



CCN SIX MONTHLY REPORT

Q3 & Q4: JANUARY- JUNE 2021











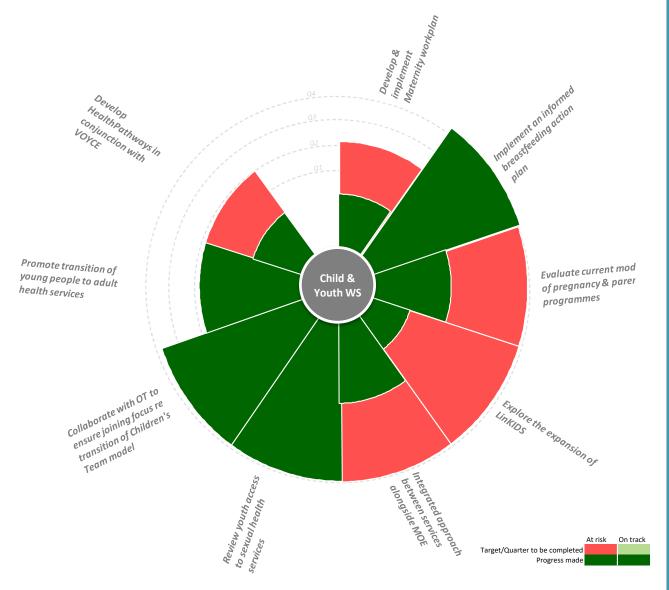
20/21 has seen many changes for the Child & Youth Workstream (CYWS), with the introduction of co-chairs Ngaire Button and Michael McIllhone, a review and the resetting of the Workstream into three priority areas - First 1000 Days, Tamariki and Rangatahi.

Facilitators Bridget Lester, Hayley Cooper and Anna Hunter have been assigned to each area to progress focussed mahi.

The review identified the importance of people connecting - given the breadth of stakeholders involved. In response, two Child & Youth Forums per annum are being run, so people contributing to Child & Youth Health have time to connect, network and share information. This direction, alongside group membership and Terms of Reference (TOR) was finalised by the Alliance Leadership Team in Q3 2021.

Each of the workstreams have met once and all groups have provided feedback on what they would like to see as part of the group's mahi. Six common principles were identified across the workstreams and they are in the midst of developing the refreshed workplans aligned with these principles.

While the focus has been on resetting the CYWS they have been able to meet approximately 50% of their workplan actions this year, with many of these unattended due to internal resource constraints and shifting Planning and Funding priorities. As the CYWS reflect over the past 12 months, they recognise the huge changes that have occurred for the workstream and look forward to progressing with their new workplans in 21/22.





# **High risks**

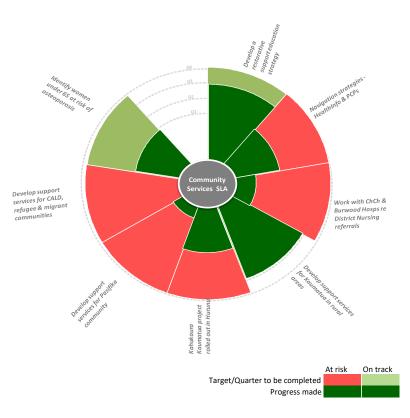
# Community Services Service Level Alliance - Q3/Q4 2020-21

# Progress update

A great step forward this year has been the introduction of the Community Services electronic referral form, which has now been rolled out in Primary and Secondary Care. While there have been some technological tweaks to the form (and resulting changes around process) the form is now fully live, allowing instantaneous processing of referrals for services delivered in the community.

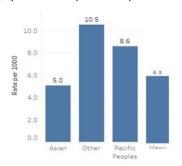
Another success story this year has been the continued roll-out of our Kahukura Kaumātua programme based in Birdlings Flat. This now has a group of regular attendees, enjoying a kaupapa Māori day programme including Te Reo Māori, cultural activities and a strong hauora focus. In conversation with the kaumatua, this programme has been attended by clinical professionals including community dental, bowel screening, diabetes and mental health. Next week a mobile vaccination team will go out and vaccinate this group. This programme has been extremely successful in meeting it's objectives. The group is now keen to act as advocates to take a similar service to the Hurunui area.

Some items on this work plan have fallen behind owing to prioritisation of vaccination and other COVID-19 preparations. Next year, the SLA is planning a smaller workplan, but aim also to work more intently to ensure there is wider representation of Pasifika and Culturally and Linquistically Diverse (CALD) peoples on the group.

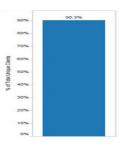




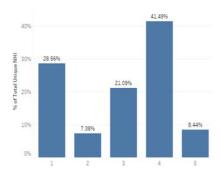
interRAI assessments per 1000 population 65+ (Māori 55+)



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%

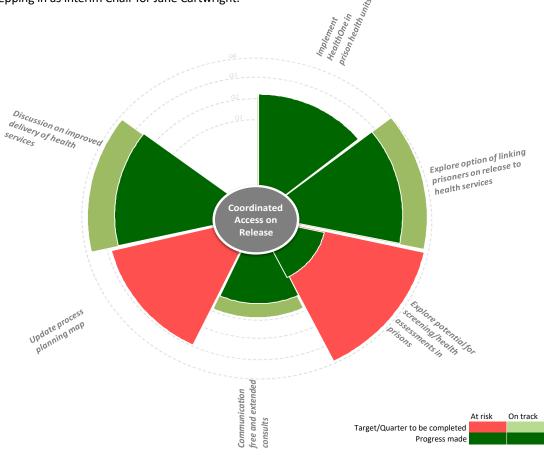
# **High risks**

Risk area	Response					
Risk to provider sustainability from costs related to raised salary expectations from nurses following the new nursing MECA.	Resources are already stretched and if extra government funding is not forthcoming to equalise nursing salaries across the system, there is a significant risk of district nurses moving to hospital work. CDHB will continue to engage with the Ministry around funding requirements.					
Risk of the consequences of not appropriately managing community and clinical expectations of home based support services/CREST (both urban and rural).	Conclude Community Services redesign process to clarify the model of care going forward. Maintain monthly clinical review meetings with Older Person Health Specialist Service and all three contracted providers to proactively identify clients who have large packages of care or complex social situations and ensure there is a plan to manage potential gaps in service. Ethical framework may be implemented both to guide client/whānau expectations and to guide decision-making around larger packages of care. Consider extension of clinical review for non-complex clients.					
Risk that without supporting the development of cultural competencies, it will be hard to attract and retain Māori staff in Community roles.	Formulate strategies to support cultural navigators and to ensure succession planning in these roles.					
Risk that lack of culturally safe staff in administration and first contact roles presents a barrier to service access for Māori and CALD.	Develop a meaningful education package around cultural safety for support workers and other staff.					

Work is progressing on the use of HealthOne in the Corrections facilities with resolution of the privacy issues and increasing Corrections contribution of data into HealthOne.

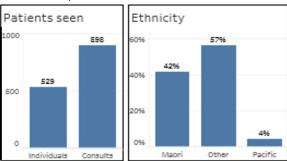
Information to increase the awareness of the three free GP consultations is nearly complete. These consults are available to a person on release who has served more than two years in prison at one time. The information has been developed for the Corrections and Probations staff to inform the person on release of the programme and to encourage them to connect with General Practice. This will be available on their day of release and again at their first probation appointment. Once finalised, it will be sent out to the PHOs for distribution to general practice, as a reminder of the programme in readiness of any queries/ appointment in regard to the programme.

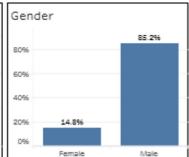
Progress on the health screening / assessments in prisons has been delayed with staff involved in the COVID-19 immunisation reponse. This is being picked up in September 2021 with Laila Cooper stepping in as interim Chair for Jane Cartwright.



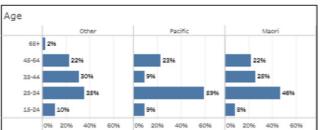
# **Data dashboard**

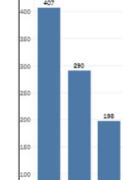
## Release from prison claims data



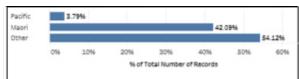


Annual consults delivered





### Total consults by ethnicity



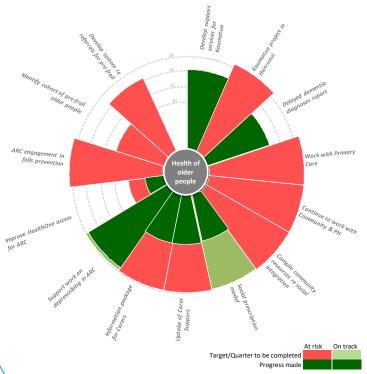






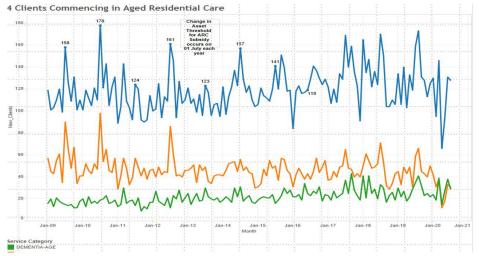
The Health of Older People Workstream (HOPWS) is delighted that COVID-19 vaccination will be completed in Aged Residential Care facilities by the end of July. This represents the culmination of a lot of hard work by our vaccination teams and a significant milestone towards COVID-19 risk reduction for people living in residential care.

HOPWS is 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. We have proposed three projects to current DHB leadership and are in the process of managing the cost implications of this action plan.

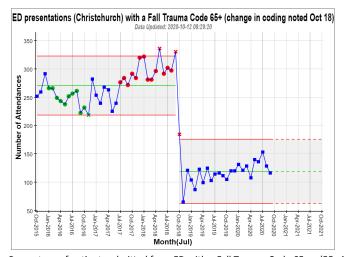


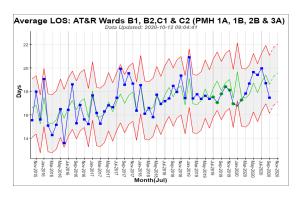


## **Data dashboard**



People 65+ (50+ Māori) admitted to Aged Residential Care (ARC) - (Green - Dementia, Orange - Rest Home, Blue - Total)





Length of stay by ethnicity 65+ (50+ Māori).



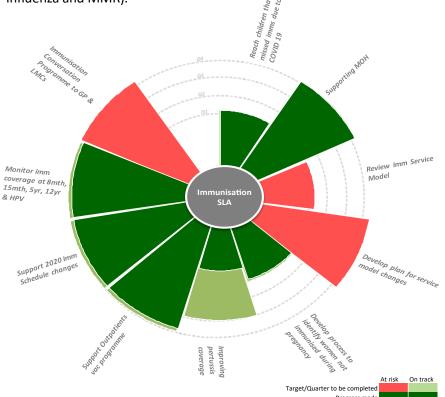
Percentage of patients admitted from ED with a Fall Trauma Code 65+ – (55+ Māori).

Risk area	Response
A sharp rise in the prevalence of dementia and other age-related conditions as the population ages is anticipated.	Accept meanwhile: continue with planned initiatives; support integration across the sector (GP teams, Dementia Canterbury, Home Community Support Service providers, Older Persons Health Specialist Services and others).
ARC facilities continue to encounter difficulties in recruiting and hiring staff.	Pay equity settlement seeks to professionalise the Support Worker career path. Supplemental payments to ARCs in relation to the NZNO MECA seeks to reduce discrepancy between pay scales for ARC- and DHB- employed nurses.
Risk of social isolation impacts on the mental and physical health of older people as a result of potential Covid-19 lockdowns.	During the COVID-19 lockdown, people over 70 were especially targeted for precautions given additional vulnerability to COVID-19. This has had an ongoing effect both on the confidence of many older people.



Childhood immunisation coverage has dropped off in the last 12 months. It appears that there is an increased group of children in each milestone who have missed an immunisation event. Issues are largely around engagement with general practice, and therefore an increase in missed events and outreach referrals. This means that timeframes for service are slower. At the end of Q4 the SLA secured more funding for the Missed Events Service and the Outreach Immunisation Service. This should help to reduce the current backlog.

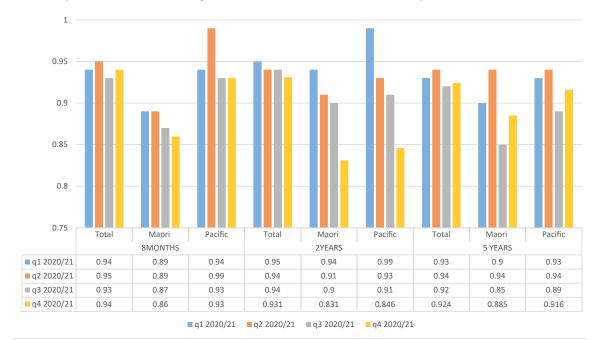
While Canterbury childhood vaccination coverage was below the national targets this quarter (sitting around 93% for all milestone), Canterbury remains one of the best performing DHBs for Childhood Immunisation. COVID-19 has put a lot of pressure on this sector, with changes to general practice increasing barriers to vaccinating, the secondment of key staff to the COVID-19 vaccination and the focus on COVID-19 vaccinations at the expense of other vaccination events (i.e. Influenza and MMR).



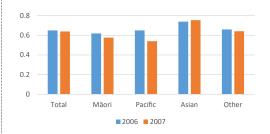


## **Data dashboard**

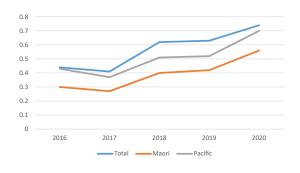
Canterbury immunisation coverage - Māori, Pacific and total 2020/21 year



## HPV given by year of birth 2006 and 2007



## 65 plus - influenza coverage





# **High risks**

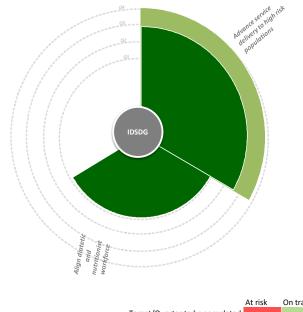
# **Integrated Diabetes Service Development Group - Q3/Q4 2020-21**

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# **Progress update**

The Integrated Diabetes Service Development Group (IDSDG) has continued to focus on implementing the Diabetes Review recommendations. Of note in Q3 and Q4 has been:

- Education: The Education Model implemented builds on an Australian model that stood out through the review of different approaches. To strengthen access to education a new patient pathway across primary, community and specialist services has been drafted that directs people to group education at a number of points as they progress through changing stages of diabetes.
- Nursing Integration: A new model of care has been drafted that includes a strong focus on short interventions and multi-disciplinary case reviews for more complex patients and patients being discharged after extended periods of care provided. IDSDG envisions having this available for wider feedback in the next few weeks.
- Dietetic Services: A stocktake, and review was completed in Q2 with the IDSDG providing feedback on the proposed new model of care for dietetic services at their February meeting. The review highlighted that early nutritional advice provided by dietitians achieve more improvement in health outcomes than when advice is provided by nurses. Canterbury has less funded dietitians per population of people with diabetes than other districts. The opportunity to improve access / increase the number of funded Community Dietitians targeting priority populations and in particular working with Māori and Pacific populations is being explored as the IDSDG develop recommendations.







# **High risks**

Risk area	Response
Retinal Screening - Demand increasing exponentially, waiting times are increasing.	A report is being considered by the Planning and Funding Leadership team, awaiting an outcome.



# Data dashboard

Percentage rate based on total PHO/practice count rate										
	% HbA1c ≤ 64mmol	% HbA1c ≥ 65mmol	% HbA1c > 100mmol	Percentage with any	Percentage with no					
			available HbA1c result	available HbA1c result						
Māori	51.5%	17.2%	10.7%	7.2%	86.7%	13.3%				
Pacific	45.3%	19.7%	14.1%	7.9%	87.0%	13.0%				
Non-Maori Non-Pacific	61.5%	17.7%	7.7%	3.1%	89.9%	10.1%				
Total	59.5%	17.8%	8.4%	3.8%	89.4%	10.6%				

Diabetes Population HbA1c by Ethicity

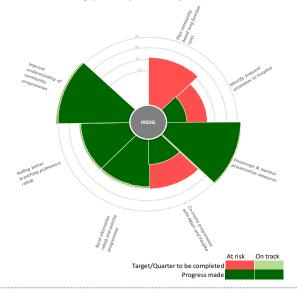


Over the last six months improvements to the Better Breathing classes have progressed; of note:

- An alternative model for delivery in more rural areas with programmes completed in, Kaikoura, Rangiora and Ashburton.
- Continued implementation of the rolling Better Breathing Pulmonary Rehabilitation Programme which has reduced wait times to classes.
- Improving access to support in the eastern suburbs with five community exercise coffee groups established and encouragement for Better Breathing participants to join.

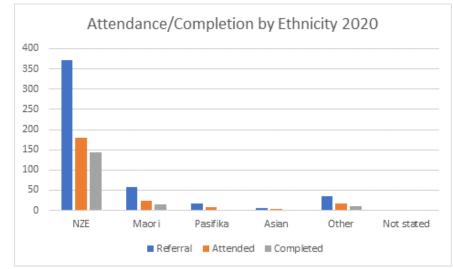
Progress on some work has been delayed, including the design of programmes targeting Māori and Pasifika. Learnings from other work across CCN is being explored before progressing this further.

For 2021/22 the Integrated Respiratory Service Development Group workplan has been streamlined to focus on reducing COPD admissions to hospital and removing what is more ongoing service improvement as part of business as usual.





# **Data dashboard**





# **High risks**

Risk area	Response
Technology - aging technology linking spirometry tests to Éclair/HealthConnect South. Risk is that community providers will not be able to provide spirometry test reports to referring GPs, cannot upload to HealthConnect South. Respiratory Physiology Laboratory won't be able to quality review test reports.	Reduce – Work with Information Architect (Mark Limber), CDHB ISG and third party developer to develop and support program improvements.
Sleep Unit demand and capacity - unquantified unmet need, but rate of referral to community providers continues to escalate, even with higher criteria set. Demand on approved providers has increased, which may mean they don't have clinic space to accommodate need, which may mean wait times to be seen in the community increase.	Reduce - Enforce criteria via referral management.
Resource- IRNS identified anxiety is one of the biggest factors in readmissions to hospital for people with COPD	Reduce-assess with Day 2 COPD project ways of adressing this.

# **Laboratory Service Level Alliance - Q3/Q4 2020-21**



# **Progress update**

At this point there is no clear time frame provided by the Canterbury DHB for progressing an E-Orders solution.

In the interim, the subgroups have continued to progress key pieces of work under the Laboratory SLA. While good progress has been made much of this work extends into 2021/22 for completion.

## Of note:

Home visit: Aged Residential Care (ARC) population data overlayed with PHO data to identify ethnicity, and determine who is being referred for home visits.

The data is now complete and identifies:

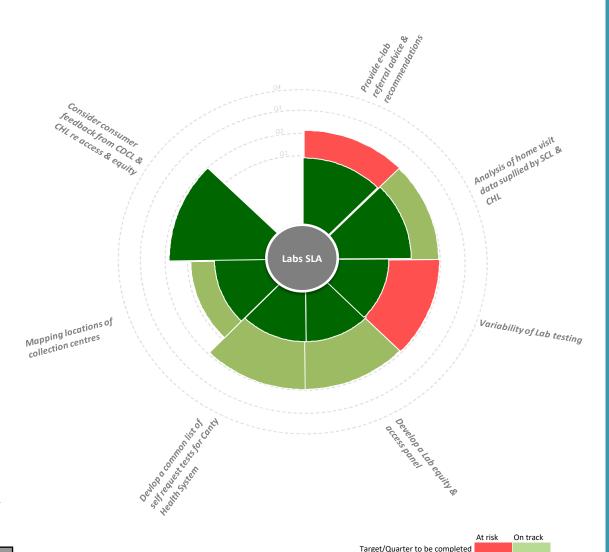
- 40.8% home visits are to people in ARC 91.6% European, 4.5% Māori, Pacific 0.9%, Remainder Other.
- 30,225 home visits in total.

Following discussions with the Ministry of Health, the transition to one lab model has been paused until there is better understanding of the implications of the NZ health reforms that come into effect in July 2022.

Some actions have been delayed due to the Covid-19 response impacting capacity.



Risk area	Response
e-lab referrals - a possibility of referrers using different software to produce e-referrals which cannot be seen in whole of system.	Reduce: Link closely with referrers to be able to advise improvements to ERMs software used for laboratory referrals.

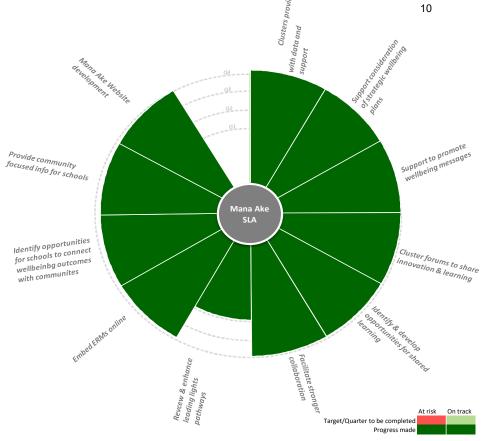


Progress made

The DHB has been working with MoH to negotiate the funding for Mana Ake in Canterbury which is now confirmed at 80% of the previous year's funding. This is not unexpected and the work that has been done to support schools build their practice around wellbeing as well as the availability of Leading Lights and ERMS Online will help mitigate the impact of the necessary reduction in the number of kaimahi across the region. The Mana Ake team will work with schools and other stakeholders to understand how best to prioritise supports within and across clusters in this next phase of implementation.

A Cluster Forum with schools in July contributed to this process, in addition to the Ministry of Education's survey to schools. This will help inform how Mana Ake refines and realigns for the future.

The Project Team has supported the Provider Network to agree a process for reducing the number of kaimahi, anticipating that the majority of the required reduction will occur through natural attrition. One Provider - Etu Pasifika - has chosen not to continue their contract for Mana Ake. A further five providers need to reduce the number of FTE they currently have. Where vacancies occur for other providers, these will be made available to affected kaimahi in the first instance. Providers will also work together to identify opportunities for Mana Ake kaimahi across their business.



Data - The Mana Ake Impact Lab Good Measure Report August 2020 and Ministry of Health External Evaluation - Malatest Report has measured the impact of Mana Ake. Along-side this is the operational reporting that is used by the Mana Ake team to monitor the programme delivery.



# **High risks**

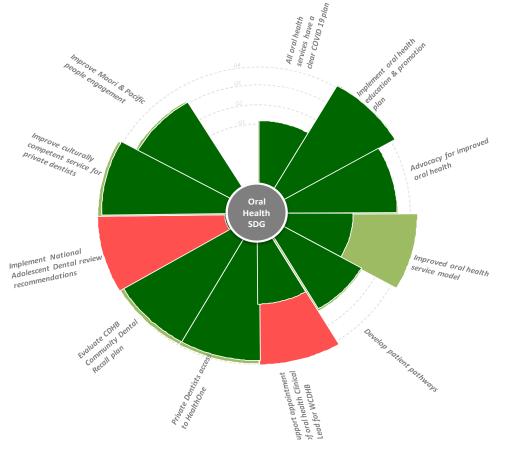
Risk area	Response
Lack of clarity regarding ongoing investment in Mana Ake by funder will create a level of unease across the initiative.	Reduce: Work with providers, school clusters and school personnel to build sustainability.
Uncertainty around continued Investment by funders results in Project Team undertaking substantial disestablishment work and focus moves more to dependency rather than building sustainability.	Continue working with Executive Group to clarify future funding. Messaging to stakeholders will not change until a funding decision is confirmed.
Delays in completion of external evaluation of Mana Ake could impact on vews of stakeholders regarding continuation of investment in programme and impact on Kaimahi turnover and ability to recruit to the initative.	Reduce: Work closely with designated Evaluators to ensure that evaluation time lines are achieved, ensuring that all data both quantative and qualitative is accurate and provided in timely manner, in all instances. Clear communications to stakeholder around timelines etc.

# Oral Health Service Development Group - Q3/Q4 2020-21



# **Progress update**

Work has continued over the six months in the health promotion, patient flow and recovery work areas. The Oral Health Service Development Group are pleased to advise that both Community Dental and Hospital Dental have managed to return to post Covid service levels. The Community Dental has managed to see the majority of their Year 8 and are in the process of transferring them to private dentists. Under the Health Promotion work, the focus on working with Primary Care to provide education to support general practice teams is continuing.







# **Data dashboard**

Data Dashboard	CDHB			wc				
Data Metric Definition	Year	Māori	Pacific	Total	Māori	Pacific	Total	Target
	19/20	82%	88%	86%	77%	64%	87.60%	
	13/20	0270	0070	0070	1770	0470	07.0070	959
1. Pre-schoolers Enrolled in	18/19	41.50%	73.10%	83.00%	90%	76%	101.20%	337
Community Dental Services	10/15	41.30%	73.10/6	63.0076	3076	70/6	101.20%	
	17/18	52.60%	70.50%	76.10%	95.70%	126.70%	108%	
	19/20	13%	16%	13%	3%	1%	2%	
2. Number of enrolled								>10%
preschoolers and primary school	18/19	12%		8%	9%		7%	
children overdue for their scheduled examinations								
scrieduled examinations	17/18	14%	15%	12%			5%	
	19/20	53%	40%	68%	44%	33%	55%	
3. Caries Free at 5 years old								65%
	18/19	50%	39%	66%	49%	29%	59%	
	17/18	50%	39%	65%	42%	67%	57%	
	19/20	1.06	1.31	0.73	0.78	0.6	0.84	
4. DMFT Score at Year 8								
	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	
	19/20							
5. Adolescent utilisation								
	18/19	40%	44%	67%	55%	49%	74%	85%
	17/18	33%	40%	67%	55%	53%	76%	



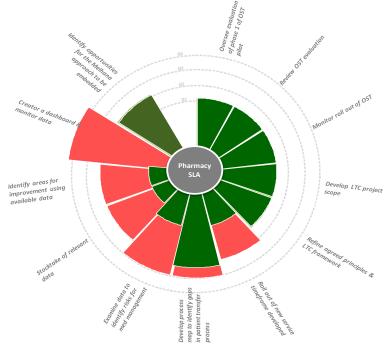
# **High risks**

# Pharmacy Service Level Alliance - Q3/Q4 2020-21

# Progress update

Key areas of progress for Q3/Q4:

- Canterbury Community Pharmacy Group implemented the Enhanced Opioid Substitution Therapy Project to 79 community pharmacies during Q3/Q4. Ninety four percent of approximately 500 Canterbury Opioid Recovery Service clients are now managed with the Medi-Map electronic charting system.
- The pharmacy long-term conditions working group has proposed changing the focus of this project to developing services or packages of care that can be added to the existing Long-Term Conditions (LTC) service in gout management and medication management following discharge from secondary care.
- The transfer of care working group has reactivated and expanded to include a broader range of perspectives. The group is now meeting monthly and making good progress towards identifying improvement opportunities, mapping the consumer journey from community to secondary care and vice versa, and identifying data that can inform future improvement work.
- Good progress has been made in establishing and gaining access to data that can be used to develop a Pharmacy SLA data dashboard, including patient experience survey data and hospital admissions associated with adverse events data.
- Priority areas off track: Progress has been delayed in some areas due to competing priorities of the Covid-19 vaccination roll out. Of note:
  - The extent of progress in completing the data dashboard.
  - The bid to secure funding to support a project team to redevelop the pharmacy LTC service was unsuccessful. As a result, the project scope and timelines have been adjusted.





# **Data dashboard**

Long Term Conditions Service patient enrolments: 2020-21

Oct	Nov	Dec	Jan	Feb	March	April	May
15683	15451	15247	15074	14908	14673	14515	14366

## Medicines Use Review (MUR) consultations

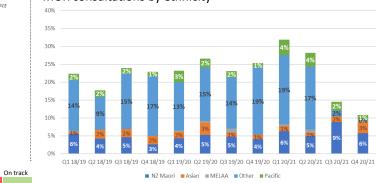
	2	019/2	0	2020/21				
	Q2 Q3 Q4			Q1	Q2	Q3	Q4	
Mobile	9	10	23	6	6	7	5	
Community pharmacy	204	162	288	180	97	117	134	
Total	213	213 172 311			103	124	139	

## Medication Therapy Assessments (MTA)

	2019/20			2020/21			
	Q2 Q3 Q4		Q1	Q2	Q3	Q4	
Other	3	3	2	0	5	3	4
ARC	1	0	0	9	0	1	2
Home	50	33	10	0	15	10	9
Total	54	36	12	9	20	14	15

\*The latest quarter totals do not include consultations that took place during the quarter, but that were not documented at the time of reporting.

### MUR consultations by ethnicity





Risk area

## Response

Impact of pandemics or natural disasters on pharmacy services and wellbeing of the pharmacy workforce.

cess improvement gains not being realised and threatens the substantiality of the project.

Incomplete uptake of the Medi Map system by community pharmacists and general practitioners providing opioid substitution therapy. Results in expected medication safety and pro-

Monitor: Impact of pandemics or natural disasters that may interrupt patients access to services provided by community pharmacies. Reduce: Encourage pharmacy providers to implement adequate contingency plans in place and are prepared for any future pandemics or system level events that may arise.

At risk

Target/Quarter to be complet

Reduce: Engage with the OST GP Care committee and planning and funding to understand and mitigate clinical and contractual barriers to GP uptake.

Reduce: Work with Medicines Control (MOH auditors) to support changes to regulations/legislation that will improve efficiency. Reduce: Capture and promote case studies showing how consumers have benefited from the system.

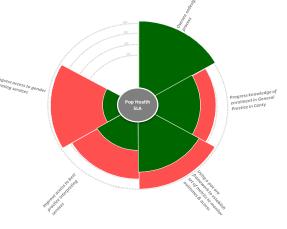
# Population Health & Access Service Level Alliance - Q3/Q4 2020-21



# **Progress update**

## Key areas of progress:

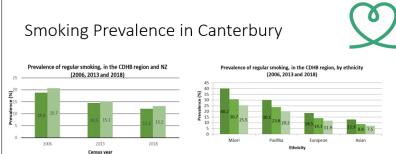
- Implementation of Stage 1 of Pae Ora ki Waitaha is nearing completion. Engagement with key reference groups for priority populations across the system has occurred and a review of previous consultations and research papers has been completed. The online survey attracted over 600 responses and provided rich themes on 'what being healthy means to you'. An interim report and recommendations for future stages will be delivered to ALT in August 2021.
- The Alcohol Harm Minimisation group continues to take an across system approach to reducing harm from Alcohol. Key achievements include recognition of the strategy as best practice by the National DHB CE and Chairs, the establishment of a Mental Health and Addictions Educator for the Emergency Department staff, and continued support for the Christchurch Alcohol Action Plan.
- An update on the work of Te Hā Waitaha Smokefree Support received in Q4, highlighted the progress made in the specialised stop smoking service for Cantabrians.
- Pregnancy Incentive Programme has increased to 30-40 referrals per month and an evaluation in 2018 showed 35% of people referred were smokefree at birth. A further evaluation is being done across five years.
- Varenicline Project focused on improving access to GP visits for a Varenicline consult. Claims have steadily increased, with over 50 claims received from January to March 2021.
- Corrections Pathway clinics run in Women's prison offering a pathway to cessation supports upon release. The service is advocating to the Ministry for better cessation support in prisons, including making support more accessible in the addictions space.
- Hikitia te Hā (Kohanga Reo Incentive Programme Pilot) - a successful pilot of a dual incentive programme trying to engage young Māori women.
- He Puna Māreikura dual incentive programme planned to launch in May for young Māori women.
- Improving our understanding of people with health care needs who are either unenrolled or tenuously enrolled with a general practice team. While progress with the quantitative research was delayed due to the Integrated Data Infrastructure access, the qualitative report was presented to PHASLA in Q4.

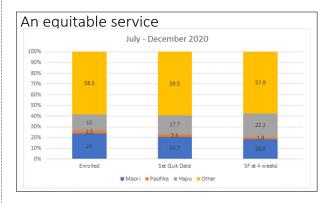






## Data dashboard





## Highlights - 2020-2021



### · Pregnancy Incentive Programme

■ CDHB

- 2018 evaluation findings
  - · Of the 375 referrals 216 set a quit date
  - 44% SF at 4 weeks. 37% SF at 12 weeks

  - 35% SF at hirth
  - Equity tool

#### Varenicline Project

- · Further evaluation in the planning 32 from Jan – June 2020 (no claims in April – June)
- 59 from July Dec 2020
- >50 from Jan Mar 2021

#### Corrections Pathway

- Mens and Womens prisons
- Pathway to cessation supports upon release
- Addictions

#### Hikitia te Hā — Kohanga Reo Incentive Programme Pilo

■2006 ■2013 ■2018

- · Dual incentive programme
- 100% success

#### · He Puna Māreikura

- · Dual Incentive Programme in the planning
- Young Wähine Mäori 18 30 year old

# **High risks**

COVID-19 has impacted on system capability and capacity in all areas of PHASLA work including:

- Data access and analytics relating to metrics monitoring health outcomes work, enrolment research.
- Project management implementation including the Interpreter Services implementation plan execution.
- Collection of quality data on alcohol harm. One of the few areas where data has been collected in the health system is alcohol-related presentations to the Christchurch Hospital Emergency Department. Process changes since the move to Waipapa have led to a decrease in data recording and data quality. On review of the unreliability of this data, senior ED medical staff have opted to no longer use the ED-at-a-glace (EDaag) system to record alcohol-related presentations and the alcohol screening questions are all being defaulted to 'no'.

## Response

Identification of capability within the system to draw on for support to access data and provide analytics where able.

A new IT system for electronic notes in is development and the alcohol guestions will be incorporated into the both the doctor and the nurse formats. It may be six months before the new system in place. This creates a risk for data collection to the nationwide system level measures, where all DHBs must report alcohol related ED presentation for 10 to 24-year-olds. Both ED staff and Decision Support continue to work on a solution for this.

# Rural Health Workstream - Q3/Q4 2020-21

# Progress update

## Workforce Sustainability:

- The Making it Work model (Strasser, 2016) is being applied as a framework to improving workforce sustainability. An
  example includes 'Welcome to Kaikōura' resource developed by Kaikōura District Council and Kaikōura Health Te Hā O Te
  Ora, welcomes new people (including health workers) moving to the region.
- Roll-out of Rural Trainee Internship proposal across NZ, following RHWS advocacy to both Otago and Auckland universities for a 12-week intern programme. PHOs are promoting the initiative across their rural practices.
- Rural Restorative Care (RRC) Working Group completed the scope of work for the Hurunui District. Personalised Care
  Plans are being used to support an integrated approach across acute hospital care, rehabilitation, and community-based
  care.

### Enriching relationship with Manawhenua ki Waitaha:

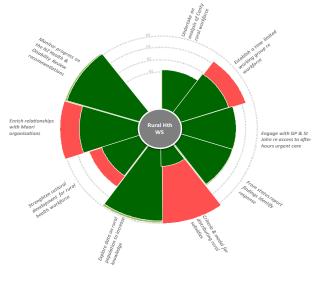
- While not directly led by the RHWS, work in Kaikōura reflects increasing partnerships with Manawhenua resulting in funding for improved access to health care for 150 local registered members of Te Rūnanga O Kaikōura Ltd, hapu Ngati Kuri and their tamariki.
- The COVID vaccination programme has been rolled out in Kaikoura with the support of Te Tai O Marokura and the local Māori wardens.

#### Models of Care:

Transitioning the Hurunui Health Services Development Group (HHSDG) to a Hurunui Hauora Health Advisory Group is
progressing well with 17 people expressing interest in forming the advisory group, following a series of community conversations held across the Hurunui.

#### Priority actions that are off track:

• Rural Subsidies - The planned redesign of the model for distributing rural subsidies has not been progressed in the expected time frame (Q4). This has been raised by the PHOs at RHWS, requesting advocacy for this to proceed with urgency in support of a 'fit for purpose' model that better supports rural practices' sustainability.







#### Risk area Response Sustainable Health Services in Rural Areas Planned Response: Reduce/Avoid Rural workforce – significant challenges facing the delivery of rural healthcare: after-hours cover, Supporting increased use of Nurse Practitioners. recruitment and retention of staff, lack of locums and local allied health (including Community Wherever appropriate, redeploy existing and/or identify local health professionals in roles with any proposed new service. Pharmacist) to meet service needs. Link to wider health system resources to explore workforce solutions, e.g. South Island Alliance. Encourage active recruitment and retention efforts support by PHOs and Canterbury DHB. Sustainable Health Services in Rural Areas Planned Response: Reduce/Avoid Practice financial sustainability – a range of challenges impacting the long-term sustainability of Continued exploration and support of Canterbury DHB and PHOs in identifying options to increase financial stability. service delivery through rural community General Practices. The current way additional financial Link to progress of Rural Health Alliance Aotearoa NZ (RHAANZ), calling Government to action in November 2019 to 'confront the support for rural primary care services is not sustainable, for both rural primary care and rural health workforce crisis front on'. emergency after-hours service. St John Planned Response: Reduce / advocate St John ambulance services policies and procedures could impact on rural areas to provide Local engagement with St John through membership on RHWS and monthly update meetings. medical care (limited shifts / driving restrictions: Fire & Emergency NZ (FENZ) staff cannot drive RHAANZ, Royal New Zealand College of General Practitioners (RNZCGP) and Rural Health Advisory Group (RHAG) advocating on a vehicle). national platform. Link to progress of RHAANZ, calling Government to action in November 2019 to 'confront the rural health workforce crisis front on' and 'establish a rural Health Commissioner'. Memorandum of Understanding confirmed between St John and FENZ.

# System Outcomes Steering Group - Q3/Q4 2020-21



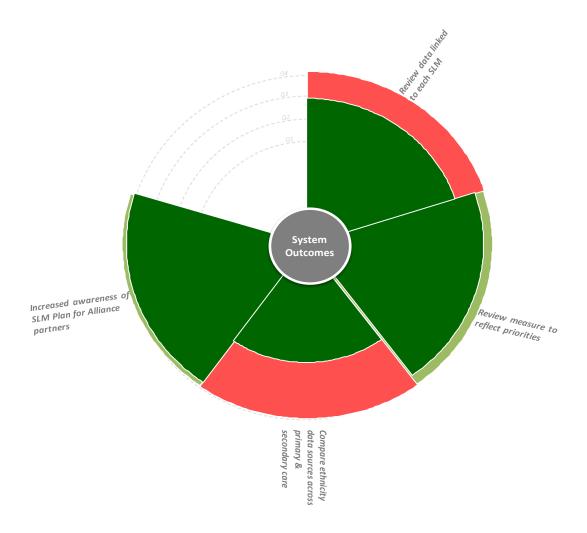
## **Progress update**

Key achievements for Q3/Q4 include the completion of the System Level Measures Improvement Plan for 2021/22 with substantial development of the draft required in response to feedback provided by the Ministry of Health.

Challenges: Limited progress has been made on other work (outside of the Improvement plan) being led by the Steering Group with the facilitator being seconded to work in the Covid-19 Vaccination programme and a lack of capacity across the system to cover this role. In the interim, work of the group has focused on the Ministry requirements of reporting.

Data on progress against the System Level Measures is provided through the quarterly reporting on the System Level Measures Improvement Plan.

# /!\ High risks





# **Urgent Care Service Level Alliance - Q3/Q4 2020-21**

# **Progress update**

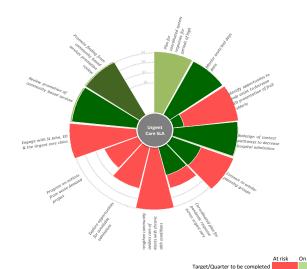
The priority for the SLA is exploring the contributing factors to the increasing demand on ED and Urgent Care Clinics. Data reviewed at the recent SLA meeting indicates that volume of ED and 24-hour surgery attendances continues to be above the expected average, with record volumes of patients seen at both ED and the 24 Hour Surgery. In response key areas of progress include:

- Advertising campaign established with the input from the SLA, the campaign will run throughout winter and focuses on:
- Increasing awareness of free Under 14 Care provided through Urgent Care Centres.
- Targeting minor injury based urgent care, including for sprains / strains.
- The messaging is distributed through social media, back of bus, printed adverts and on time saver traffic radio.

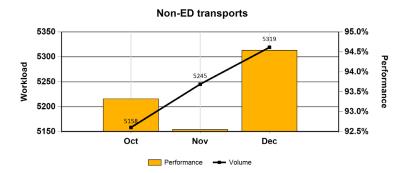
This campaign has started and 24 Hour Surgery has chosen not to be included due to current capacity concerns.

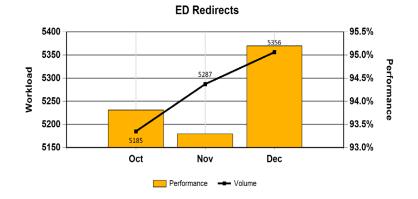
- Recommenced quarterly meetings between St John and Urgent Care clinics to connect and discuss any issues around transports to non-ED facilities. The diversion data continues to show low non-ED location transports.
- Connecting work happening across the system on maternity pathways and including ED and Urgent Care clinics in the revision of the information on Health Pathways as well as messaging that can go out to community midwives and patients around after-hours care options. The SLA will continue to remain connected with the maternity work taking place through Planning and Funding.

Alongside this, system flow work is staring which will bring together Chairs, facilitators / leads working on patient flow, including within the hospital and primary care settings and the UCSLA to share and connect work underway across the system and identify other people to engage in future discussions.











Impact of the health reform on urgent care services.

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Risk area	Response
Financial - Acute Demand Management Service - expenditure exceeds budget and continued upward trend in expenditure.	Reduce  • Claim rates variable, work is underway to standardise the ADMS claiming rate.  • Work is underway to assess the return for assessment.
Patient Care - Inequitable access to optimal acute care.	Reduce  • Standardise the ADMS service to ensure that the right people have access.  • Promotion of the ADMS service
Seasonal fluctuations in the demand for health services means ED, Acute Demand and general practice will reach, and in some cases exceed, capacity during periods of high demand.	Reduce: Continue to explore and introduce various options to minimise the impact of seasonal fluctuations on the demand for health services in Canterbury. Initiatives such as the "Care Around the Clock" advertising campaign, which commenced in July 2016, are intended to get the general public to call their GP team 24/7 for health advice, and are intended to help people ensure they are getting the right care, at the right place, at the right time. Physical constraints at Christchurch Hospital will remain a risk until the new Acute Services Building is operational. The Urgent Care SLA will continue to explore workforce ideas for the ED and ensure key stakeholders are aware of the services Acute Demand can provide.
Urgent care services will be unable to meet an increase in winter demand.	Winter planning has been in place, however increased pressure until the new Acute Services Building is creating risk.

The system risk is that we lose cohesiveness across the groups including the UCSLA. The risk to the SLA is the uncertainty of direction and possible changes.