

# MEMO

**To:** Board Members  
**From:** Bridget Jolly, Models of Care Programme Director  
**Date:** 23 January 2019  
**Subject:** **UPDATE: Models of Care Programme**

## Status

This report contains:

- For decision
- Update
- Regular report
- For information

The purpose of this memo is to provide an update to Board Members on the Models of Care (MOC) Programme.

### Programme Update

To date, the Models of Care (MOC) programme has been focused on progressing programme workstreams, considering new MOC and identifying initiatives and themes. The intention is that in early 2019 the programme will shift from the workstream focus to design and delivery of initiatives and key enablers. This will allow NMH to progress health system change through delivery of initiatives and projects, whilst enabling some MOC workstreams to continue to identify and test potential new initiatives.

The approach for agreeing and prioritizing the first tranche of initiatives and enablers includes:

- Agreeing assessment criteria. These are closely aligned with the MOC design principles, with particular emphasis on supporting vulnerable populations
- The MOC Programme team undertaking the first assessment of the full initiative list
- ELT reviewing the initiative list and providing strategic input into priorities
- Assessment of the initiative list by the Clinical Working Group (CWG) at the 7<sup>th</sup> February meeting, with recommendations for possible investment provided to ELT
- Further definition of the prioritised initiatives, particularly identifying funding and resourcing requirements
- Discussion of the recommended initiatives, funding and resourcing requirements with the Board at the February Board planning day.

Alongside the work to progress initiatives, the programme will:

- Further develop and define future models of care so this information can be shared throughout the system to provide direction to wider change activities
- Build resource capacity and funding to align with the delivery programme, including extending clinical involvement and alignment with the Quality Improvement team
- Building on the work underway to develop cross-system data sets to assist evidence based decision making and assess the impact of change activity
- Continue to work closely to inform the development of the Indicative Business Case.

This programme plan has been tabled with the Nelson Hospital Redevelopment Board and will be used by that governance group to monitor MOC programme progress.

### Progress Overview

Of note is the following progress:

- The MOC Programme is working closely with Te Waka Hauora to engage with stakeholders and service providers, with successful hui held across the district. Funding has been agreed to extend the Haoura Direct model of care, and to enter into provider contracts to undertake more outreach activities to reach our most vulnerable populations

- Proposals are being developed for three virtual health pilot sites: Murchison (Mental Health), Golden Bay (Acute Unplanned Care) and Golden Bay (Urology consultations). The pilots will need to consider applicability of solutions to other remote areas such as the Marlborough Sounds. The intention is to have the pilots approved by the virtual health steering group at the February meeting. A virtual health toolkit has also been drafted to support other virtual health activities being progressed outside of the MOC programme
- CWG agreement that the future model of care should shift follow up appointments to primary care wherever appropriate. Data analysis of follow up appointments is underway to understand scale of change and potential funding implications. Improving cross system access to specialist advice is part of enabling this model of care, as is improving access to diagnostics. A secure directory to share contact details and arrangements has been built and is being trialed with CWG members. Work is underway to build a better understanding of barriers to accessing diagnostics, including surveying General Practices
- Work is underway to increase the provision of clinical services within the community for the management of acute care presentations. Appropriate clinical conditions have been identified, and data about the volumes of acute conditions has been requested from the Intelligence & Reporting team. A co-design session with stakeholders across the system to develop a model of care will be held in February
- The End of Life Care 'spring fling' events held with consumers in Blenheim (5 December) and Nelson (14 December) were well received. Approximately 30-40 people attended, as well as Public Trust in order to answer questions about Enduring Power of Attorney and wills
- The report of the Government Inquiry into Mental Health and Addiction was released in December. While the Government is not due to respond to the report until March 2019, the themes coming through the report are similar to the direction NMDHB has been taking the service recently
- The Mental Health and Addictions programme is working with the Care Foundation to run psychological first aid courses across the district with the view to make them widely available in the community, workplaces and schools. The intent is to improve community knowledge about mental health and how to take care of one self and others. Discussions will begin with providers of courses like this regarding how to make this programme a larger scale right across the community.

#### **Alignment with Indicative Business Case (IBC) Activity**

The MOC programme continues to be closely involved with the IBC activity. This includes working closely with the IBC Clinical Engagement Group and MOC Clinical Working Group to agree assumptions on the potential impact of MOC changes on acute demand growth and therefore demand on hospital services. The Departmental Survey undertaken through the IBC has surfaced MOC insights and ideas. The programme team will work with ELT members to determine how best to respond to these.

#### **Health Care Home (HCH) Update**

Three practices have had their Year One implementation plans approved by the HCH Steering Group and are now starting to implement their plans. The other two practices have submitted their plans for approval by the HCH Steering Group at their next meeting scheduled for the 30th January 2019. Once approved, this will mean all five practices have completed the establishment phase within the expected timeframe of three - four months.

Further to the co-design workshop that occurred on 13th November 2018, feedback relating to enabling integrated care within HCH practices is aligned with themes that are emerging from the MOC work (i.e. enabling Care Plan Coordination within general practice and Interdisciplinary Teams).

## **Resources**

The data analyst role has been filled. The successful applicant, Scott Sterling, starts full time on 7th February 2019.

Suzanne Beuker, Clinical Working Group Chair, has stepped down from her position in order to focus on other clinical activities. She will remain a member of the CWG. A new co-chair arrangement has been proposed and agreed with the CWG, and confirmation of the new arrangement is underway.

Bridget Jolly  
**Programme Director**