

# MEMO

**To:** Board Members  
**From:** Bridget Jolly, Models of Care Programme Director  
**Date:** 16 May 2018  
**Subject:** **UPDATE: Models of Care Programme**

## *Status*

This report contains:

- For decision
- Update
- Regular report
- For information

### **Initial Workstreams**

The initial workstreams have been refined, reflecting input from the Clinical Working Group (CWG) and insights from stakeholders during the Richard Bohmer sessions. The mix of workstreams provides a 'portfolio' view of change opportunities across the system from different angles e.g. population, process, disease, and location or setting specific.

The work underway through the Mental Health and Addictions Integration Programme has also been included into the Models of Care Programme as a key workstream.

The confirmed initial workstreams are:

- End of Life Care
- Vulnerable Populations
- Elective Care
- Acute Care
- Primary Led Care and the Health Care Home
- Long Term Conditions
- Mental Health and Addictions Integration Programme.

### **Programme Approach**

The programme has developed an overall approach, supported by a detailed programme plan. Key aspects of the approach are:

- The Programme intends to regularly review and adjust the workstreams to reflect project progress and programme requirements. Consumers will be involved in each workstream.
- In addition to the workstreams, there is a need for a central stream of work to share and align models of care assumptions across the workstreams. This central workstream will build a system wide view of the potential impact of the models of care work through scenario planning.
- There is an opportunity to signal potential funding requirements for the Nelson Hospital rebuild to the Ministry of Health for the Government's longer term budget planning purposes. This will be through the development of an Indicative Business Case.
- Stakeholder engagement and communications are recognised as critical success factors for the Programme and will continue to be key focus areas throughout the programme.

### **Workstream activity**

The Programme intends on adopting the 'Model for Improvement' change framework to support the design and delivery of the workstreams and projects. This approach is already in use throughout NMDHB for change initiatives. An overview of the approach has been presented to the CWG, with a particular focus on helping the CWG understand

how this approach differs from a clinical trial methodology, the CWG role, and how to focus the approach to achieve system wide change.

The key slides from this presentation are included in the appendix to this paper. Key to the approach is the involvement of consumers to define the problem(s) and opportunities for improvement.

The workstreams are being initiated through a staggered approach. End of Life Care workstream is facilitating a 'patient journey' session on 5<sup>th</sup> June, and the Vulnerable Populations workstream is co-ordinating a series of consumer hui in mid-June. Other workstreams are planning 'town hall' sessions with a wide group of stakeholders in June, similar to the initial End of Life care working session.

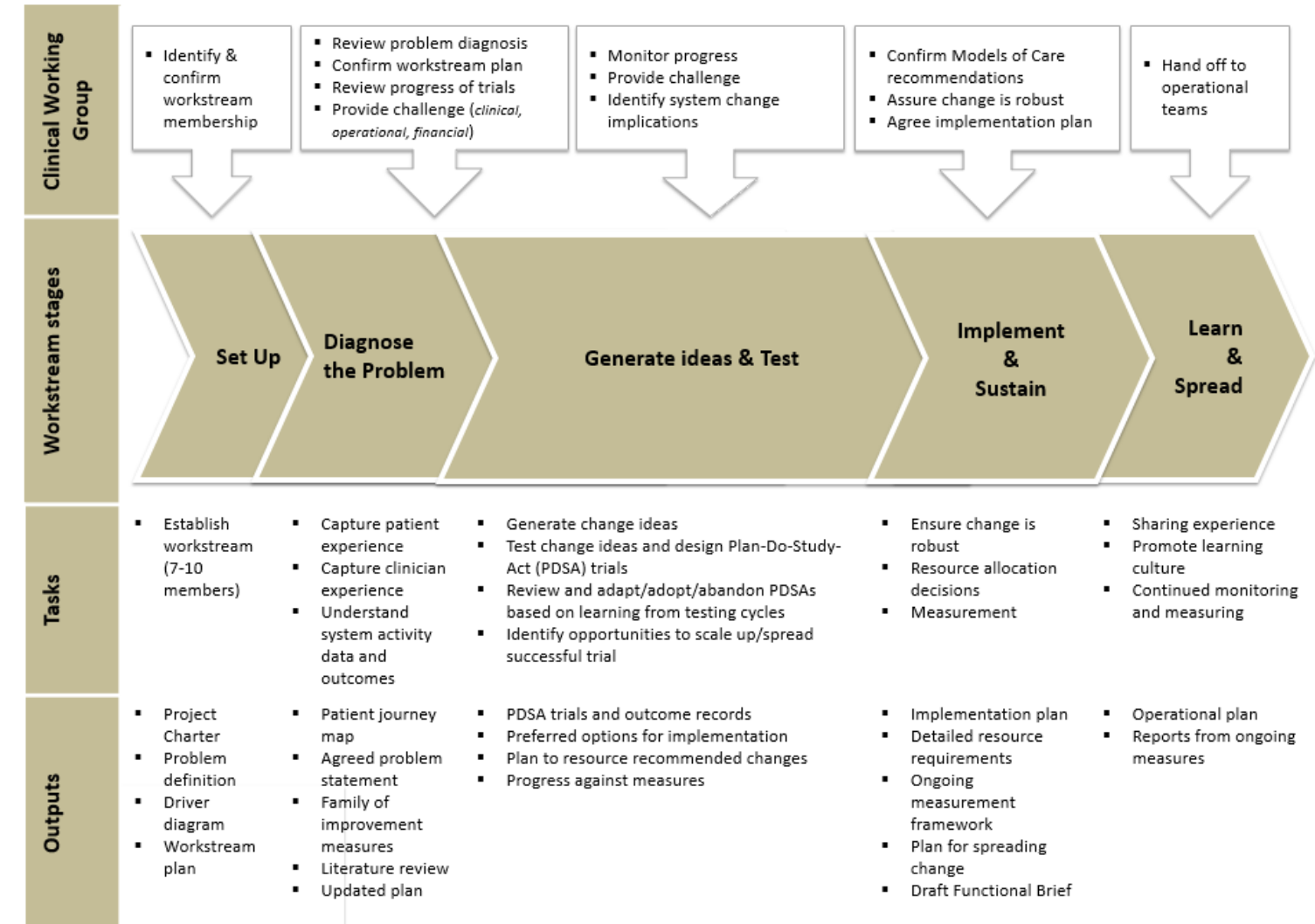
### **Health Intelligence Data**

Work is progressing to create a more integrated whole of system data set. This will combine and share primary care utilisation and registration data with secondary activity data held in the DHB data warehouse. The requirements are being refined and sample data sets are being used to test the solution.

Bridget Jolly  
**Programme Director**

**Appendix A:** overview of workstream lifecycle and workstream approach as discussed with the CWG.

## Models of Care – Workstream lifecycle



## Models of Care – Project viewpoint

