Rural Health Workstream Work Plan 2021-22

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Priority actions towards transformational change, improved system outcomes and/or enhanced integration			
1. Support progress of Canterbury rural workforce sustainability	Implement opportunities identified in Year One for enhancing Canterbury's rural workforce sustainability, including: ▪ Advocating for improved recruitment of Voluntary Bonding Scheme (VBS) nurses and increase in NetP training support in rural locations. ▪ Supporting a PHO-coordinated approach to advocate for secure Health Workforce NZ funding for increasing Nurse Practitioner (NP) resource across rural Canterbury. ▪ Advocate for Ara to proactively support nursing placements in rural settings. ▪ Complete a stocktake of the current access to allied health in rural Canterbury, including the use of Kaiāwhina. ▪ Explore opportunities to support allied health capacity gaps in rural areas. ▪ Continue monitoring local, regional, and national activity and advocacy, including Hauora Taiwhenua. (EOA)	**Q3** Progress Implementation of agreed opportunities for Canterbury by Q3, including: ▪ Update from PHOs on VBS status. ▪ Update on increasing NP resource. ▪ Secure response from Ara on increased rural nurse placements. ▪ Stocktake of allied health and Kaiāwhina workforce. ▪ Allied health capacity gaps reported. ▪ Share findings of analysis, activity, and progress across CCN.	▪ No wasted resource. ▪ Access to care improved. ▪ Primary care access improved.
	Increase utilisation of the 'Making it Work' framework to support trainee placements and relocating of health workforce into rural communities.	**Q4** ▪ Trainee placements identified. ▪ Toolbox created to adapt to any rural community.	
2. Improve the model and distribution of rural subsidies	Support the development of a new model for distributing Rural Subsidies, including the application of the Geographic Classification for Health Research in Canterbury (EOA).	Q3: Funding provided.	▪ Primary care access sustained. ▪ 'At risk' population identified.
3. Identify and address inequities for rural communities, including distance to service and ethnicity (Māori, Pasifika, CALD)	Advocate for improved health outcomes for the rural Canterbury population through the implementation of the NZ Health & Disability Services Review (EOA).	**Q1-Q4** ▪ Report on identified inequities in rural Canterbury. ▪ Dashboard of key metrics established and updated quarterly.	▪ 'At risk' population identified. ▪ Delayed/avoided burden of disease and long-term conditions. ▪ Primary care access improved.
	Continue to enrich our relationship with Manawhenua ki Waitaha, Te Kāhui o Papaki Kā Tai, Māori Caucus, Maui Collective, and local Rūnunga through Tiriti-focussed ways of working (EOA).	**Q1-Q4** ▪ Māori-led engagement to focus next steps. ▪ Discuss opportunities and embed in practice.	▪ Equity of access and health outcomes.

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Actions towards monitoring progress			
4.Respond to emerging healthcare issues in rural communities and as needed, advocate for areas needing increased efficiencies and/or improved service levels	Monitor Model of Care implementation for: ▪ Hurunui Health Services Development Group (HHSDG): - Include a report on the transition journey from HHSDG to Provider and Community groups. ▪ Ashburton SLA.	Ongoing: Quarterly updates received.*	▪ Improved environment supports health and wellbeing.
	Monitor service integration and improvement strategies from Kaikōura, Oxford & surrounding Area, Akaroa.	Ongoing: Quarterly updates received.*	▪ Improved environment supports health and wellbeing
	Monitor progress of the CDHB Telehealth Operational Governance Group (TOGG) and advocate for identified opportunities to further support rural communities.	Ongoing: ▪ Regular updates received from TOGG. ▪ Rural community considerations advocated to TOGG.	▪ Delayed/avoided burden of disease and long-term conditions
	Monitor progress of: ▪ Rural Restorative Care framework implemented in the Hurunui community (including number of clients supported). - Geographic Classification for Health research to define rural in the NZ health context. - Rural Kaumātua Project (through HOPWS). - Te Tumu Waiora rollout for rural communities. - Te Ha Waitaha in rural communities.	Ongoing: Six-monthly updates on service received.	▪ Effective transfer of care ▪ Improved health and wellbeing
	Monitor emerging issues that are raised: ▪ Data dashboard on our rural population to increase knowledge of inequities that exist in access to services, service utilisation and health outcomes including comparisons with: - urban Canterbury and NZ; - within/between rural Canterbury communities; and - raised through local, regional and national forums.	▪ Six-monthly data and narrative tabled with RHWS. ▪ Emerging issues tabled with RHWS as and when necessary.	▪ Equity of access and health outcomes ▪ 'At risk' population identified

Key metrics to indicate progress delivering work plan actions, impact on health outcomes and/or monitor performance	
Description of metric	**Data Source**
1. After-hours urgent care and emergency care rural presentations trends including by age, ethnicity, enrolment status and source of referral. Rural frequent attenders targeted.	CDHB, St John
2. Shared Care Plan data on plans created and amended through the rural General Practices.	Shared Care Planning, PHO
3. Baseline ratio of enrolled population for primary care workforce FTE across rural Canterbury population bases established.	PHOs, General Practice, CDHB
4. Patient Experience Survey trends from rural communities.	PHOs

The current CCN Work Plan for all alliance groups can be viewed on the CCN website here.

*Reports to include (but not limited to): key activity for period: integration, changes in health services, technology, relationships, identified risks/mitigation, upcoming activity