of the rural workforce. Child & Youth Health Work Stream: Review Youth Access to Sexual Health Services with a focus on high risk populations. **Primary Health Organisations (PHO) / Alliance Support Team (AST):** Communication of how to access general practice will be raised at AST (Sept) to consider need for a system wide approach. **TeleHealth Operations Governance Group:** Progressing uptake of telehealth. **ASLA Monitoring:** Shared Care Plan use.

Child & Youth Health Workstream (C&YWS)

Priorities	Common priorities or links with the following groups
1. Develop and implement a Maternity Work plan in consultation with Māori and the wider community. 2. Implement a breastfeeding action plan focused on improving equity for Māori, Pacific, CALD, rural and high deprivation populations. 3. Evaluate the pregnancy and parenting programme model to ensure it better meets the needs of all Māmā and Papa with a specific focus on Māori and Pacific. 4. Continue expansion of LinKIDS to achieve different components of early childhood / child health service delivery. 5. Continue developing an integrated approach between child mental health, paediatric services and child disability support services alongside education / Ministry of Education 6. Review Youth Access to Sexual Health Services with a focus on high risk populations. 7. Collaborate with Oranga Tamariki to ensure the joint focus on vulnerable children and young people is maintained during the transition of Children's Team into new model(s) of early intervention. 8. Promote the transition of young people to adult health services that meet the needs of 16 to 25-year olds with complex care needs. 9. Develop suitable health pathways in conjunction with VOYCE (Voice of Young People with Care Experience) to improve access to dental health, mental health and sexual and reproductive health. 10. Develop a Child and Youth Health data dashboard, to monitor and measure utilisation of current services.	**Ashburton SLA:** Consumers on the Ashburton have raised the matter of poor access to sexual health services for youth. **Oral Health and Mental Health:** C&YWS to engage with other alliance groups around development of pathways in conjunction with VOYCE.

Community Services Service Level Alliance (CSSLA)

Priorities	Common priorities or links with the following groups

1. Develop a Restorative Support education strategy for the sector and wider public.
2. Progress navigation strategies including revision of HealthInfo to clarify Restorative focus and promote the use of Personalised Care Plans.
3. Work with Christchurch and Burwood Hospital and Providers to ensure District Nursing referrals to rural areas are planned with attention to available resources.
4. Work with RHWS to develop a resource describing services available on discharge.
5. Continue to streamline the supply of consumables to rural providers of District Nursing.
6. With HOPWS continue to develop support services for kaumātua in rural areas incl.
   • Submitting a business case for the kahukura project in Birdlings Flat
   • Rolling out project in the Hurunui
7. Continue to develop support services for the Pasifika and CALD communities with a focus on Falls Prevention.
	Hurunui and Oxford Service Development Group (SDG): Implementing the Rural Restorative Care is included in the Oxford & Hurunui Models of Care. A Provider Alliance in Oxford is monitoring the Oxford Model of Care Implementation following the disestablished of the SDG.
	
	Rural Health WS: Is monitoring progress with implementing the kaumātua project and the Rural Restorative Care.
	
	Integrated Respiratory Service Development Group (IRSDG) – is delivering a workshop to Rehua Kaumatua on inhaler and medication use and exploring opportunities to screen people for respiratory disease.
	
	Community Services SLA Monitoring:
	The CSSLA is monitoring the Falls Prevention Data. **Pharmacy SLA (PSLA)** is monitoring work of the Polypharmacy Work group that is linking people who are most at risk from polypharmacy including people referred to falls prevention, with a review of their medication and / or referral to Medication Therapy Assessment.

Coordinated Access on Release

Priorities	Common priorities or links with the following groups
1. Implement HealthOne into prison health units in Canterbury. 2. Explore what work is possible with Probation to link prisoners (paihere) on release with health navigation services, where additional health support is required. 3. Explore the potential for screening/health assessment in prisons with a focus on mental health, alcohol and drug and traumatic brain injury. 4. Communicate the free and extended consultations initiative to prisons, reintegration services, primary care etc. 5. Update the release process planning map that was developed in 2017. 6. Facilitate discussion on improvement of the delivery of health services.	

Health of Older People Workstream (HOPWS)

Priorities	Common priorities or links with the following groups
1. Continue to develop support services for kaumātua in rural areas (see CSSLA priorities above). 2. Produce recommendations for service interventions to address delayed dementia diagnoses. Work with primary care to implement recommendations and with Community and Public Health to promote dementia specific health messaging. 3. Liaise with #wellconnectednz to compile community resources that promote social integration, with a focus on transport options and solutions to other barriers. 4. Investigate and report on potential for a "Social Prescription" model for older people. 5. Develop pathways for use of individualised funding options. 6. Develop up-to-date information package for Carers. 7. Work with Health Quality & Safety Commission (HQSC) to support work on deprescribing in Aged Residential Care (ARC). 8. Continue work to improve HealthOne access for ARC facilities. 9. Work towards increased ARC engagement in Falls Prevention. 10. Identify cohort of pre-frail older people via case-mix group and Clinical Assessment Protocol, and develop system to allow referrals for this cohort to appropriate services including Falls prevention.	**Rural Health WS**: Is monitoring progress implementing the kaumātua project. **Oral Health SDG**: West Coast priority actions include develop patient pathways to facilitate access to hospital, specialist dental health services for people with special dental or health conditions with consideration given to older persons, low income adults and those who experience mental health issues. **Pharmacy SLA** is monitoring work of the Polypharmacy Work group that is linking people who are most at risk from polypharmacy including people referred to falls prevention, with a review of their medication and / or referral to Medication Therapy Assessment. **Urgent Care SLA:** Priority action is to explore opportunities for avoidable admissions by utilising virtual ward concept. Key areas to explore Palliative Care, ARC/Older Persons Health and step down from hospital- Chronic Obstructive Pulmonary Disease (COPD) / Heart failure focus.

Immunisation Service Level Alliance (ISLA)

Priorities	Common priorities or links with the following groups
1. Work with our immunisation system to reach children who have missed an Immunisation event due to covid-19 restrictions. 2. Support Ministry of Health with developing a new NIR system, improving vaccine supply and developing a Covid-19 vaccine programme. 3. Review / refresh the Immunisation Service Model that reflects current environment. Develop a plan and progress implementation of any service changes needed. 4. Develop a process to identify women who have / have not been vaccinated during pregnancy. 5. Engage with key stakeholders about improving pertussis coverage with a focus on Māori and Pacific family/whanau. 6. Continue supporting Outpatients vaccination programme and increase coverage by 10%. 7. Support the implementation of the 2020 Immunisation Schedule changes. 8. Continue monitoring immunisation coverage and ensure it is equitable. 9. Continue offering the Immunisation Conversation Programme to general practice teams and Lead Maternity Carers (LMCs).	**Child & Youth Health WS**: Immunisation SLA regularly reports to the C&YWS so a link available for work involving LMC.

Integrated Diabetes Services Development Group (IDSDG)

Priorities	Common priorities or links with the following groups
1. Gather information and apply this to advance diabetes service delivery to high risk populations. 2. Align dietetic and nutritionist workforce by completing a stock take of current access and location of dietetic and nutritional services to establish baseline and unmet need and develop recommendations for any change. 3. Monitor progress with implementation of redesigned patient education in a range of community settings to support improved access for priority populations. 4. Monitor integration of diabetes nursing workforce to allow increased community delivery, consistent clinical oversight and equity of access.	**Community Services SLA**: With the HOPWS is continuing to develop support services for kaumātua in rural areas including Birdlings Flat and the Hurunui. **Pharmacy SLA:** Canterbury Community Pharmacy Group (CCPG) is supporting pharmacists to provide mobile clinics with a Kaupapa Māori lens in ethnically appropriate locations and using an adapted Māori health framework.

Integrated Respiratory Service Development Group (IRSDG)

Priorities	Common priorities or links with the following groups
1. Pilot community-based FEV6 lung function testing. 2. Identify and contact people frequently attending hospital and put in place a package of care to support them at home. 3. Encourage preventative measures such as smoking cessation. 4. Co-create community respiratory programmes with Māori and Pasifika peoples. 5. Work with rural communities to design and deliver alternative rehabilitation and/or community exercise programmes. 6. Pilot a rolling Better Breathing Pulmonary Rehabilitation Programme to reduce wait times between referral to and attendance. 7. Improve patient and clinical understanding of community respiratory programmes.	The following groups may provide opportunities to link IRSDG work with community respiratory programmes • **Community Services SLA**: With the HOPWS is continuing to develop support services for kaumātua in rural areas with work underway in Birdlings Flat and plans to engage in the Hurunui 2020-21. • **Integrated Diabetes SDG**: Monitoring implementation of redesigned patient education in a range of community settings to support improved access for priority populations. **Urgent Care SLA:** has as a priority action to strengthen community providers care of patients with chronic health conditions with an initial focus on patients presenting with mild exacerbations of COPD. **Note**: The Hurunui Service Development Group, the Oxford Provider Alliance and Community Advisory Group, and Ashburton SLA provide contact points into rural communities.

Laboratory Service Level Alliance (LSLA)

Priorities	Common priorities or links with the following groups
1. Provide advice and recommendations about e-lab referrals. 2. Undertake detailed analysis of home visit data supplied by Southern Community Labs (SCL) and Canterbury Health Labs (CHL) by ethnicity and geography including criteria for home visits, and opportunities to better meet the needs of Māori and vulnerable populations. 3. Measure the variability of laboratory testing by ethnicity, gender, domicile and age. 4. Develop an equity and access panel of laboratory test markers that reflect variability of testing in Canterbury and enable optimal use of testing through addressing inequities. 5. Develop and recommend a common list of self-request tests that can be offered in Canterbury. 6. Map location of collection centres to meet access and equity considerations. 7. Consider thematic feedback received by SCL and CHL from their consumer surveys and recommendations about access and equity quality improvement opportunities.	

Mana Ake Service Level Alliance

Priorities	Common priorities or links with the following groups
1. Clusters provided with data and supported with its use. 2. Support consideration of cluster wide strategic wellbeing plans and support schools and clusters to promote wellbeing messages with their communities. 3. Facilitate termly cluster forums to share innovation and learning, and work with providers and others to identify / develop opportunities for shared learning. 4. Further leverage Mana Ake relationships and learning with system partners to facilitate stronger collaboration, e.g. Tuturu, Children's Team transition. 5. Review and enhance Leading Lights pathways including community focused information for schools. 6. Embed ERMS Online. 7. Identify opportunities to work with schools to connect more closely with their communities and vice versa, and show case these. 8. Ongoing development of Mana Ake website. 9. Work with providers to embed systems and processes that contribute to sustainability. 10. Clarify the network of support available by providing early intervention through Mana Ake in a way that enhances what is already in place. 11. Develop a range of implementation plans to respond to potential long term options for Mana Ake.	**Child & Youth Health WS**: Is continuing to develop an integrated approach between child mental health, paediatric services and child disability support services alongside education / Ministry of Education Outcomes of Mana Ake Review is on the C&YWS Data dashboard.

Mental Health Workstream (MHWS)

Priorities	Common priorities or links with the following groups
1. Support implementation of the new integrated primary care mental health service Te Tumu Waiora. 2. Kaupapa Māori organisation supported to develop local Muslim capacity to respond to people impacted by the Mosque attacks. 3. Whanau and people with lived experience contribution to Mental Health and Addiction services in Canterbury improved. 4. Recovery College Curriculum developed by Providers and available to consumers. 5. Maternal Mental Health boosted by completion of Canterbury Plan for "First 1000 days". 6. Support implementation of new and expanded youth mental health and addiction services. 7. Evaluate and expand the Opioid Substitution Treatment Model in pharmacies. 8. AOD Services expanded to provide greater range of care options. 9. Cross-agency Canterbury Suicide Prevention Action plan implemented with agencies given opportunities to collaborate on prevention and postvention, postvention counselling available to those who need it, when they need it. 10. New Māori Tiriti and Equity group formed to inform the Mental Health and Addiction sector in Canterbury on Māori mental health and addictions equity and cultural safety[1].Housing options increased for the most vulnerable consumers in Canterbury. 11. Community Forensic Capacity is expanded to reflect demand. 12. Peer Support is enhanced by expanding opportunities for Mental Health and Addiction training and education.	**Rural Health WS / Hurunui SDG**: The Hurunui SDG Model of Care includes implementing the Integrated Rural Mental Health model in Hurunui. **Pharmacy SLA:** The Pharmacy SLA and Mental Health WS are jointly progressing the Opioid Substitution Therapy pilot and rollout. **Child & Youth Workstream:** Have as a priority action to develop and implement a Maternity Work plan in consultation with Māori and the wider community, as part of work on first 1000 days. **Oral Health SDG**: West Coast priority actions include develop patient pathways to facilitate access to hospital or specialist dental health services for people with special dental or health conditions with consideration given to older persons, low income adults and those who experience mental health issues.

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[1] Yet to be finalised by the MWHWS

Oral Health Service Development Group (Canterbury and West Coast)	
Priorities	Common priorities or links with the following groups
1. Work with community dental, hospital dental and combined dental agreement holders to ensure all oral health services have a Covid-19 recovery plan. 2. Implement the Oral Health Education and Promotion Plan. 3. Advocate for improved Oral Health including water fluoridation and reduced sugar/ sugar free policies. 4. Improve the Oral Health Service model by developing a patient flow process for Canterbury. Implement recommendations of this work and support Dental Therapists to work at the top of their scope, within the patient pathway. 5. Develop Patient Pathways to facilitate access to Hospital or Specialist Dental Services on the West Coast for people with special dental or health conditions with consideration of older persons, low income adults and those who experience mental health issues. 6. Support appointment of a Clinical Lead Oral Health within the new WCDHB. 7. Scope Private Dentists access to HealthOne and apply findings to implement changes 8. Evaluate the CDHB Community Dental Services Recall Plan. 9. Implement recommendations from the National Adolescent Dental Landscape Review. 10. Improve Private Dentist's provision of a culturally competent service by working with the local branch of the Dental Assn to identify and support implementing an appropriate response.	

Pharmacy Service Level Alliance (PSLA)

Priorities	Common priorities or links with the following groups
1. Oversee the evaluation of the Opioid Substitution Therapy pilot, review and apply learnings to further roll out. 2. Develop Long Term Conditions (LTC) project scope, refine the agreed principles and LTC framework to inform local redevelopment of the service. Develop timeframe for roll out of new service. 3. Develop a process map to identify gaps in the current patient transfer process, focusing on management of medications during admission from and discharge back to the community. 4. Examine relevant data to identify risks and areas of opportunity to improve medication management. 5. Complete a stock take of what relevant data is available on population use of pharmacy services. 6. Deep dive into the available data to identify any areas for improvement, including any inequitable access to pharmacy services. 7. Create a dashboard and regularly monitor relevant pharmacy data. 8. Identify opportunities where the Meihana approach can be embedded into practice across pharmacy services.	**Mental Health WS:** It working alongside Pharmacy SLA Opioid Substitution Therapy. **Immunisation SLA:** Priority actions of this group include: • Supporting Ministry of Health (MoH) to develop a new National Immunisation Register (NIR) system, improving vaccine supply and developing a Covid-19 vaccine programme. • Reviewing / refreshing the Immunisation Service Model to reflect current environment. Develop a plan and progress implementation of any service changes needed. **Pharmacy SLA Monitoring:** • **Pharmacy SLA** is monitoring work of the Polypharmacy Work group that is linking people who are most at risk from polypharmacy including people referred to falls prevention, with a review of their medication and / or referral to Medication Therapy Assessment. **Community Services SLA** is monitoring the Falls Prevention Data. **HOPWS**: is working with HQSC to support work on deprescribing in ARC. • **CCPG** is supporting pharmacists to provide mobile clinics with a Kaupapa Māori lens in ethnically appropriate locations. **Community Services SLA**: With the HOPWS is continuing to develop support services for kaumātua in rural areas with work underway in Birdlings Flat and plans to engage in the Hurunui 2020-21. **Respiratory SDG:** Co-creating community respiratory programmes for Maori and Pacific.

Population Health and Access Service Level Alliance (PH&ASLA)

Priorities	Common priorities or links with the following groups
1. Oversee a codesign process on the Canterbury Health Systems' (CHS) approach to promoting and supporting healthy lifestyles. 2. Progress knowledge of enrolment in general practice in Canterbury by completing project on people who are tenuously enrolled or unenrolled with general practice in Canterbury. 3. Establish metrics to monitor health outcomes and access across the CHS using a pae ora framework. 4. Improve access to best practice interpreting services including; to promote and support the adoption of best practice guidelines across Canterbury, review the use and uptake of 'ezispeak', and agree the minimum standards for qualifications to work as professional interpreters in the CHS. 5. Progress access to gender affirming services including; embedding / communicating the new HealthPathways for accessing care to the trans community and health professionals, upskilling general practice teams on trans care, and strengthening relationships with clinicians across primary and secondary care to increase knowledge within and between the services.	**Population Health And Access SLA:** Work on enrolment will have wide interest including in rural areas including: **Ashburton SLA:** Have a priority action to agree additional opportunities to facilitate enrolment in general practice and transfer between GP with a focus on Māori, Pasifika, Migrant and CALD. **System Outcomes Steering Group:** Pop Health working with the SOSG to explore a set of metrics for a CHS to develop an equity of outcomes monitoring report. **Population Health & Access SLA Monitoring:** • Tobacco Control • Alcohol Harm • Motivational Interviewing **Integrated Respiratory SDG:** have as a priority action to encourage preventative measures such as smoking cessation.

Rural Health Workstream (RHWS)

Priorities	Common priorities or links with the following groups
1. Undertake an analysis of the Canterbury rural workforce to confirm status, identify gaps and determine opportunities that exist to improve workforce sustainability support of what is occurring regionally and nationally. Progress implementation of these. 2. Engage with General Practice and St John to understand access to after-hours urgent care and emergency responses in rural Canterbury communities, including PRIME. Identify any further response required following consideration of the report findings. 3. Review the criteria and model for distributing Rural Subsidies to eligible general practices. 4. Explore data, including by ethnicity, on our rural population to increase knowledge of any inequities that exist in access to services, service utilisation and health outcomes. 5. Strengthen the cultural development of Canterbury's rural health workforce by exploring cultural development opportunities available, including the Meihana Model to improved clinical cultural practice and distribute information on training opportunities. 6. Enrich our relationship with Manawhenua ki Waitaha, Te Kāhui o Papaki Kā Tai, Māori Caucus, Maui Collective, and local Rūnunga. 7. Monitor progress on recommendations in the NZ Health & Disability Sector Review that will improve health outcomes for rural Canterbury population.	**Community Services SLA**: With the HOPWS is continuing to develop support services for kaumātua in rural areas with work underway in Birdlings Flat and plans to engage in the Hurunui 2020-21. **Urgent Care SLA:** This SLA purpose includes providing leadership to ensure equity of access to urgent care services across the Canterbury incl., provision of after- hours care. Recent activity has included exploring St John data with a focus on those not transported to hospital. **Integrated Respiratory SDG:** Is planning to work with rural communities to design and deliver alternative rehabilitation and/or community exercise programmes. **Rural Health Monitoring:** The RHWS is monitoring progress of implementing rural restorative care in Hurunui and Oxford. **Community Services SLA**: has as a priority action to progress sector wide education on the Rural Restorative Care.

System Outcomes Steering Group (SOSG)

Priorities	Common priorities or links with the following groups
1. Review data linked to each System Level Measures (SLM) including facilitate service alliances and expert groups review of the relevant data including by ethnicity to enable understanding of inequities and drive actions to reduce these. 2. With the Population Health & Access SLA, explore a set of metrics for a Canterbury "access and equity of outcomes monitoring report". 3. Review contributory measures to ensure they reflect priorities of our system with a focus on reducing inequities. 4. Develop contributory measures that are supported by reliable ethnicity level data. 5. Compare primary and secondary care ethnicity data sources to determine level of consistency. 6. Develop partnership with Alliance partners to increase awareness of the SLM Plan and develop their consideration of what they could contribute to future plans.	**Population Health & Access SLA**: The SOSG is working with the Pop Health And Access SLA on a set of metrics. Multiple groups progressing work to explore data by ethnicity on areas / service. In particular significant work was undertaken to improve the ethnicity capture of Oral Health data.

Urgent Care Service Level Alliance

Priorities	Common priorities or links with the following groups
1. Proactively plan for coordinated system responses for periods of exceptional demand, particularly during winter or infectious disease outbreaks. 2. Monitor Acute Bed Days data including by ethnicity to identify opportunities to decrease length of stay. 3. Identify opportunities which could assist in decreasing the number of frail elderly patients (over 75 years of age) presenting to ED. 4. Provide support to the redesign of re-contact pathways to decrease representation and admissions to hospital. 5. Remain Connected to Winter Planning groups across the system and support their coordination 6. Develop a coordinated plan for a pandemic response across urgent care services that is aligned to the system wide pandemic responses including to review any learnings from the Covid-19 response and identify ways to enhance efficiencies. 7. Strengthen community providers care of patients with chronic health conditions with an initial focus on patients presenting with mild exacerbations of COPD. 8. Explore opportunities for avoidable admissions in key areas by utilising virtual ward concept. Key areas to explore Palliative Care, ARC/Older Persons Health and step down from hospital- COPD/Heart failure focus. 9. Monitor progress with implementing actions from the acute demand project to standardise services including radiology use, transport- cost savings and standardisation of claiming rates and appropriate use of Acute Demand Management Service (ADMS). 10. Continue to engage with St John, ED and the Urgent Care Clinics to safely manage	**Integrated Respiratory SDG:** has as a priority action to identify and contact people frequently attending hospital and put in place a package of care to support them at home. **Rural Health WS:** Has as a priority action to complete a stock take of after-hours urgent care and emergency responses in rural Canterbury communities, including PRIME. **Ashburton SLA, Oxford & Hurunui SDG:** raised matter of communicating to public about accessing general practice care and value associated with different modes of engagement.

Priorities	Common priorities or links with the following groups
appropriate patients in the community by monitoring Ambulance Referral Pathways and Acute Demand services. 11. Review the current promotion of community based services, including what messaging currently exists and patient's knowledge of existing community based services. Based on the findings; promote what community based services are available 7 days a week and what urgent care facilities can provide and how services can be accessed. Information provided to all relevant services (including pharmacies across Christchurch).	