

MEMO

To: Board Members
From: Bridget Jolly, Models of Care Programme Director
Date: 19 September 2018
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 Models of Care (MOC) Programme progress.

Emerging Themes

The initial round of workshops have been completed with positive feedback from participants (including consumers). Further quantitative analysis is required to support the qualitative outputs of the workshops. The themes emerging from the workshops are well aligned with the strategic direction of Nelson Marlborough Health. They include:

- Embed wider health professionals in to general practices e.g allied health, social work, psychologists
- Strong support for Health Care Home model
- Opportunities for Primary services to deliver acute care
- Specialist clinics held outside of secondary care setting
- Desire to maximise multiple virtual health opportunities
- Access to more diagnostics in primary care

Primary and community health care is critical



- Increasing complexity of health needs requires an integrated health system
- Patients and extended care teams able to view and contribute to shared care plans
- Wrap around care and rapid response opportunities closer to home but integrated multi-disciplinary teams required
- Ease of primary care access to specialist advice aid to integration
- Patient centred IT system, with shared information

A system view and integration are fundamental



- Traditional locations of delivering services need to be reconsidered, particularly to support equity
- Need to take health services 'to the people' e.g. in the home, workplaces, schools
- Use primary and community care workforce better to support delivery of services
- Build capacity and capability in Age-related Residential Care to support more complex patients

Changed settings of care



- Targeted service delivery to high risk and high and complex needs
- Mental health needs to be integrated across the system
- Acknowledgement of frail and elderly and their complex needs
- Equity needs to be considered across all change
- Decisions on how and when people access care are influenced by cost

One size does not fit all (especially for Vulnerable Populations)



These themes and initiatives (below) were included in the presentation to the Minister on Friday 14 September.

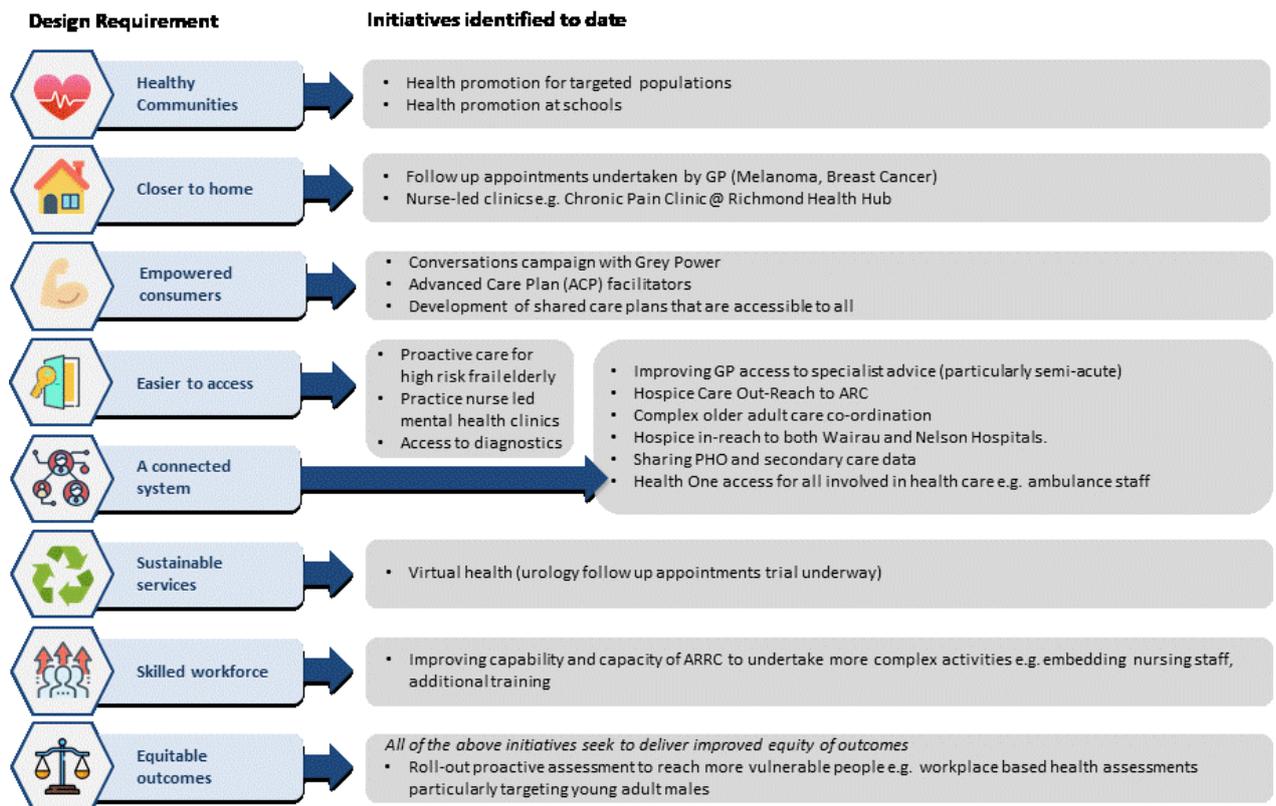
Progressing Initiatives

The programme activity to date has allowed for many useful conversations to take place. This is an important component of change management for this kind of long term transformation programme. Translating this into tangible action through trialing and piloting initiatives is a critical next step, particularly to maintain stakeholder engagement and support throughout the system.

Workstreams have sought clinical challenge from the Clinical Working Group (CWG) on the identified initiatives and draft workstream charters. The charters and initiatives remain at a high level. Further work is underway to translate these into enough detail so that the CWG can understand the specific problem that the initiative is trying to solve, consider the clinical implications and endorse requests for funding to support the initiative (if required).

Initiatives Identified To Date

These have been linked to the MOC design requirements as discussed with the Board earlier this year. This is to maintain focus on the change necessary across all requirements.



Many of these initiatives reflect the attention that workshop participants placed on system integration, strengthening primary care and making care easier to access. Initiatives will continue to be identified and undergo CWG oversight and challenge. The programme is also planning to hold a session in late October where external participants will be invited to review and challenge progress to date, particularly to challenge whether the change being identified will drive the scale and scope of transformation sought by NMH.

The Mental Health and Addictions Change Programme is already implementing change.

Health Care Home (HCH) Update

The Expression of Interest (EOI) for practices to become tranche one HCH practices closed on 24th August 2018. Ten responses were received, two identified themselves as being not ready to participate in Tranche One, but wanting to express interest in being part of HCH in the future. The HCH Lead is working with the eight practices to validate their level of readiness, which will inform the selection process undertaken by the HCH Steering Group. Final selection will take place on 28 September with the outcome being announced by 1 October.

The selection timeframe was extended from 14 September to 28 September to allow conversations to occur around extending the first tranche to include eight practices, and for ToSHA and ELT to consider strategic decisions around investment in HCH. The decision was made to retain the original intent of having five practices in the first tranche, and to support the practices not included in Tranche One to assist their readiness for future tranches.

Bridget Jolly
Programme Director