

CCN QUARTERLY REPORT
Q2: OCTOBER-DECEMBER 2020



Ashburton Service Level Alliance - Q2 2020-21

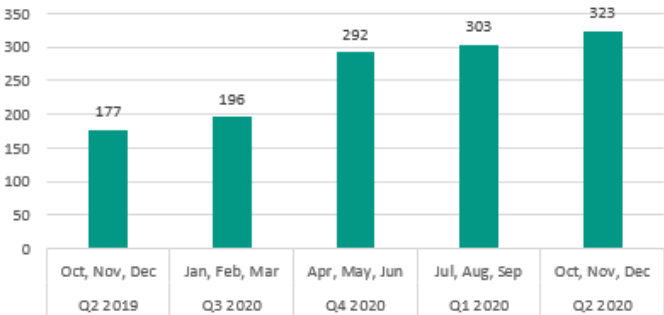
Progress update

- The enrolment process guidelines have been in place since 15 June 2020 to assist with enrolment and transfer of patients between general practices. These guidelines provide a referral pathway, so when an enrolment difficulty arises the PHO will assist with facilitating enrolment with a practice. Since June a total of 46 people have been referred from the Acute Assessment Unit and St John, with 26 assisted to enrol and five in progress to the end of December. Not all people will be eligible to enrol. Avenues to communicate and promote the enrolment process guidelines to providers and whānau have been identified and further communication is ongoing.
- Following the September release of the 'Community and Social Recovery Needs and Capacities in Ashburton District in Covid-19 Times' by Sarah Wylie, the Ashburton SLA is working with the Caring for Communities Welfare Recovery Group to contribute to a planned response model. This model aims to support the community and social sector to address the needs identified in this report – see the report [here](#). An action plan has been developed and the SLA is contributing to areas of existing work plan overlap, including youth and community sexual health, cultural awareness, acceptance and competency and mental health.
- The Cultural Competency Working Group determined the next steps in the cultural competency work would be defined through consultation with invited representatives, including PHOs, at a hui at Hakatere Marae which was held in November. An action plan is currently in draft and the Working Group will reconvene in the New Year. This work is being progressed in line with other work underway with CCN, the Rural Health WS and the Pharmacy SLA.
- An Ashburton SLA Sexual Health Working Group has formed and will undertake a stocktake of existing resources. This working group will reconvene in the New Year. The [Hype/BASE Youth Sexual Health Clinic](#) has been launched and provides a free, confidential and caring GP and Nurse Clinic for young people/local rangatahi.
- Work continues to identify the best way to investigate models or changes that improve access to care for Aged Residential Care (ARC) residents and better enable General Practitioners and ARC facility's ability to deliver this care. The Ashburton SLA has discussed some alternative arrangements, including a 'House GP Model' and the use of Nurse Practitioners and continues to seek input from more stakeholders.

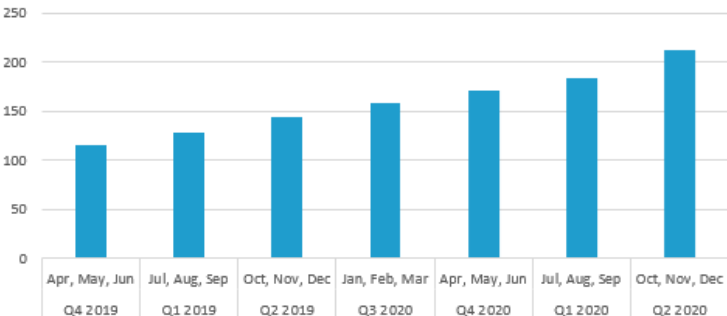


Data dashboard

Acute Plan numbers across Ashburton general practices



Advance Care Plans: Ashburton



AAU and St John Enrolment Data (Patients referred to Waitaha from AAU or St John for support to enrol in or transfer general practice)

	Q1 2020-21	Q2 2020-21
Total referrals received	39	34
Total patients enrolled	23	19

Child & Youth Workstream - Q2 2020-21

Progress update

As part of the reset of the Child & Youth Workstream (CYWS) the Co-Chairs met with most members of the CYWS to explore the purpose of the CYWS and opportunities to strengthen how it functions. This cumulated in a report that captures the themes for the kōrero and proposes a change in how the CYWS is structured.

Priority actions progressed over Q2 alongside the CYWS reset include:

- Work on the development of a breastfeeding action plan following feedback from priority populations at Community Breastfeeding Hui (November 20) and the recent release of the National Breastfeeding Strategy (December 20).
- Progress on the development of a Pacifica Pregnancy and Parenting programme.

Other actions have been impacted by the lack of facilitator / lead capacity. This has since been resolved with two staff (Anna Hunter and Hayley Cooper) being appointed to the Child and Youth team at Planning and Funding in Q2; both of whom will be involved in facilitating the work of the CYWS. This will enable progress to be made on the Maternity Strategy over Q3 and Q4.

In Q3 a forum (3 February) will capture any further feedback and launch the reset of the CYWS. Membership of the three work groups within the CYWS and completion of a revised Terms of Reference will also be confirmed.



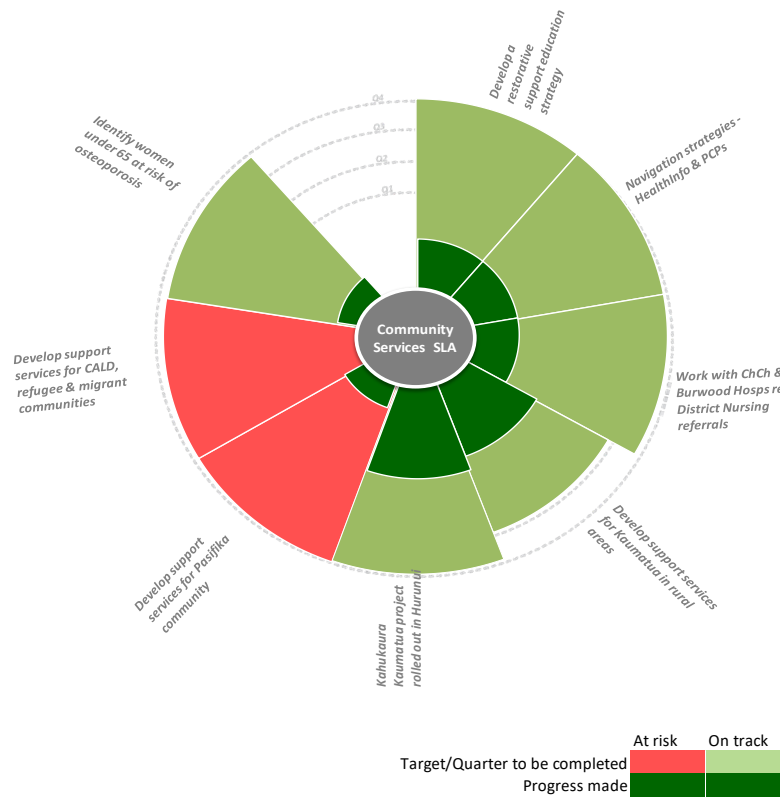
Progress update

Our focus for the new year is greater engagement with Pasifika and CALD (Culturally & Linguistically Diverse) communities. Taking what we have learned from our work on the Kahukura Kaumātua project, we will begin a similar process in terms of developing relationships with, meeting, and adapting services to support the Pasifika and CALD communities. Currently our intention is to carry a falls prevention focus into these meetings, to potentially increase uptake of Strength and Balance classes for people from these communities, although this may not necessarily be what these communities see as a priority, in which case, we will work with them on what they see as most important.

We have picked up some actions from the former Falls and Fractures SLA, and some oversight of this work. While this fits well with the delivery of Home and Community Support Services in people’s homes (and the work that is already being undertaken) we have adapted our work plan accordingly to ensure that some of this valuable work continues to be progressed. As such we have extended membership to a Sport Canterbury representative, and will investigate the suitability of further ACC representation.

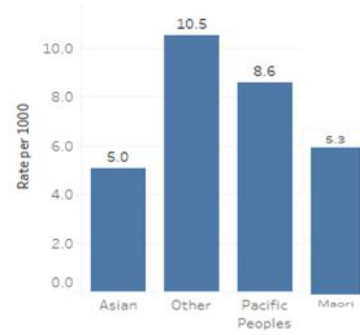
We are currently scoping out the work associated with hospital referrals to rural areas. As part of the roll-out of the Community Services Electronic Referral form, all services have been listed; and will be subsequently compiled into a usable easy-read format and included on the appropriate information pathways.

Clearly, the socialisation of the Restorative Model of Care is an ongoing project that seeks to fundamentally shift people’s understanding of the purpose of Community Services, with a focus on goal-based restorative support including a move towards independence where that is appropriate for an individual and their family/whānau. We are following a two-pronged approach where we are working both on overarching messaging for restorative support, and ongoing communication around commonly offered supports (for example, a transition from providing ongoing shopping support to enabling people to seek out and access these supports in their community).

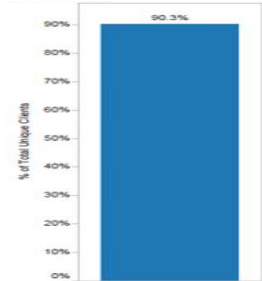


Data dashboard

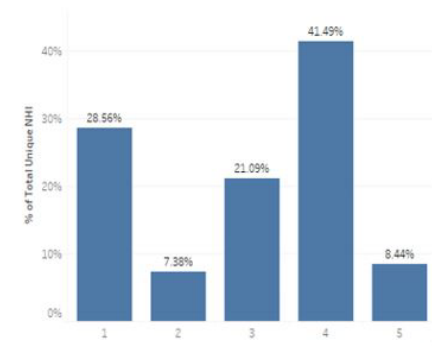
interRAI assessments per 1000 population 65+ (Māori 55+)



Percentage of Home Care Support Services (HCSS) clients 65+ with an interRAI



Percentage of HCSS clients with a Home Care assessment that are MAPLE 5 (receive 24hr supervision)



Percentage of people receiving HCSS that have a cognitive impairment

With cognitive impairment	Without cognitive impairment
14.7%	85.3%

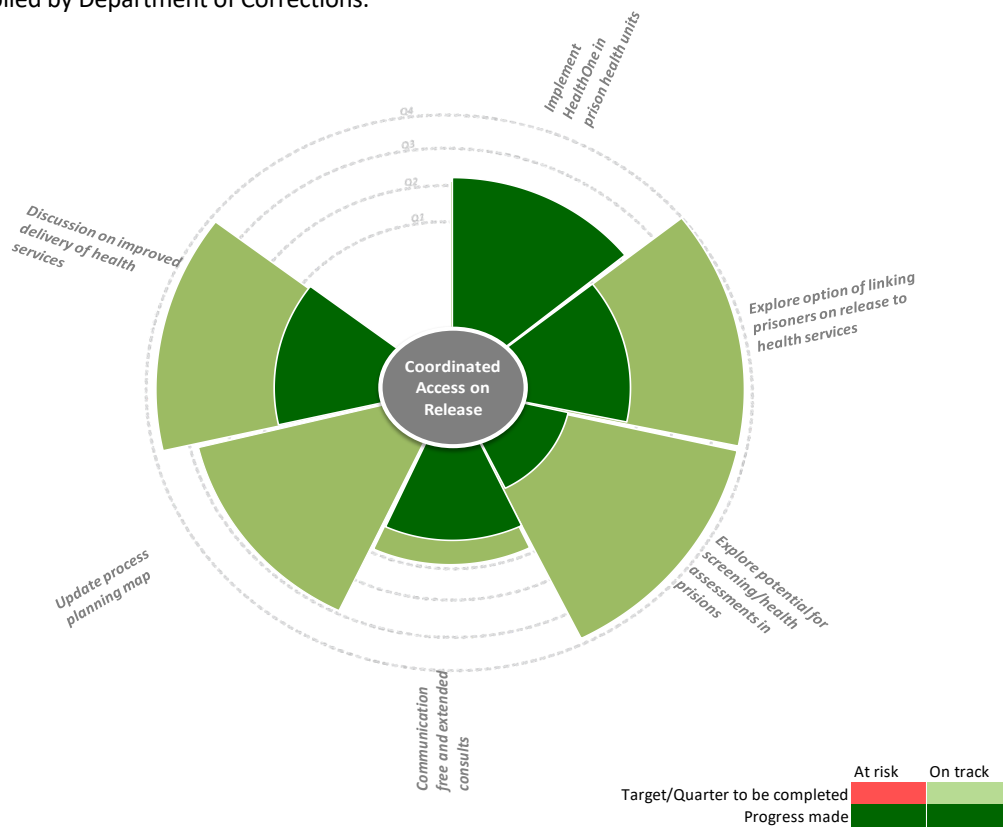
Co-ordinated Access on Release Workgroup - Q2 2020-21

Progress update

In November 2020, members from the group attended a half day visit to Christchurch Women’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.

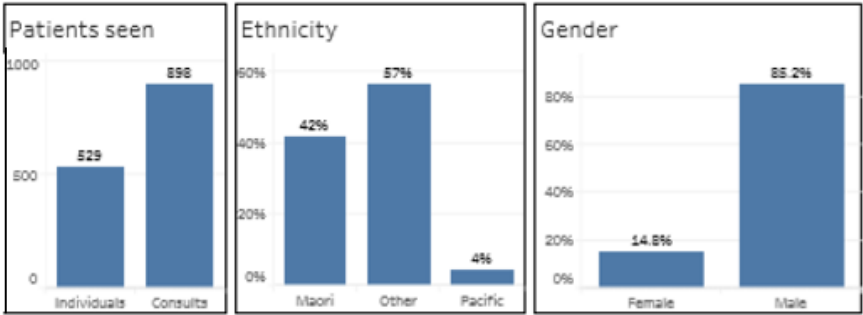
Initial communications to raise awareness amongst Corrections staff, prisoners on release and general practice of the free and extended consultations that are available to people when they are released from prison, has been drafted. The group is also exploring the use of a brochure for the reintegration teams to use when working with prisoners. This will include how to enrol and access general practice and the free and extended consultations that are offered 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 has been developed, which provides a snapshot of the consultation claiming data and uptake of these by general practice. Since the closure of Settlers Health Centre, claiming rates have decreased which has prompted the group to raise awareness of the free and extended consultations as mentioned above. The next phase of the dashboard is to explore adding in Canterbury prisoner release data supplied by Department of Corrections.

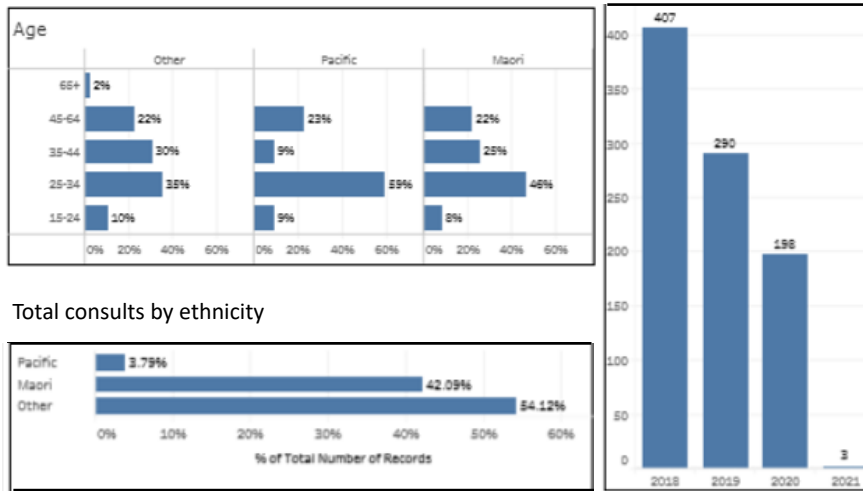


Data dashboard

Release from prison claims data



Annual consults delivered



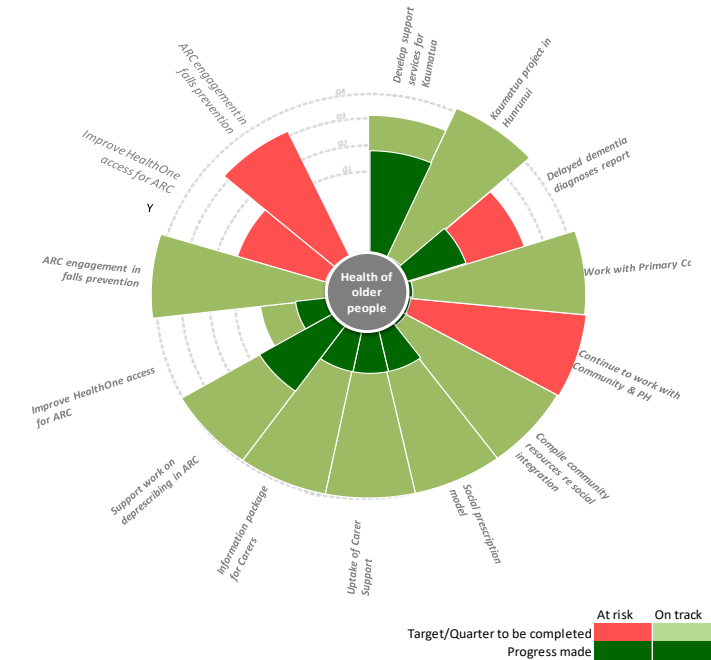
Health of Older People Workstream - Q2 2020-21

Progress update

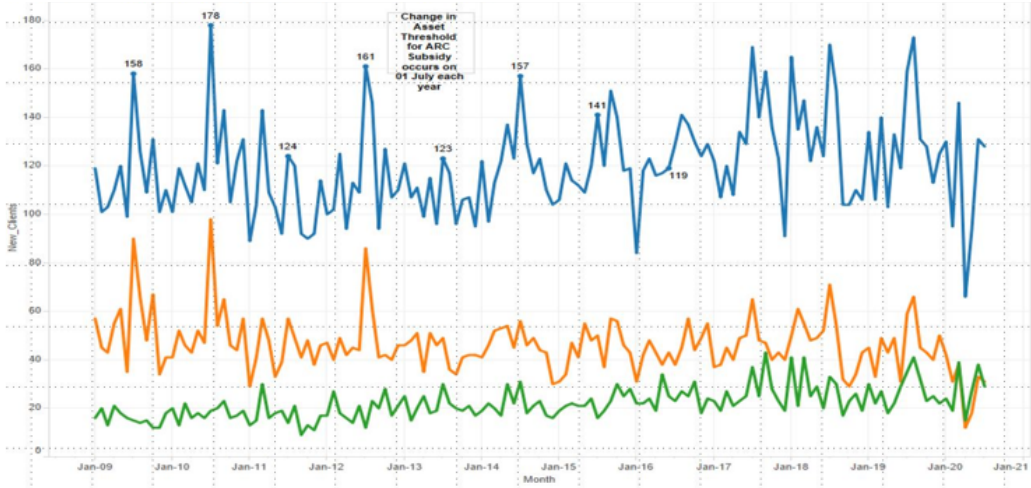
Significant ongoing work has been undertaken across our health system to prepare and support the COVID-19 response. This is particularly important in reference to Aged Residential Care (ARC), where there are now significant COVID-19 specific plans in place, which take into account the lessons from outbreaks in Canterbury facilities. We are supporting facilities to keep their individual planning current and fresh, as the potential for more transmissible strains to enter NZ from the border is quite high.

Our [Kahukura Kaumātua programme](#) continues to be very popular, with attendance growing. We are currently considering how to manage this programme if demand exceeds our ability to accommodate at the Birdlings Flat Community Centre. We have also had very good buy-in from a range of service providers to come and talk with our kaumātua about a range of health issues.

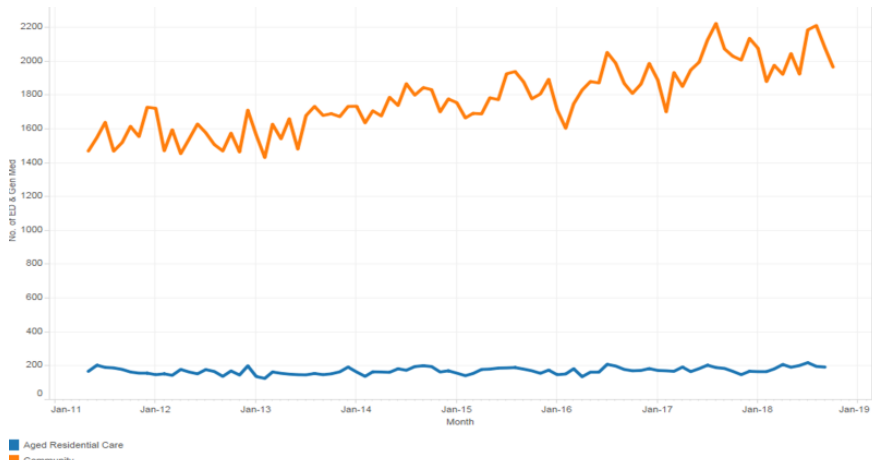
We are working with a group of stakeholders on various actions relating to the NZ Dementia Strategy to ensure that a wide range of voices are heard as we work on proposals for additional support for General Practice to diagnose Dementia early and put support plans in place. This work will be impacted by the adoption across NZ of the Mini-ACE tool (Mini Addenbrooke's Cognitive Assessment, replacing widespread use of the MoCA - Montreal Cognitive Assessment). While this change has been brought about by the monetisation of the MoCA tool, the Mini-ACE is quicker to administer, and can provide a quick and relatively simple way to indicate where further investigation can be required, and may prove a useful tool in early diagnosis.



Data dashboard



This graph shows people over 65 years of age admitted to Aged Residential Care (ARC) (Green - Dementia, Orange - Rest Home, Blue - Total ARC) (for Māori people it is over 50 years of age).



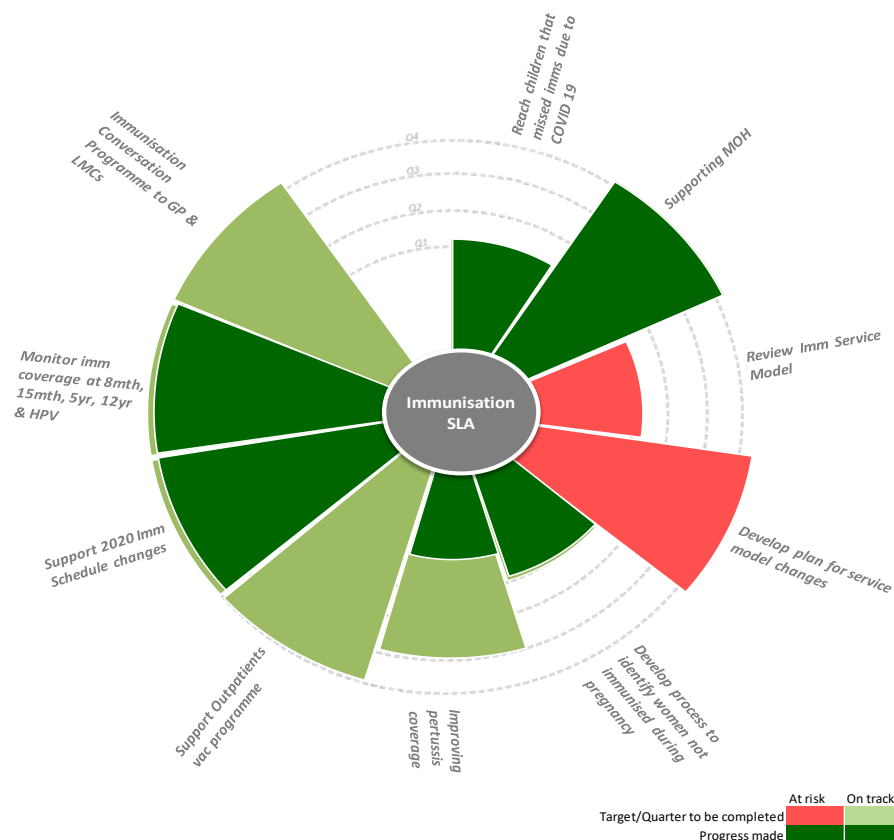
This graph shows ED presentations for people from ARC (blue line) and the community (orange line) over 65 years of age (for Māori people over 55 years of age).

Immunisation Service Level Alliance - Q2 2020-21

Progress update

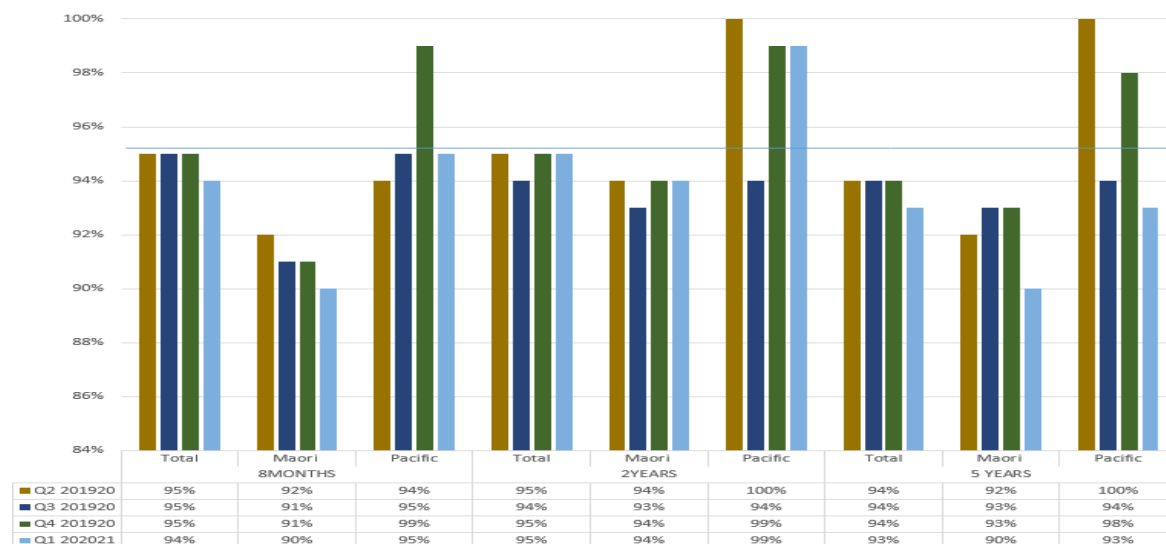
Activity over Q2 focused on implementing the Measles catch up programme as there has been limited uptake of the MMR vaccine with only 770, 15-30 year olds immunised in Canterbury out of the possible 35,000 as at the end of December. This low uptake is a national issue influenced in part by the focus on Covid-19 reducing the awareness or prioritisation on MMR vaccination. In Canterbury, the employment of a programme coordinator at the end of November and an advertising campaign to raise the awareness of the importance of MMR vaccination planned for Q3 aims to improve the MMR coverage.

Limited progress has been made on the review / refresh of the Immunisation Service Model due to key members of the SLA continued involvement in the Covid-19 response. Otherwise all SLA priority actions are on track.



Data dashboard

Canterbury immunisation coverage - Māori, Pacific and total 2019/20 year



Q1 drop in Māori and Pacific coverage was due to a shift in focus to eight month olds.

	8 months					2 years					5 years				
	Decs /					Decs /					Decs /				
	Total	Māori	Pacific	Opt offs	Missed	Total	Māori	Pacific	Opt offs	Missed	Total	Māori	Pacific	Opt offs	Missed
DHB	94%	90%	95%	3.10%	34	95%	94%	99%	3.15%	10	93%	90%	93%	5.60%	28
Pegasus Health	94%	90%	97%	3.00%	28	95%	95%	99%	4.30%	8	93%	90%	92%	5.80%	22
Christchurch	96%	80%	100%	2.20%	1	96%	80%	100%	3.30%	1	98%	94%	100%	1.10%	1
Waitaha PHO	94%	96%	92%	3%	2	95%	95%	100%	4.10%	1	93%	93%	89%	5%	4

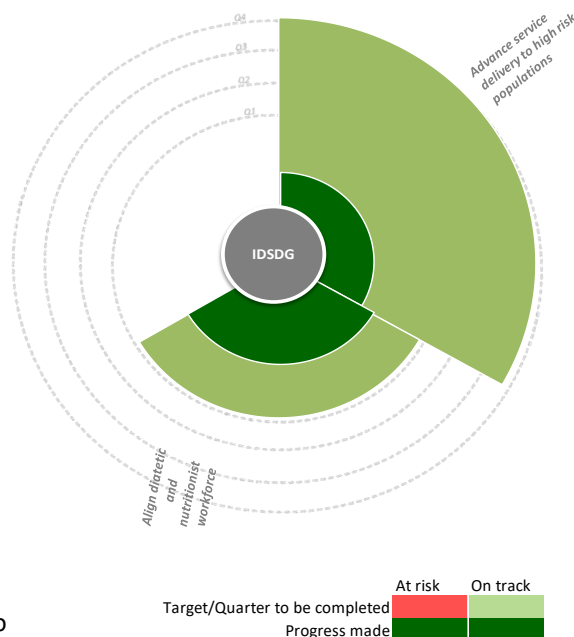
Note the green shaded areas is where the target has been met.

Integrated Diabetes Service Development Group - Q2 2020-21

Progress update

The Integrated Diabetes Service Development Group (IDSDG) has continued to focus on implementing the Diabetes Review recommendations. Of note in Q2 has been:

- **Education:** Community education for people with Type 2 Diabetes is now well established in the community, in addition classes designed for Pacific people started in February in collaboration with Sport Canterbury and Tangata Atumoto Trust. Work is underway to develop an Indian Women's group with a focus on Gestational Diabetes, this will be led by the Indian Community and has been prioritised due to the high prevalence presenting in maternity services.
- **Dietetic Services:** A stocktake was completed in Q2 with a proposed new model of care for dietetic services to be presented at the February IDSDG meeting for feedback.
- **Nursing Integration:** The workshop in August identified a number of opportunities including the establishment of an integrated case review of people with diabetes. The first meeting was held on 3 December 2020 and was well attended by secondary care and community teams including staff in Ashburton. Education on new medications becoming available and the sharing of case studies were presented. The DHB is undertaking a review of outpatient diabetes nursing services as part of a wider review of all Outpatient Services. This is anticipated to influence the Nursing Integration work being led by the IDSDG. A presentation on the diabetes nursing services review was provided to the IDSDG In December, including the following ideas for consideration:
 - The nurse specialists working with type 1 and complex type 2 co-located with specialist services.
 - Specialist services operating as a hub and spoke model with care co-ordinated from a central point.
 - Nurse specialists strengthening their focus on education of practice nurses and inpatient nurses.
 - CDHB supported inpatient nursing services comparably to other centres of similar size would result in a 300 -500% increase in current capacity.
 - Broadening care delivery from rooms of busy GP practices to include other community venues e.g. community centres, DHB hubs, education centres etc.



The IDSDG will continue to connect with work on the review of Outpatient Services review to align this with the work of the IDSDG around nursing integration.

Data dashboard

Diabetes Population HbA1c by Ethnicity

Ethnicity	Total	<64mmol	<80 mmol	%<64 mmol	%<80 mmol
European/Other	15,407	11,106	13,717	72.10%	89.00%
Maori	1,616	979	1,285	60.60%	79.50%
Pacific	999	556	762	55.70%	76.30%
Other Asian	1,513	1,207	1,395	79.80%	92.20%
South Asian	641	442	563	69.00%	87.80%
TOTAL	20,176	14,290	17,722	70.80%	87.80%

Diabetes Population Hba1c by Age

Age Group	Total	<64mmol	<80 mmol	%<64 mmol	%<80 mmol
0-19	328	163	255	49.70%	77.70%
20-44	2,275	1,261	1,754	55.40%	77.10%
45-64	7,346	4,839	6,233	65.90%	84.80%
65+	10,227	8,027	9,480	78.50%	92.70%
TOTAL	20,176	14,290	17,722	70.80%	87.80%

Retinal Screening

Ethnicity	Coded Patients	Screen	No Screen	% Screened
European/Other	17,258	10,560	6,698	61.20%
Maori	1,868	1,094	774	58.60%
Pacific	1,172	662	510	56.50%
Other Asian	1,773	1,064	709	60.00%
South Asian	733	421	312	57.40%
Total	22,804	13,801	9,003	60.50%

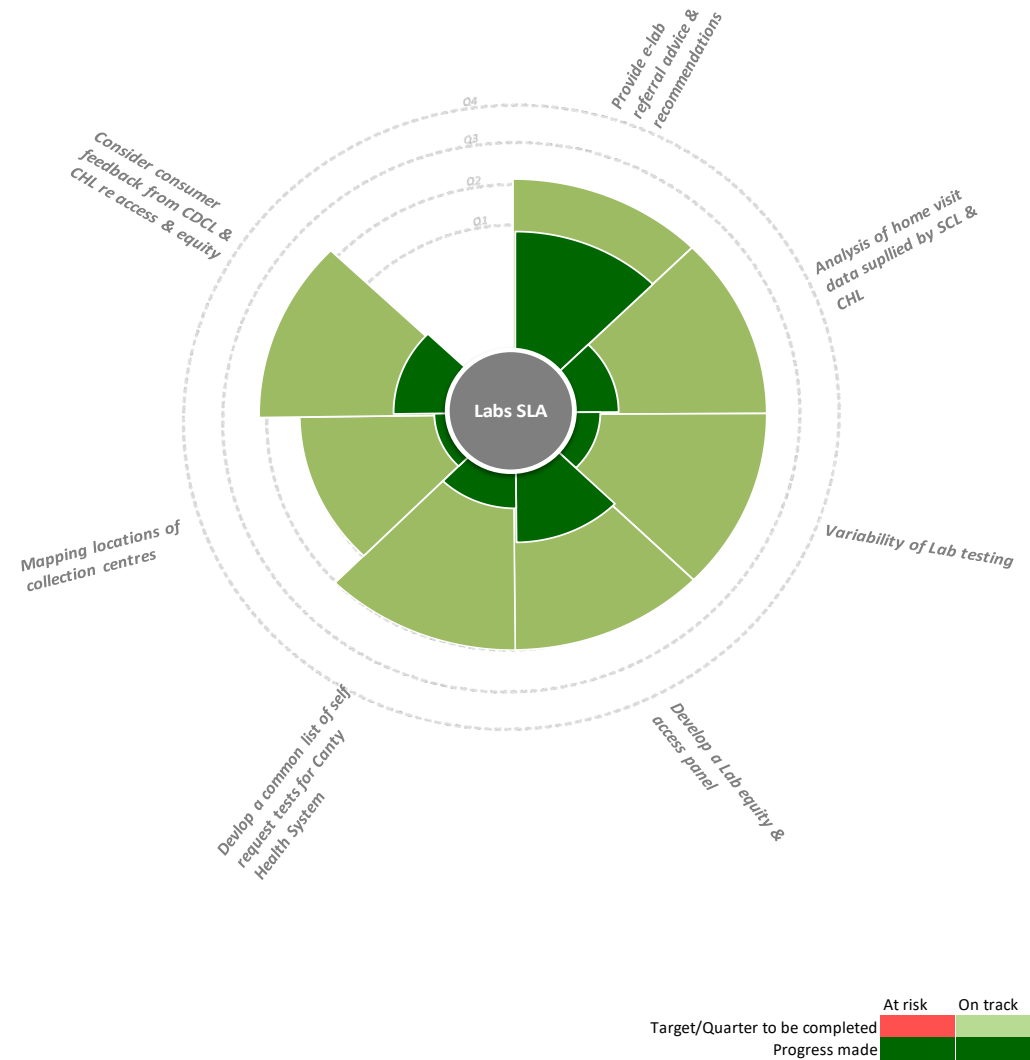
Laboratory Service Level Alliance - Q2 2020-21

Progress update

The subgroups have continued to progress the following key pieces of work:

- To explore whether access to home visit lab tests is equitable, an initial analysis of home visit data from the two Labs was undertaken in Q2. While noting the data set was small, it did suggest there was some inequity, with most home visits made to ARC facilities. The SLA will determine their next steps at their meeting in Q3.
- Labs staff have identified laboratory test markers to reflect variability of testing in Canterbury; these will come back to the SLA for discussion.

In Q1 the Information System Group (ISG) identified a project lead to work alongside Planning and Funding and staff from the two Labs to develop the software needed for the E-Lab Ordering. Current demands on ISG have extended completion of this work until June.



Mana Ake Service Level Alliance - Q2 2020-21

Progress update

The [Impact Lab GoodMeasure Report](#) August 2020 was released in November following delays due to election processes and pre-election period. The Impact Report identified that for every \$1 invested in Mana Ake the social return on investment of \$13.32 is returned.

Ministry of Health has commissioned Malatest International and Aro Solutions (Auckland) to undertake an external evaluation of Mana Ake. The evaluators presented the Interim Report to the

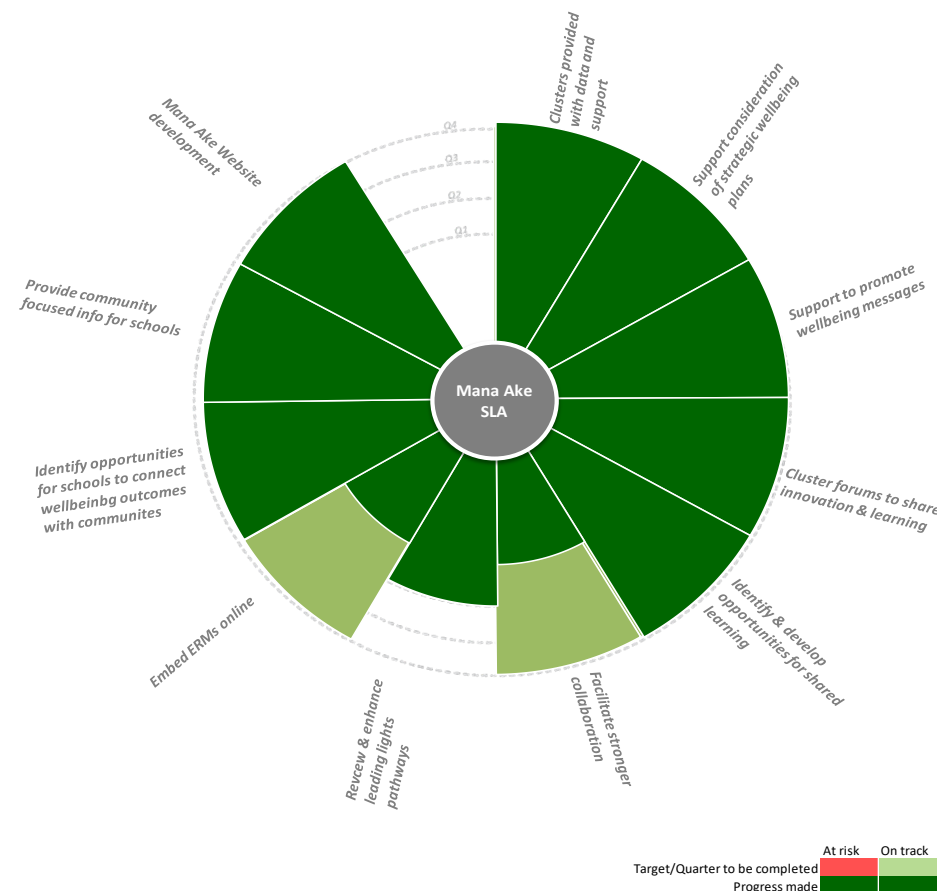
December SLA meeting, with key points from the report including:

- The most conservative estimate of reach is 7% of the primary age population (55,772);
- the outcome tools show significant increases in wellbeing scores for tamariki supported one to one (assessed by kaimahi and self-assessed);
- schools appreciate Mana Ake, with many having nowhere else to ask for help. Every school and Mana Ake staff member interviewed said how glad they were that they can access Mana Ake;
- that strengthening data collection about groups and classroom activities would enable more understanding of reach.

The evaluators will undertake further work with stakeholders, whānau and tamaraki during Q3 ahead of completion of the final report, due with the MoH March 2021.

School Cluster Forums: A further school cluster forum held in November was well attended by Principals and Special Education Needs Coordinators. It is extremely rewarding to observe the number of schools that actively participate and share their learnings across the Mana Ake network.

The Government has announced that it intends to nationally implement wellbeing and mental health services in schools, based on the Mana Ake concept. At this stage no decisions have been made about the rollout or future investment in Mana Ake in Canterbury DHB post July 2021. This is beginning to impact staff turnover with an increased number of vacancies occurring across the Provider Alliance in the recent months. While overall the calibre of new kaimahi being employed continues to be high, we are conscious that with uncertainty around the future, people will begin looking for other opportunities. The SLA is monitoring the situation, however the credibility of the programme could be compromised if we are unable to sustain the level of service delivery and expectation of stakeholders while we await any further investment decisions.



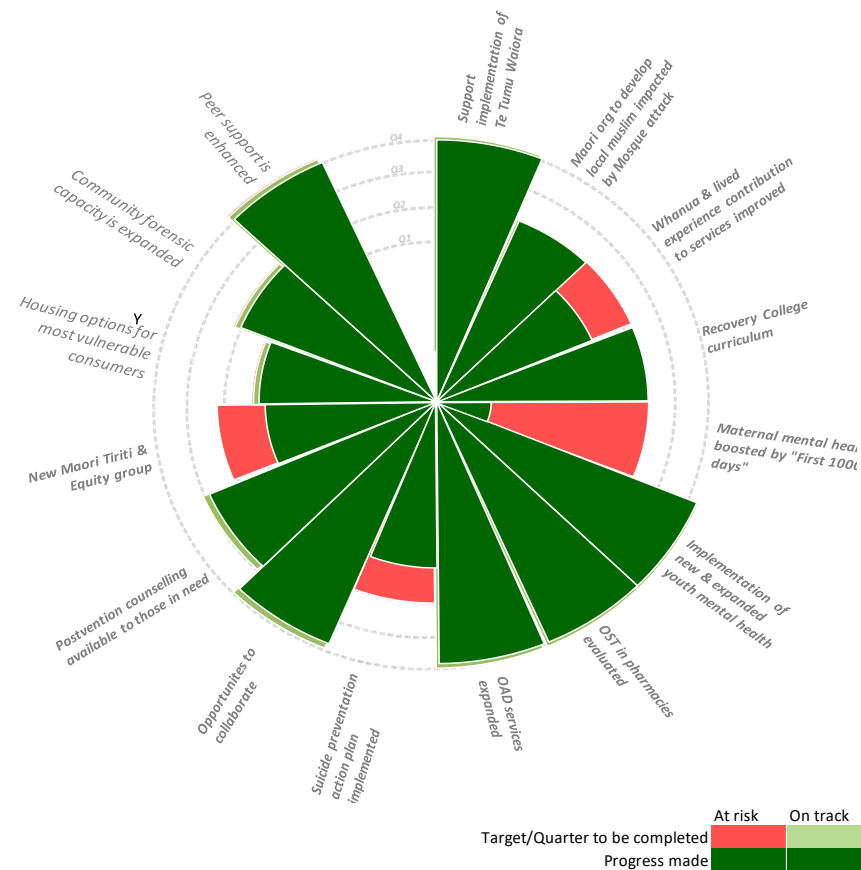
Mental Health Workstream - Q2 2020-21



Progress update

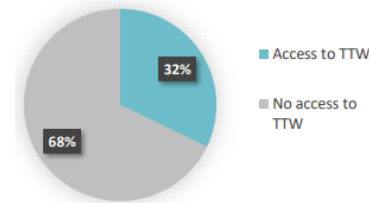
Key highlights from Q2 include:

- The Canterbury Te Tumu Waiora Programme data reporting is starting to give a clear picture of the numbers of users assisted and the type of health/mental health concerns that service users are requesting help with in Canterbury.
- A consortium of Canterbury youth agencies are currently recruiting 9 FTE to boost youth services, following a successful youth RFP, as part of a Child and Youth Mental Health Service Wellbeing 2025 Service.

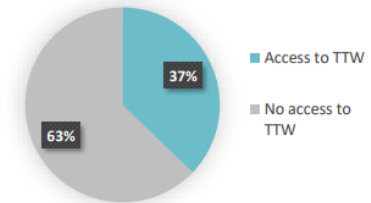


Data dashboard

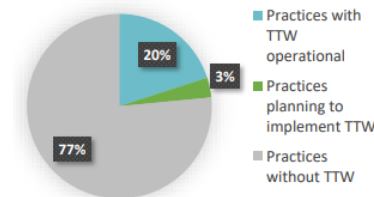
Enrolled non-Māori/non-Pasifika with access to Te Tumu Waiora



Enrolled Māori/Pasifika with access to Te Tumu Waiora



Practices that have implemented Te Tumu Waiora



Top 30 priority practices

- 40% have Te Tumu Waiora
- 71% of Health Improvement Practitioner (HIP) FTE is in top 30 priority practices
- 67% of Health Coach (HC) FTE is in top 30 priority practices

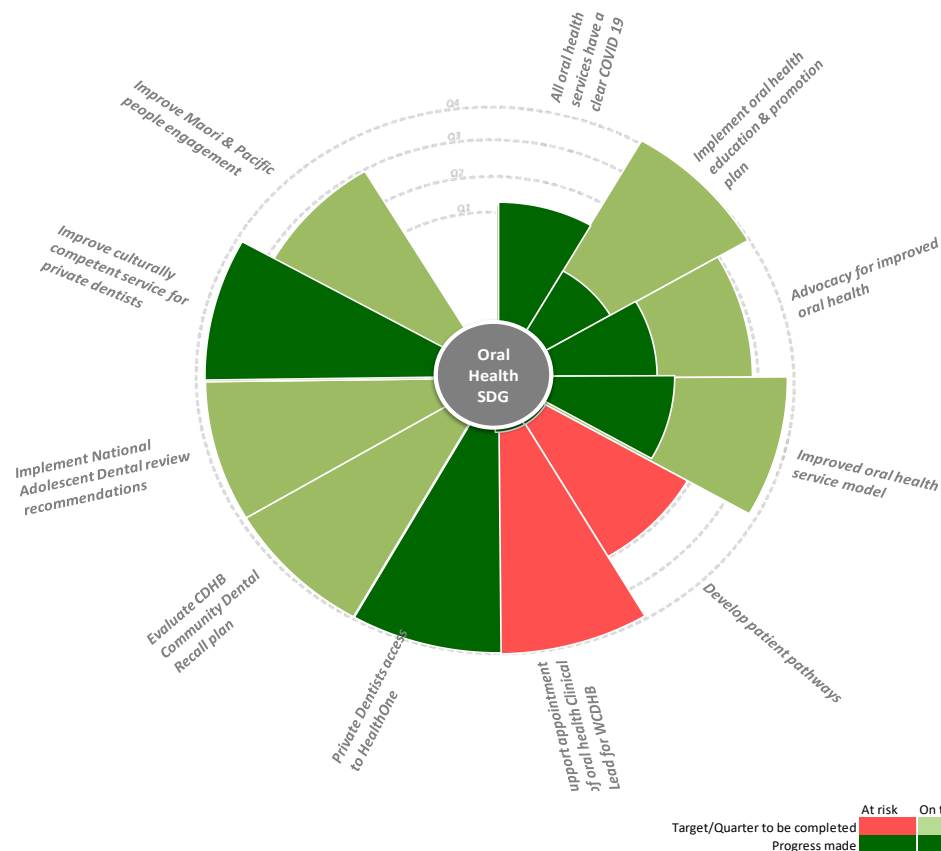
Oral Health Service Development Group - Q2 2020-21

Progress update

Community and hospital dental have returned to pre-Covid-19 service levels, having caught up on all outstanding assessments delayed due to Covid-19. Furthermore, Community dentists have been given a national extension to treat any 18-year olds (new 19 years old), who may have missed their visit.

Other areas of focus for Q2 included:

- Drafting a resource of key health promotion messages for use in primary care.
- Collating draft recommendations emerging from the two patient flow workshops that explored how children access oral health services within our system and how adults access emergency dental services. In Q3 the HEAT will be applied to the proposed Child Patient Flow to ensure it adequately addresses current inequities.



Data dashboard

Data Dashboard		CDHB			WC			
Data Metric Definition	Year	Māori	Pacific	Total	Māori	Pacific	Total	Target
1. Pre-schoolers Enrolled in Community Dental Services	19/20	82%	88%	86%	77%	64%	87.60%	
	18/19	41.50%	73.10%	83.00%	90%	76%	101.20%	95%
	17/18	52.60%	70.50%	76.10%	95.70%	126.70%	108%	
2. Number of enrolled preschoolers and primary school children overdue for their scheduled examinations	19/20	13%	16%	13%	3%	1%	2%	
	18/19	12%		8%	9%		7%	>10%
	17/18	14%	15%	12%			5%	
3. Caries Free at 5 years old	19/20	53%	40%	68%	44%	33%	55%	
	18/19	50%	39%	66%	49%	29%	59%	65%
	17/18	50%	39%	65%	42%	67%	57%	
4. DMFT Score at Year 8	19/20	1.06	1.31	0.73	0.78	0.6	0.84	
	18/19	1.16	1.24	0.77	0.99	0.67	0.94	0.86
	17/18	1.02	1.06	0.84	1.87	0.67	1.12	
5. Adolescent utilisation	19/20							
	18/19	40%	44%	67%	55%	49%	74%	85%
	17/18	33%	40%	67%	55%	53%	76%	

Pharmacy Service Level Alliance - Q2 2020-21

Progress update

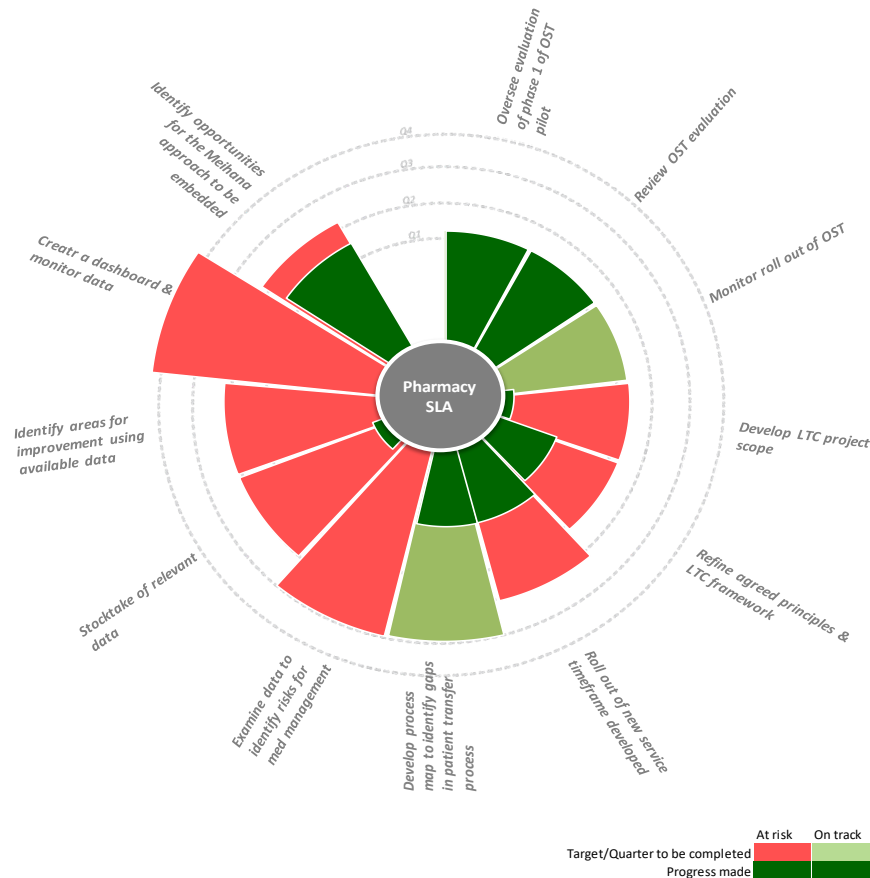
The SLA submitted an application to the Improvement Sustainability fund for the Long-Term Conditions (LTC) project. If successful, it will fund the project lead resource required to progress the project and develop a new pharmacy service that is both equitable and cost-effective. Advice on the outcome of the application was expected in Q2.

The roll out of the new [Opioid Substitution Therapy \(OST\) service](#) across Canterbury is continuing, with 40 pharmacies to start on boarding in February and another 40 pharmacists on boarding in April.

Three pharmacists have been supported by the Canterbury Community Pharmacy Group to train in the Meihana model. The pharmacists attended the practical sessions and are now applying the training principles in their practice. In Q3 a debrief with these pharmacists will: review the training, develop a plan for the wider roll out to pharmacy teams, and complete a case study of one pharmacist applying her learnings in delivering a Medicines Use Review (MUR) to a Māori patient.

The priority areas off track are the LTC project, which is yet to begin as additional resource is required to undertake the proposed work. Also work is yet to begin on exploring what data is available to identify any areas of improvement, including any inequitable access to pharmacy services.

From 1 October LTC has a new cap of 14,466. Suspension of new patient registrations until the DHB notifies all pharmacies that total registrations have fallen to 99% of the cap e.g. 14,311.



Data dashboard

Long Term Conditions Service patient enrolments: 2020

July	August	September	October	November	December
141507	15173	15670	15683	15451	15247

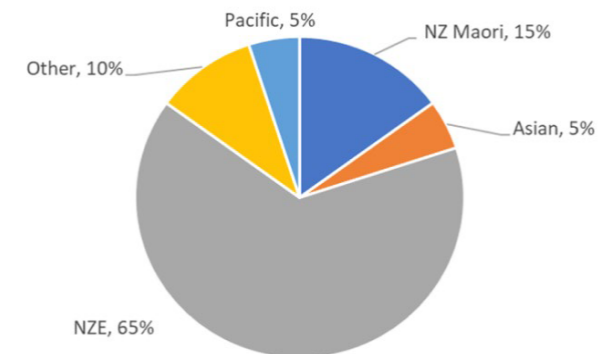
Medicines Use Review (MUR) consultations

	2019/20			2020/21	
	Q2	Q3	Q4	Q1	Q2
Mobile	9	10	23	6	6
Community pharmacy	204	162	288	180	93
Total	213	172	311	186	99

Medication Therapy Assessments (MTA)

	2019/20			2020/21	
	Q2	Q3	Q4	Q1	Q2
Other	3	3	2	0	5
ARC	1	0	0	9	0
Home	50	33	10	0	15
Total	54	36	12	9	20

MTA consultations by ethnicity - Q2



*NZE (New Zealand European)

2/26/21

Population Health & Access Service Level Alliance - Q2 2020-21

Progress update

Key areas of progress:

- Progressing the Canterbury Health Systems approach to supporting people's health and wellbeing in line with strategic objective one is fundamental to meeting Te Tiriti responsibilities and achieving equity of health outcomes. This work is complex and the Population Health & Access Service Level Alliance (PHASLA) has taken time to see how best to progress this work. A staged approach to this work has been drafted and a working group of the PHASLA is being established to progress this work. Implementation of stage one is scheduled for the first half of this year.
- The PHASLA discussed a special COVID-19 related Patient Experience Survey. This survey found that 33% of all respondents (36% of Māori and 40% of Asian) reported that lockdown kept them from seeing their GP. Furthermore 6% of respondents (14% Maori respondents) indicated they were inhibited from accessing after-hours, with the fear of catching Covid-19 and the perception that GPs were too busy being the most common reasons why.
- The Alcohol Harm Minimisation group is continuing to take an across system approach to reducing harm from Alcohol including to influence social norms and behaviour change, promote healthy environments, measure harm and monitor performance and coordinate prevention, identification, treatment and support. The Christchurch Alcohol Action Plan (CAAP) Community forum was held 14 October 2020. The CAAP is a partnership between Canterbury DHB, Christchurch City Council (CCC) and NZ Police, and the alcohol-related harm strategy contributes to this umbrella work. The focus of the forum was on partnership approaches to reducing alcohol-related harm and included speakers from the NZ Drug Foundation, He Waka Tapu and a presentation on Toolkit training, a social enterprise run out of Odyssey House.
- A [Smoking Needs Analysis summary](#) based on the Census data from 2018 for Canterbury has been released. This information is used to guide Smokefree priorities in the Canterbury region.
- Completion of the final report on the research project exploring enrolment in general practice has been delayed by access to the Integrated Data Infrastructure during the COVID pandemic response. The release date is unknown.
- While the work on the Interpreter Services has been delayed, engagement and feedback from a range of groups on the Best Practice Guidelines is continuing. In addition, work is underway to align the Canterbury DHB Interpreter Services policy with the Best Practice Guidelines.

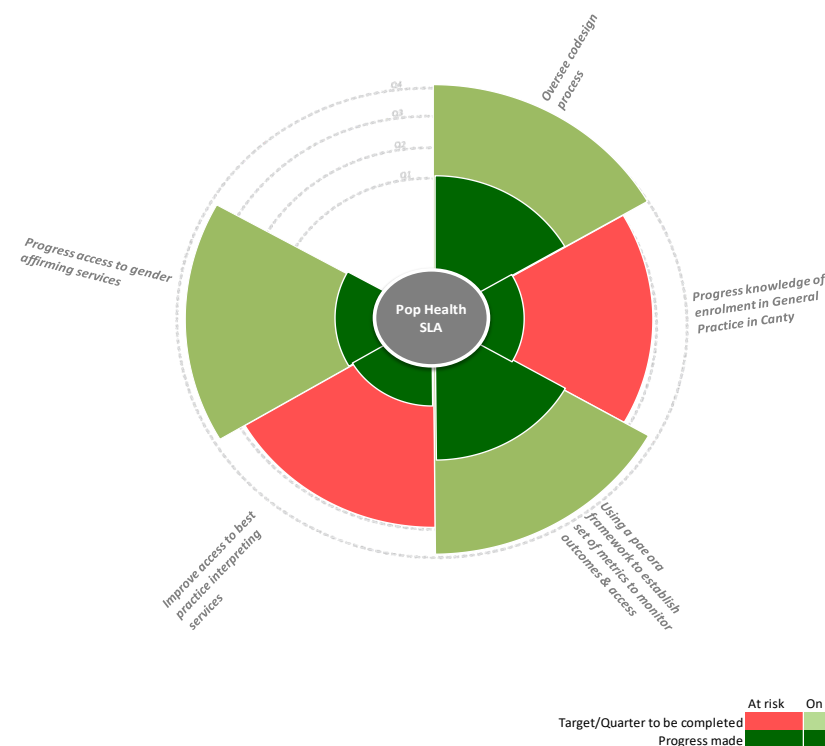
Data dashboard

Motivating Conversations - attendance records for Q2 2020/21.

*The total for Q2 2020/21 is 25 attendees across three workshops. Due to Covid-19, no general Motivating Conversations Workshops were advertised or held in Q2 2020-21, apart from three essential workshops. One was for B4SC nurses and two were for Health Coaches.

Attendees from three workshops		
Nurse Practitioners	Other primary health care workers	Total
8	17	25

Te Ha Waitaha - Reporting has changed and the Q2 report will be available on 20 February.



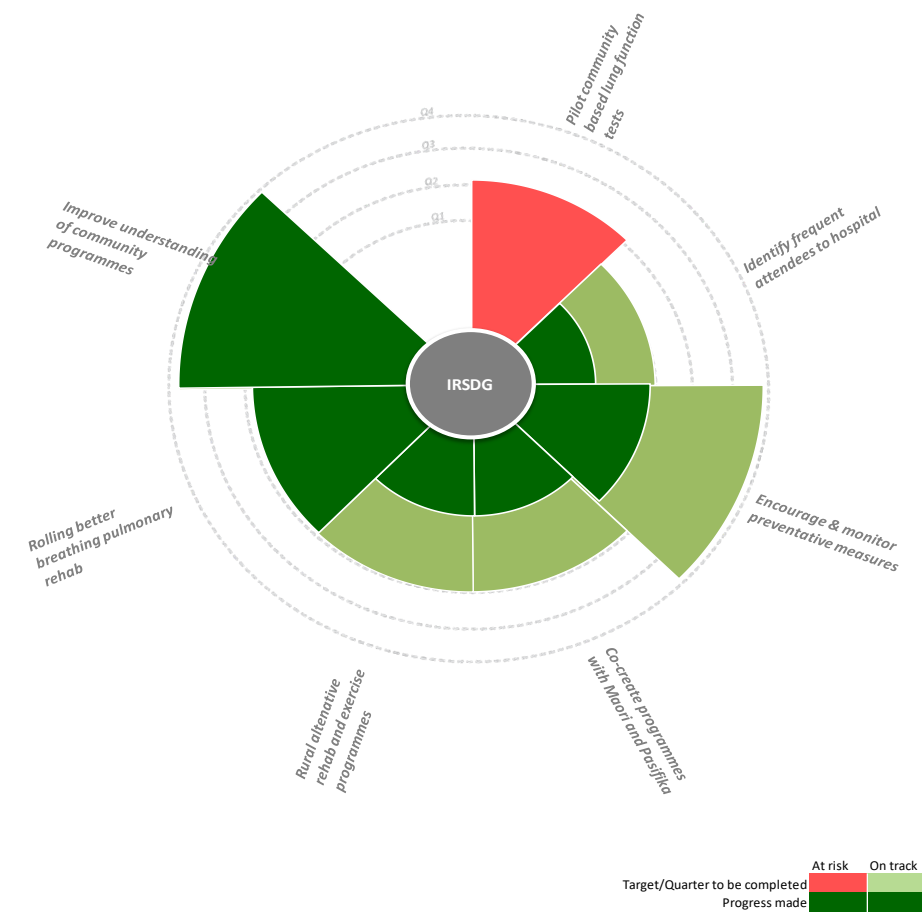
Progress update

Respiratory physicians continue to support virtual ward rounds with COVID-19 positive patients in managed isolation and quarantine facilities with multi-disciplinary teams. Better Breathing Pulmonary Rehabilitation Programme has begun for 2021.

Work to improve access in the eastern suburbs has been achieved with five community exercise coffee groups running and Better Breathing participants encouraged to join.

The work to pilot the community-based FEV6 lung function testing has not progressed with the pharmacist leading this work leaving Canterbury. Agreement has been reached to not pursue this currently.

Over the next six months we will be working with Waitaha Primary Health to deliver two pulmonary rehabilitation programmes in Rangiora in 2021 and with Kaikoura to deliver a pulmonary rehabilitation programme starting February 2021.



Rural Health Workstream - Q2 2020-21

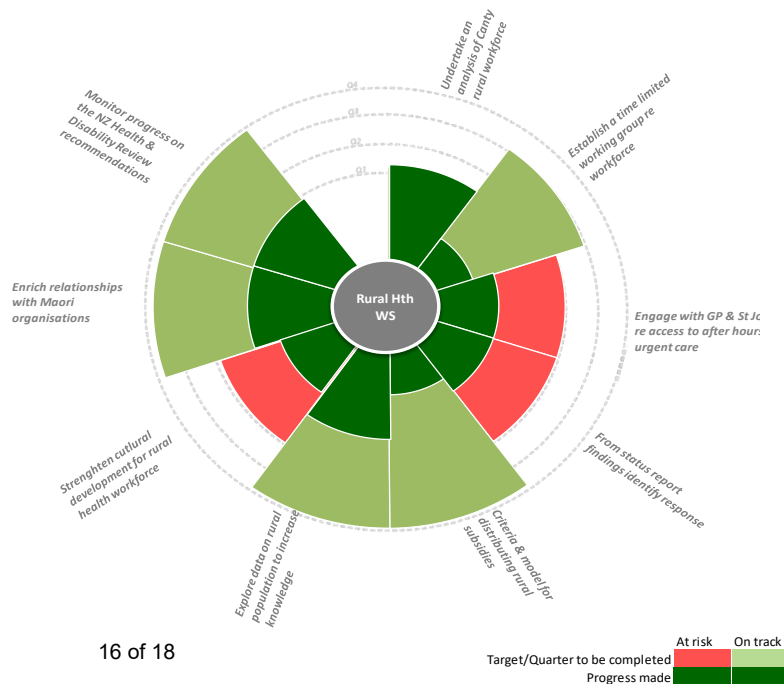
Progress update

Key areas of progress:

- **Workforce Sustainability:** A table of national, regional, local and international workforce stakeholders identifying where the Rural Health Workstream (RHWS) could add value to; drive, advocate or monitor progress was tabled with the RHWS in December. The Making it Work model (Strasser, 2018) offers a framework for the RHWS to organise how it approaches improving workforce sustainability. A proposal to the RHWS in Q3 will use this framework to identify local opportunities to progress in line with the following agreed principles:
 - Avoid 'reinventing the wheel' when progress is being made elsewhere;
 - collaborate more with other local / regional / national connections where possible;
 - increase advocacy opportunities for rural workforce requirements; and
 - make any expected outcomes from a Working Group to be high value for Canterbury.

Priority actions that are off track:

- **After-hours and urgent care:** While the formal scope of access to after-hours urgent care and emergency responses has not been completed, significant work has been undertaken in the Hurunui by St John, PHO and Canterbury DHB to maintain the delivery of an urgent and emergency care response. A status report / scope for urgent care and emergency responses (including PRIME (Primary Response in Medical Emergencies) for all rural Canterbury communities will be completed in Q3, to identify further opportunities for improvement.



Data dashboard

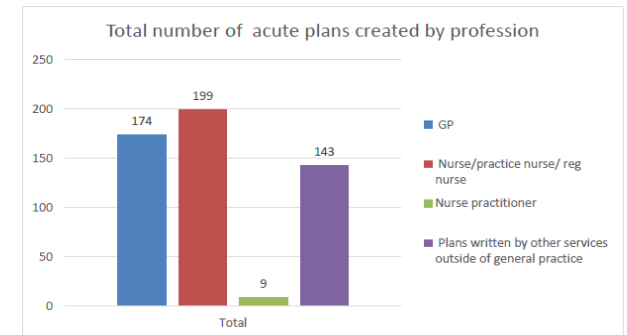


Figure 1: Total number of acute plans created broken down by profession/service across all Canterbury rural practices.

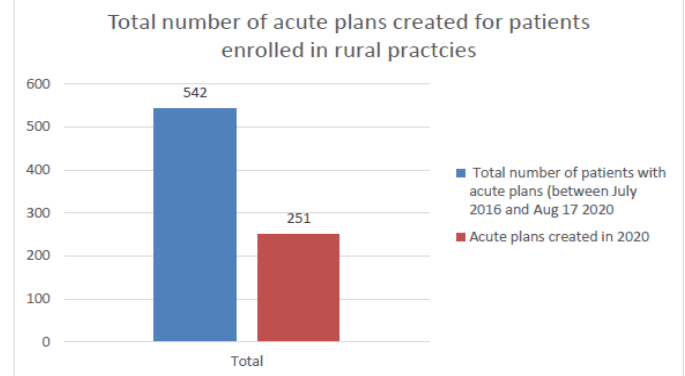


Figure 2: Total number of acute plans created for patients enrolled with Canterbury rural practices.

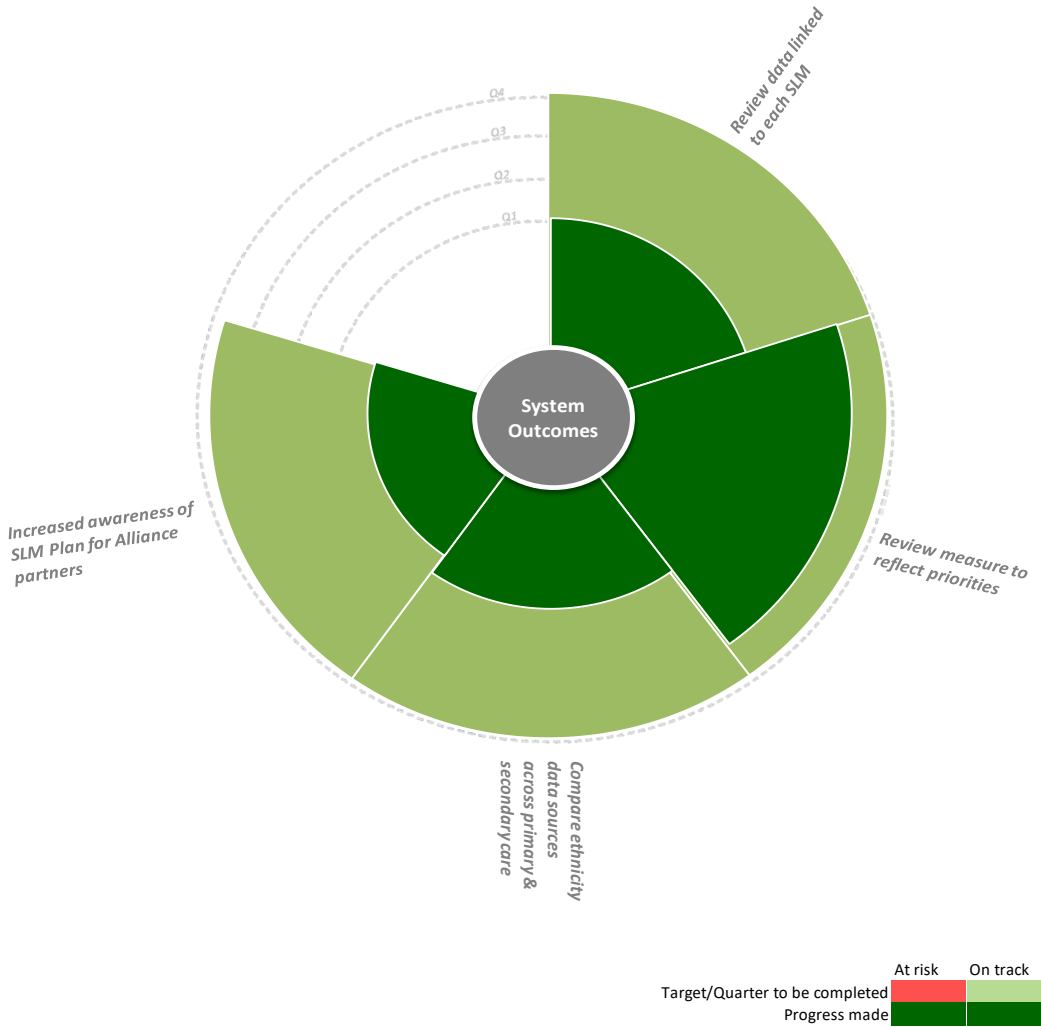
System Outcomes Steering Group - Q2 2020-21

Progress update

The System Outcomes Steering Group (SOSG) are continuing to review data linked to the system level measures. A review of the contributory measures as part of refreshing the Improvement Plan for 2020/21 is also underway.

The SOSG and Population Health and Access Service Level Alliance are working together to explore the development of set of metrics for monitoring access and equity with initial steps being to connect with key people similarly interested in monitoring improvements in equity.

Actions to increase the number of Alliance Partners who contribute to the Improvement Plan was not progressed during Q2 and will be progressed in Q3.



Urgent Care Service Level Alliance - Q2 2020-21

Progress update

Key areas of progress:

Various meetings outside of the SLA in December, involving hospital and community staff and the PHOs, have discussed the system capacity and explored ways to address the high demand being experienced. These issues appear to be multifaceted and include higher than average volumes of ED and some Urgent Care Clinic (UCC) attendances. The ED volumes have increased since the labour weekend average of 2,285 per day, up to 2300 in early November. These volumes that would be expected leading up to Christmas.

The role of the SLA in this work is yet to be determined. A connect meeting, 21 January, will discuss the areas of concerns from the SLAs perspective, explore the relevant data, and identify areas where the SLA may be able to assist. The SLA facilitator will ensure the PHO's are informed of any work occurring to address the issues raised.

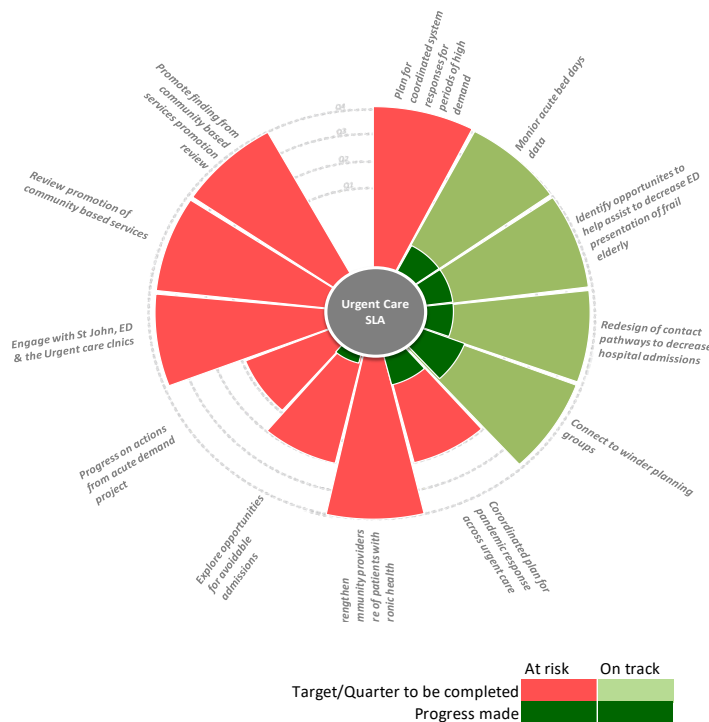
An analyst has now been assigned to the SLA to provide ongoing data.

The SLA now includes a perspective from the Canterbury Initiative with Mike Ardagh joining the group.

In Q3 in addition to the connect meeting in January, the SLA will progress getting regular data from Home Care Medical and continue working on the transports to non-ED facilities.

Priority areas off track:

- No additional work has been done to develop a coordinated plan for the pandemic response due to the focus of the SLA being on the pressure on the health system capacity.
- Limited progress was made prior to Christmas on exploring the virtual ward concept. Canterbury Initiative have indicated that this was due to low numbers of COPD patients being admitted and general practice lack of capacity to take on additional work.
- The review of Acute Demand including work to standardise services and claiming rates due Q1 will recommence in Q3.



Data dashboard

Total Acute Demand Data: Episodes of care by ethnicity

Ethnicity	2019-20				2020-21	
	Q1	Q2	Q3*	Q4*	Q1	Q2*
Māori	859	649	447	800	775	696
Pacific	230	178	204	213	227	176
Asian	564	427	564	603	632	511
European	8,176	6,571	6,576	8,108	7,635	7,225
Other Ethnicity	133	127	115	154	256	247
Not Specified	592	562	614	845	552	520
TOTAL	10,554	8,514	8,520	10,723	10,077	9375

*Provisional data

ADMS Packages of Care - Q1 = 25,971 / Q2 = 24,051

Number of times Acute Demand reaches capacity of 35 patients - Q1 = 3 (Target = 0) / Q2 = 3 (Target = 0)

