

MEMO

To: Board Members
From: Cathy O'Malley, GM Strategy Primary & Community
Date: 20 February 2019
Subject: **UPDATE: Models of Care Programme**

<p><i>Status</i></p> <p>This report contains:</p> <p><input type="checkbox"/> For decision</p> <p><input checked="" type="checkbox"/> Update</p> <p><input type="checkbox"/> Regular report</p> <p><input type="checkbox"/> For information</p>

The purpose of this report is to provide an update on the Models of Care Programme, particularly the proposed investment programme for 2019-20.

Proposed MOC Approach 2019-20

During 2018 the MOC programme was in an establishment phase – implementing a programme structure, appointing and developing Clinical Working Group (CWG) members into a functioning team, engaging with stakeholders across the system to progress initial workstreams, identifying common themes, and implementing selected small-scale initiatives.

The programme is now ready to shift from initial workstreams to the design and delivery of initiatives and key enablers which will seed the beginning of large-scale transformation of the local health system. Some MOC workstreams will continue to identify and test potential change options and initiatives.

Initiative and Enabler Selection Process

The MOC programme has identified a large number of change initiatives. There was a need to prioritise these to align with available funding. The MOC Programme team undertook an initial prioritisation exercise using assessment criteria that were aligned with the MOC design requirements with particular emphasis on delivering improved outcomes to vulnerable populations. The programme sought input from the ELT on the initial prioritisation exercise.

The MOC CWG met on 7 February to undertake a full prioritisation exercise in order to recommend initiatives for inclusion in Tranche One of the MOC work programme. Discussion at CWG included:

- The criticality of the enabling projects, particularly workforce strategy and Information & Communication Technology (ICT) enablers. Without these foundations in place, the success of the MOC change will be restricted
- Initiatives not included in this tranche have not been discounted from the MOC programme. Another prioritisation activity will take place later in the year to identify those initiatives within the second tranche of activity
- The need to ensure life-long targeting of initiatives to the most vulnerable in our communities
- There is a need to communicate the work programme across the system, including the reasoning supporting the prioritisation
- The need for projects to enable system-wide change, and for projects to be initiated across the system (e.g. primary and secondary care initiatives).

Recommended Initiatives and Enablers

The recommended projects and initiatives for funding and inclusion in Tranche One of the MOC work programme are:

Projects	Description
First 1,000 days	Invest in effective investments targeted towards the first 1,000 days of a child's life (from conception to two years) including contraception, pre-natal and post-natal care, Wellchild and immunisation programmes, parenting programmes, early childhood care and education services, infant mental health, hapu wananga programmes and implications from first 1,000 days stocktake. Likely to be targeted at a specific population group e.g. vulnerable populations.
Extend Vulnerable Populations Assessment and Follow Up (Hauora Direct)	This extension has been funded through recent ELT decisions, and additional funding for this initiative will not be sought from the Board in this tranche.
Advancing Health Care Home (HCH)	HCH is a foundation initiative for many system level changes. This initiative refers to providing certainty of funding for Y2 and Y3 for current HCH practices (tranche one) and to determine if/how to progress with advancing other practices into the next tranche.
Strengthening community nursing and care coordination with primary health (locality based)	Align community health services with primary care to increase primary care management and support. This includes nursing-led health care based in the community/home with the aim of preventing avoidable hospitalisations and enabling early hospital discharge; providing support at home for patients; promoting patient self-care and independence. Discussions about trying to do this on a locality basis, not by the type of service, as this will enable NMH to test the benefits of this approach (and minimise likelihood of silos between services). Determining the right workforce will be a component of this initiative.
Unplanned/Acute Care	Recognition of the need to strengthen our ability to manage the demand for unplanned care, and deliver more planned care in the community rather than unplanned care in hospitals. An immediate project that will assist with managing acute demand is the permanent operation of the recently piloted Medical Admissions and Planning Unit (MAPU).
Enablers	
Workforce development plan	The workforce development plan is likely to have two components – 1) further clarity on how to support and best utilise the current workforce, and 2) further clarity on what the future workforce requirements are for NMH and how to build this future workforce. The CWG recognised the criticality of workforce to all MOC change.
Development of a shared clinical record that is accessible to all	NMH is not yet ready to select and implement a shared clinical record. This initiative is about understanding the current landscape, requirements, available options and determining how NMH wishes to progress this.
Development of a shared care platform	Shared plans for care delivery that are able to be created by any patient and their key health professional/care team, and are stored and made available to patient and clinicians to update, review and amend.

Projects	Description
	<p>The initial focus will be on using existing systems to share clinical information.</p> <p>This initiative overlaps with a number of other initiatives including building effective inter-disciplinary working and the Health Care Home.</p> <p>The initial focus is on ensuring that the NMH IT system allows for a shared care plan to be accessible to all health professionals, whanau and patients. This initiative needs to be supported by appropriate training, communication and change management in order to support the embedding of shared care planning throughout the system.</p>
Improving access to health professional advice	Timely advice to general practice supports continued primary care management and reduces potential specialist referrals and/or hospital admissions.
Virtual health	<p>The initial focus will be on the development of video consultation pilots to establish the required technology/infrastructure to enable remote health consultations. The first six months of this project are being funded through a Care Foundation grant.</p> <p>The initiative will also:</p> <ul style="list-style-type: none"> • investigate the optimal configuration of technology, software and applications to support patient’s involvement in their health care management primarily via a patient portal; and • development of wearables and remote monitoring pilot
Health intelligence systems and culture	Develop and consolidate a responsive whole of system intelligence framework infrastructure and ongoing support. Having combined primary and secondary care data is critical for enabling all system participants to better understand the system and how to enact transformation. This initiative is involve working closely with PHOs under an agreed data sharing agreement to combine data sets and create a tableau workbook that supports data analysis and data sharing.

Proposed MOC Investment in Initiatives and Enablers 2019-20

ELT Sponsors and Clinical Leads have been nominated for most of the proposed Tranche One projects. They have developed short project descriptions which will include information on project scope, benefits, milestones, interdependencies, and risks. Although the proposals include resourcing and funding requirements, budgets for the recommended initiatives are indicative at this time and will be developed further.

These proposals are the foundation for the Board workshop about the MOC investment programme on 26 February.

Programme Plan for 2019

A progress report against the MOC programme plan (included as an appendix to this paper) is provided below.

Workstream	Status	Comment
Models of Care Programme		
Agree wider change programme (QI, Health Innovation)		Initial discussions held
Confirm MOC work programme		Prioritisation complete; draft proposals developed; Board workshop scheduled 26/02
Develop MOC guidance		Yet to commence
IBC input		Content provided; Ongoing MOC participation in IBC workshops
Communications		Draft communication plan developed and under review
Respond to Govt MH review and implications for MOC		Awaiting Govt response in March
Monitoring and reporting		Yet to commence
Enablers		
Workforce		Selected as a priority; draft proposal developed; Board workshop scheduled 26/02
ICT		Selected as a priority; draft proposal developed; Board workshop scheduled 26/02
Health intelligence		Selected as a priority; draft proposal developed; Board workshop scheduled 26/02
Current MOC Workstreams		
End of Life Care		Workstream review scheduled in March
Towards Equity: MOC change		Delay in provider Hui; rescheduled to 05/03
Towards Equity: Hauora Direct expansion		Selected as a priority; funding agreed by ELT
Long Term Conditions		Initiative plans under development
Unplanned Care		Co-design event scheduled 20/02
Planned Care		Workstream review scheduled in March
Health Care Home: Tranche One		
Virtual Health		Selected as a priority; draft proposal developed; Board workshop scheduled 26/02

Off Track Initiatives

The Health Intelligence initiative is off track at present. The review of the Tableau workbook has been delayed due to resource availability. An Improvement Data Analyst has been recruited and started the role in February to support this work. Review of the Tableau data is rescheduled for completion by the end of March.