

# MEMO

**To:** Board Members  
**From:** Bridget Jolly, Models of Care Programme Director  
**Date:** 18 July 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.

### Workstream progress

Steady progress has been made in advancing the workstreams. The majority of the workstreams are still in establishment phase, with a focus on understanding current initiatives, problem statements and patient perspective. The focus in the next month needs to be on clarifying potential MOC changes and planning to trial these. This is expected to continue to build stakeholder engagement and ensure wider participation in the programme.

Workstream progress of note:

- **End of Life Care** has confirmed alignment with existing initiatives e.g. Advance Care Planning and OtTER and have begun work on a Conversations Campaign to normalise conversations about death and dying. The workstream continues to explore other initiatives such as hospice inreach services and Health of Older People specialist outreach into Age-Related Residential Care.
- **Primary Led Care and the Health Care Home (HCH):** Practice visits have taken place in both Nelson and Marlborough during June to assess practice readiness and interest in the HCH change programme, and to inform practices of two Practice Engagement Forums that are planned for 31 July and 1 August. Calls for Expressions of Interest for HCH are planned to be released early August.
- **Access for Vulnerable Populations:** Consumer hui held on 10 July at Franklyn Village, with additional hui planned for 18 July (Te Āwhina Marae) and Crossroads Marlborough (date not yet confirmed). Next steps are to hold hui with Providers and to plan how to enable wider vulnerable population group discussions (e.g. youth).
- **Long Term Conditions:** Work has started on scoping the workstream appropriately and understanding initiatives underway. A Patient Journey Mapping session is planned for 15 August (Marlborough) and 20 August (Nelson).
- **Unplanned Care:** A Patient Journey Mapping session is planned for 24 July (Nelson) and 7 August (Marlborough).

The MOC Programme has initiated a virtual health workstream, including a stocktake of current virtual health activity with the intent to conduct some telehealth pilots. The Care Foundation has indicated that they are likely to provide seed funding to support the progress of a virtual health initiative. The MOC Programme is working with GMs (Strategy, Primary & Community, Mental Health, Clinical Services and IT) to plan an approach to this work which is likely to include recruiting a Project Manager and creating a Steering Group. The intent remains to conduct a series of pilots across location and across different virtual health opportunities (for example, patient to GP, GP to specialist).

A formal request for Care Foundation funding will be submitted to the August Care Foundation meeting.

### **Stakeholder Engagement and Communication**

Activities have included visits to Marlborough and Nelson Bays PHO, including a presentation to the Nelson Bays PHO Board. Other stakeholder meetings include General Practice Ways of Working session, Nelson Bays Maori Advisory Group (Te Tumu Whakaora), Nelson DHB Service Managers meetings and one on one meetings with some Clinical Working Group members.

A decision is pending on the development of hot desking arrangement near the hospital café to raise the MOC programme profile and improve visibility of MOC activity and progress.

### **Indicative Business Case (IBC)**

The development of the IBC over the next few months will impact the MOC programme of work. It is likely that IBC development will result in time commitment from the MOC team, as MOC analysis and input is sought for the IBC development. The overall impact should be positive as the IBC process assists in developing the vision for the future facilities and the Models of Care.

### **Resources**

Undertaking communication activity and driving health intelligence progress continues to absorb time from the core MOC team. The programme has identified a need for additional resources to support communications and health intelligence work, freeing up capacity in the core MOC team. The intent is to source these resources through the IBC process.

### **Lessons Learned from the NZNO Strike**

The NZNO strike was a catalyst for altering some models of care for the duration of the strike, for example the extension of services being provided within Aged Residential Care facilities. The MOC programme will co-ordinate some 'lessons learned' sessions to identify opportunities to further trial and influence shifts in models of care.

Bridget Jolly  
**Programme Director**

### **RECOMMENDATIONS:**

**THAT THE MODELS OF CARE UPDATE BE RECEIVED.**