

MEMO

To: Board Members
From: Bridget Jolly, Models of Care Programme Director
Date: 20 June 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.

Stakeholder Engagement and Communications

There has been a focus on stakeholder engagement and communication activities, intended to raise awareness of the MOC programme, encourage participation in workstreams and to encourage ongoing, parallel change activities to continue. Activities have included: presentations to multiple forums including the Nelson Bays PHO staff meeting, ToSHA, multidisciplinary clinical governance group, and Clinical Services Leadership team; articles in NMDHB Connections magazine and Staff News; and visits to Murchison and Golden Bay Community Health Centres.

The MOC Programme has been requested to present to the Nelson Bays PHO Board and Māori Advisory Group in July.

The Programme is considering a hot desking arrangement near the hospital café to raise the MOC programme profile and improve visibility of MOC activity and progress.

Indicative Business Case and Gateway Review

A Treasury Gateway Review will be conducted in October 2018. The focus of the Gateway Review will be on the draft Indicative Business Case (IBC), with some review of the MOC Programme included in the process. It is likely that the MOC plan will need to be updated once the IBC approach has been agreed to ensure that business case input required from the MOC Programme is available within the timeframes. Feedback post visit from the Gateway facilitator was positive regarding our progress and the focus on health system planning not just construction.

Workstream progress

Steady progress has been made in advancing the workstreams. Of note:

- End of Life Care held a patient journey mapping session on 5th June. This was well attended, including consumer representatives. A series of initiatives and timeframes have been identified and a project charter drafted. This will be confirmed with the Clinical Working Group at the next meeting (26 June)
- Primary Led Care and the Health Care Home (HCH): The new HCH Lead has started. A steering group has been established with clinical leadership from both Nelson Bays Primary Health and Marlborough Primary Health. Forums will take place in Marlborough and Nelson (25 and 26 July) so that general practice teams can learn more about HCH including from general practices outside of NMH who are involved in HCH

- Access for Vulnerable Populations: Consumer hui will start the week of 10 July in Motueka and Franklyn Village, and Crossroads Marlborough (date to be confirmed)
- Long Term Conditions: Work is being undertaken with a subset of the Clinical Working Group (CWG) to refine the scope of this workstream before a wider stakeholder 'town hall' session occurs in July
- Mental Health and Addictions: the GM Mental Health, Addictions and Disability Support provided an overview of the programme to the CWG including lessons learned
- Planned Care: Data analysis underway to provide additional insights to understanding patient journeys and to highlight areas of focus before patient journey mapping session occurs (date to be confirmed)
- Unplanned Care: Patient Journey Mapping session planned for 24 July 2018.

The opportunities and benefits associated with telehealth have been highlighted through workstream activity and community engagement sessions. It is likely that the MOC Programme will initiate a telehealth workstream, including a stocktake of current telehealth activity and conducting some telehealth pilots. The intent is to understand the benefits and barriers associated with telehealth from a system perspective (for example patient and clinical experience, patient flow). Potential locations for telehealth trials could be Murchison, Motueka, Golden Bay and the Awatere Valley.

The Care Foundation has approached the Programme to discuss whether this initiative could be funded through the Care Foundation.

Health Intelligence Data

The health intelligence work aims 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. This is critical for informing MOC work, for example evidence based evaluation of MOC initiatives. Progress has been slow in progressing this work, primarily due to resource availability. The Programme Sponsor is considering options for additional resources to allow this critical work to advance.

Bridget Jolly
Programme Director

RECOMMENDATIONS:

THAT THE MODELS OF CARE UPDATE BE RECEIVED.