



CCN QUARTERLY REPORT  
**Q3 & Q4: JANUARY- JUNE 2020**



## Contents

Summary Highlights & Comments.....	4
Ashburton Service Level Alliance Progress Report.....	Error! Bookmark not defined.
Child & Youth Health Workstream Progress Report .....	Error! Bookmark not defined.
Community Services Service Level Alliance Progress Report .....	Error! Bookmark not defined.
Coordinated Access on Release Progress Report .....	Error! Bookmark not defined.
Falls & Fractures Service Level Alliance Progress Report .....	Error! Bookmark not defined.
Health of Older People Workstream Progress Report .....	Error! Bookmark not defined.
Immunisation Service Level Alliance Progress Report.....	Error! Bookmark not defined.
Integrated Diabetes Service Development Group Progress Report.....	Error! Bookmark not defined.
Integrated Respiratory Services Development Group.....	Error! Bookmark not defined.
Mana Ake Progress Report .....	Error! Bookmark not defined.
Mental Health Workstream Progress Report .....	Error! Bookmark not defined.
Oral Health Service Development Group Progress Report.....	Error! Bookmark not defined.
Pharmacy Service Level Alliance Progress Report.....	Error! Bookmark not defined.
Population Health Service Level Alliance Progress Report.....	Error! Bookmark not defined.
Primary Care & Capability Service Level Alliance Progress Report.....	Error! Bookmark not defined.
Rural Health Workstream Progress Report .....	Error! Bookmark not defined.
System Outcomes Steering Group Progress Report.....	Error! Bookmark not defined.
Urgent Care SLA Progress Report .....	Error! Bookmark not defined.



## Summary highlights and comments

### *Ashburton Service Level Alliances*

The Ashburton SLA have had a productive year achieving all their work plan objectives. Noteworthy was the implementation of an agreed enrolment and transfer process which was implemented 15 June 2020. It is envisaged that this will significantly improve equitable access to primary care for all populations including Māori, Pacific, Migrant and Culturally and Linguistically Diverse (CALD).

Another notable achievement was the increase in the number of Acute Care plans from 154 (1 July 2019) to 292 (30 June 2020). This indicates that a greater number of the most vulnerable patients in Ashburton are being proactively supported to manage their condition as close to home as possible, and there is an increase in the sharing of information between clinicians on how to manage patients they are unfamiliar with when they are acutely unwell.

### *Child & Youth Health Workstream*

Work on the redevelopment of the Paediatric Community Continence service has been completed with a revised delivery pathway to be added to HealthPathways. A number of priority actions were delayed due to staff capacity to progress this work during the Covid-19 response, including the promotion of the Canterbury DHB Alcohol Harm Reduction Strategy in schools and the development of an integrated approach between child mental health and paediatric services. A number of these priorities will be progressed in 2020-21.

### *Community Services Service Level Alliance*

Providers of Home and Community Support Services have been under enormous pressure over the Covid-19 lockdown. As a result much of the important work has not progressed since February. The importance of community services has been reinforced through Covid-19, and the SLA will continue to work towards a more restorative model of care. There has been some good progress towards the wider use of the electronic referral form and messaging around restorative support has been extremely important, especially where resources have been restricted under lockdown conditions. While service delivery is back to normal under Level One, providers continue to be prepared for a nimble response should community transmission of Covid-19 reemerge in Canterbury.

### *Coordinated Access on Release (Te Ara Whakapuāwai)*

The group last met on 29 January to discuss priorities for 2020-2021/22. There was agreement that the main objective is to improve access to services for people on release from prison with a focus on the following:

- Implement HealthOne into prison health units in Canterbury.
- Explore what work is possible with Probation to link prisoners (paihere) on release with health navigation services, where additional health support is required.
- Explore the potential for screening/health assessment in prisons with a focus on mental health, alcohol and drug addictions, and traumatic brain injury.
- Communicate the free and extended consultations initiative to prisons, reintegration services, primary care etc.

There will also be a focus on monitoring the uptake and impact of the free and extended consultations initiative by generating quarterly reports on the number of patients that access free and extended consultations with general practice, number of consultations over time, number of patients enrolled, ethnicity, age and gender of patients accessing consultations and corrections release data.

### *Falls & Fractures Service Level Alliance*

The SLA was established in October 2017 as a time-limited (3 year) group to enhance the falls and fragility fracture prevention work in Canterbury. With the SLA due to finish in October 2020 over Q4 a transition document was completed for submission to the ALT in July. Other activity of note for the SLA over Q3 & Q4 includes:

- Collaborative work with the Community Services SLA and Health of Older People Workstream to adjust membership and work plans to accommodate the transitioning work.

- After much consideration, it has been agreed that the Australia New Zealand Hip Fracture Register will be the source of data on bisphosphonate prescribing rates in Canterbury. The register is able to track whether the patient is on no treatment, calcium (lower use in NZ), Vitamin D, bisphosphonate or other medications. As at February 2020 – 53% patients over the age of 75 years are on bone medication other than vitamin D, if Vitamin D is included the rate is 82%.

### *Health of Older People Workstream*

The ongoing work of the Health of Older People Work Stream has been severely disrupted in the first half of 2020 by Covid-19 and the resulting lockdown. This has presented (and continues to present) significant challenges to the health system and particularly to those sections that provide services to older people. Our experiences in the lockdown (and with the tragic events in Canterbury related to Covid-19) have underlined the importance of our work in the areas of equity, dementia services, carer support, and support for Aged Residential Care. As such, we have had the opportunity to re-focus the work that could not be completed over this time, and carry these ongoing projects into 2020-21/22. Much of our work relates to ongoing service improvements to meet the ongoing and increasing challenges for the health of our growing, ageing, population; this now includes, and will continue to be informed by, what we have learned over the last months.

### *Immunisation Service Level Alliance*

The 2019-20 year has been busy for the Immunisation sector, with the national measles outbreak August – December and the Flu programme in March 2020. While this has raised the public's understanding of the importance of immunisation, it has put pressure on our health system to respond. While our childhood immunisation coverage has been maintained and there have been improvements in Human papillomaviruses (HPV), Tetanus, Diphtheria, and Pertussis (Tdap) and Influenza coverage; the SLA has not had the capacity to implement some key actions planned for 2019-20 including the online HPV consent form and actions focused on pregnancy vaccinations. These have been carried over to the 2020-21 work plan.

### *Integrated Diabetes Service Development Group (IDSDG)*

Over Q3 & Q4 the new Community Diabetes Education Programme was embedded with Nurse Maude providing the clinical support and Sport Canterbury undertaking the coordination of referrals and groups. The implementation of this model means that people who are referred to participate in a Diabetes Education programmes but decline are offered support through Green Prescription as an initial point of engagement. After which, they are again encouraged to attend the Diabetes Education classes. In addition, multiple referral pathways to the Community Diabetes Education are available.

The Covid-19 response delayed work that had commenced on two of the recommendations from the Diabetes Review; Integrating Nursing Services and Alignment of the Dietetic / Nutrition Workforce. While some work was progressed on the access to dietetic / nutritional support to regain momentum in both of these areas a workshop is planned for the end of August.

### *Integrated Respiratory Service Development Group*

Covid-19 significantly impacted the provision of the integrated respiratory service. Of note:

- During lockdown direct patient contact including Better Breathing Pulmonary Rehabilitation group sessions ceased. Participants partway through programmes or referred were contacted regularly to exchange ideas about how to keep fit and bolster spirits. Efforts to move to a virtual service delivery model highlighted the digital divide with phone calls the only contact with the majority of patients.
- With the substantial decrease in face-to-face general practice consults, community spirometry and sleep studies were put on hold. Alongside the easing in alert levels, additional infection prevention and control measures were put in place.
- We have been unable to hold the Māori and Pasifika hui planned, but have designed and commenced the new Better Breathing 'rolling' pulmonary rehabilitation programme rather than a programme in one area 1-2 times a year. Other programme changes have included; supporting Māori and Pasifika

people into programmes, reducing the number of sessions, strengthening the discussion component and more actively encourage people to join community exercise groups. This revised approach aims to better meet the needs of our patients through reducing the wait time from referral to programme availability.

### *Laboratory Service Level Alliance*

The Laboratory SLA has continued to meet to clarify its purpose. Over Q3 & Q4 Janice Donaldson, the newly appointed chairperson, supported a revision of the group's terms of reference and agreement of clear priorities for 2020-21 work plan.

Importantly, over Q4 the Labs SLA also explored concerns about the Electronic Request Management System (ERMS) Labs electronic referrals solution, introduced during Covid-19 that is considered by referrers as not wholly fit for purpose. Subsequently Planning and Funding are currently reviewing fit-for-purpose effective laboratory electronic orders solutions, with an expectation these will be tabled with the Labs SLA early 2020-21.

### *Mana Ake Service Level Alliance*

Key progress in Q3 & Q4 includes:

- *ERMS On-Line:* Achieving 158 registered users with schools continuing to see value in this link. There has been a steady flow of referrals between schools and general practice.
- *Leading Lights:* Leading Lights has continued to grow with 86,058 page views as at 31 July and 105 pathways available to educators. More pathways will be introduced over the coming months.
- *Mana Ake Website:* The website went live during the Covid-19 Lockdown (1 April). Since returning to Level 1 the focus has shifted from high level of Covid-19 information to a more child centred wellbeing approach. Interest in the website continues to be high. In addition we are also working on developing a Facebook presence (due September) to increase access to the website.
- *Teacher professional development:* This has moved to a more online approach as a result of Covid-19. The first Mana Ake webinar (on autism) was held 19 August with over 300 people attending
- *School Cluster Forums and provider forums:* These have continued with a focus on building sustainability with the Provider Alliance. We are currently beginning to commence work around transition planning.
- *Evaluation:* Strengthening the evaluation/outcome approach has continued to be a high priority. The Impact Lab is completing the Good Measure Report commissioned by the SLA earlier this year. In addition the Ministry of Health has commissioned an external evaluation of Mana Ake. The scoping and procurement of this work was delayed due to Covid-19 with Malatest International NZ recently selected to complete the evaluation.

### *Mental Health Workstream*

Key highlights from Q3 & Q4 include:

- The Integrated Primary Mental Health Service, Te Tumu Waiora, has six general practices in operation and 15 others at a stage of Implementation across Canterbury.
- The Canterbury Suicide Prevention Draft Action Plan has been written and is currently awaiting imagery and whakatauki.
- Additional consultations for Culturally and Linguistically Diverse (CALD) clients impacted by the mosque attacks have been extended to the end of 2021.
- The Opioid Substitution Therapy pilot is underway with promising early results from the mid-term review.

### *Oral Health Service Development Group (OHSDG)*

In 2018-19 the OHSDG focused on understanding their population and accuracy of the oral health data. For 2019-20 the group's focus has been on using this data to assess patient flow within the system. In line with this direction, highlights for Q3 & Q4 include:

- A number of changes will substantially improve access and enable better visibility of the demographics of people attending / not attending the Community Dental service. These include staff confirming a child's ethnicity when accessing the service, the employment agreement for the dental therapists, and the completion of the 'Lost to Recall' process.
- During Covid-19 three dentists involved in triage gained access to HealthOne providing them greater visibility of patients' health records. The next step is to review the benefits of providing all Canterbury dentists with access to HealthOne ahead of any wider roll out.
- The Oral Health Education and Promotion plan was approved, and the first step to better understand all the current Oral Health Promotion work within the DHB, has been completed. This work is a priority for the 20-20-21 work plan with the aim of improving the oral health status of Māori and Pacific children.

### *Pharmacy Service Level Alliance*

Over Q3 & Q4 a number of challenges have impacted the SLA's ability to progress some of the objectives in the 2019-20 work plan including Covid-19 reducing work group members' capacity to connect and progress work plan priorities and a change in the Canterbury Community Pharmacy Group (CCPG) clinical lead with Gareth Frew on secondment.

Work that has progressed includes:

- The development and distribution of a quick medication reconciliation guide to pharmacists.
- The Opioid Substitution Therapy Project. Following some initial delays the project is due for completion Q1 2020-21.

### *Population Health and Access Service Level Alliance*

Key activity of the SLA over Q3 & Q4 included:

- The SLA held a special meeting to understand how Canterbury's Covid-19 response addressed Te Tiriti, and equity of access and outcomes. The SLA also considered their role in the context of the system activity and structure relating to the Covid-19. It was agreed that the SLA could contribute to the psychosocial recovery plan and feedback to the Emergency Control Centre with specific examples of equity experiences/happenings/stories from across the system.
- The Interpreter Services Review Work Group refined the Best Practice Guidelines for the Canterbury Health System. These set out expectations for the use of interpreter services for the Canterbury health system. Work will now proceed on socialising these and encouraging the adoption of these across CCN partner organisations.
- The Ministry of Health Tobacco Control Contract has been extended for another year and in June the SLA provided feedback on the 2020 -21 draft Tobacco Control Plan, due for completion in August.
- While the first meeting of the Transgender Health work group scheduled for Q4 delayed due to Covid-19. A work group meeting is scheduled for July to consider ways to capture feedback on the new gender affirming care HealthPathways.

### *Primary Care & Capability Service Level Alliance*

The SLA provides strategic leadership to the Integrated Family Health Services (IFHS), Shared Care Planning and Enhanced Capitation; an update on each of these enablers follows.

- *IFHS/Health Care Home:* Over Q3 & Q4 the IFHS / HCH team focussed on distributing information and tools to general practice to support their delivery of non-face-to-face consultations during the lockdown and promoting webinars to support new models of general practice service delivery. This focus shifted to supporting general practice retain these new ways of working as Covid-19 levels changed, and continuing to engage general practice in ongoing improvements in models of care. Waitaha Primary Health, Christchurch PHO and Pegasus Health developed a shared IFHS / HCH plan of work for 2020-21.
- *Shared Care Planning (SCP):* Over the Covid-19 response the SCP team focused their efforts on encouraging the use of use of Acute Plans by general practice as a tool to proactively care for vulnerable patients. This included contacting general practices that were low users of shared care plans around the value and use of Acute Plans and identifying patient cohorts they are commonly written for. Over Q3 there was a substantial increase in Acute Plan volumes; at 30 June

2020 there were 1,153 new acute plans, compared to 221 at the 31 March 2020. As of 30 June a total of 5,103 people in Canterbury have an Acute Plan in place to assist in the provision of care aligned with their needs when they are acutely unwell.

- *Enhanced Capitation:* The completion of the Enhanced Capitation survey was delayed from March to August, with the results from the survey due Q2 2020-21.

### *Rural Health Workstream (RHWS)*

Over Q3 & Q4 progress was made on:

- An annual review on access to rural health services for rural communities in January 2020. This has been uploaded on Hospital HealthPathways to support visibility of the services available in rural areas with the aim of assisting the successful discharge of rural people back to their community.
- Completion of a final report on the 'Technology-enhanced Education'. The implementation of the recommendations will assist rurally-based clinicians' access education.

In addition, while Covid-19 delayed progress on a number of the RHWS priority actions the impact of the pandemic response on staff at rural general practices and other rural providers were captured through surveys completed by the membership of the RHWS, (summary viewed [here](#)) and Hurunui Health Services Development Group, (summary viewed [here](#)).

### *System Outcome Steering Group*

Over Q3 the draft 2020-21 Canterbury SLM Improvement Plan was developed and submitted to Ministry of Health for approval in early May. This involved:

- Reviewing all contributory measures to ensure they were still a priority and worked towards reducing inequity.
- Developing a new contributory measure in relation to mental health and Equally Well.
- Partnering with Community & Public Health to bring a greater wider determinants of health perspective into the plan.

The Ministry approved the plan written prior to Covid-19 and agreed Canterbury could review the plan in June to ensure all actions within the plan were still a priority, relevant and able to be achieved with some resource working elsewhere. This review occurred in Q4 with few changes being made.

Work to understand the accuracy of data, particularly related to ethnicity has been paused due to staff leading this project seconded to the Ministry for the Covid-19 response. Until their return it is unknown what further work has occurred in relation to the research project and resource is yet to be found to carry this forward.

### *Urgent Care Service Level Alliance*

Key work for the SLA over Q3 & Q4 has been:

- The Chronic Obstructive Pulmonary Disease (COPD) project, which commenced in February. This involved providing practices with lists of their patients who have had an admission to hospital for a mild/moderate exacerbation of their COPD in the last three years. With practices encouraged to offer identified patients a range of preventative and proactive measures such as; blue cards, acute plans, advance care plans, flu vaccinations and back pocket scripts (scripts provided to patients to use if their condition deteriorates).
- In response to Covid-19 the SLA also explored opportunities to enable patients to receive care in their own homes instead of bringing them into hospital with a 'virtual ward' concept being identified. The SLA is looking to apply this model including in the area of COPD/heart failure.
- A data session with St John identified value in getting regular qualitative and quantitative data from St John (and connecting Urgent Care Centre and St John to ensure expected pathways are being followed).

Over the last two quarters the Acute Demand Management Service has reached capacity (35 or more patients) 4 times in both quarters this is down from 8 in the previous quarter with referrals from general practice lower than normal through Covid-19 lockdown.