

# Future strategic considerations...

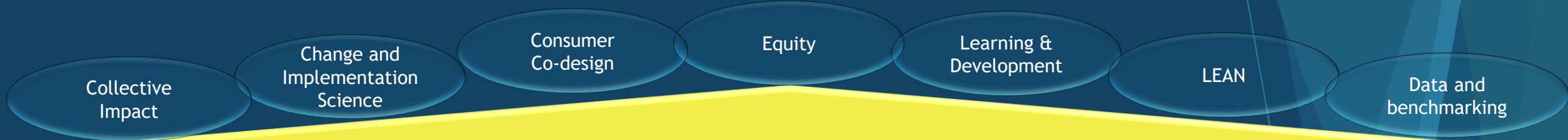
- Questions for discussion
- Re-branding - continue to be a vehicle for implementation and change with key workstreams
- Core operating model and functions
- Governance structure - what is needed?
- Stakeholder mapping
- Progress update on the 6 key projects
- HCH statistics

# Questions for discussion..

- What could the Collaborative look like in July 2022? In 2025?  
How do we get there?
- What do the reforms mean for the Collaborative brand, including the name?
- How do we maintain funding streams?
- What are the key relationships to ensure success?
- What is the potential membership model?
- What is the model of provider engagement?
- How might the work programme adapt/evolve in the short term in the context of localities?

# What would change with re-branding?

There would be an overarching 'umbrella' collaborative - e.g. "The Co-Lab" supported by three main sub-brands: HCH, Community Care, and Innovation and Research. With various enablers to support collaborative learning.



## “THE CO-LAB” COLLABORATIVE FOR CHANGE

Supporting community and whānau health and wellbeing



### HEALTH CARE HOME (HCH)

Enhanced model of care

Building Blocks

Telehealth



### COMMUNITY CARE

Community Health Networks  
Approach and Collective Impact

Network Building Blocks



### INNOVATION & RESEARCH

Consumer Engagement & Involvement

Building Evidence from Data

Case Studies / Personas

# We operate based on five core components...

**OUR CORE FUNCTION:** Collaborative for Change - Supporting community and whānau health and wellbeing



## SHARE / CONNECT

- Our role as a Collaborative, is to be the 'glue' that connects and facilitates outstanding collaboration to support the roll out of resources and peer support across Aotearoa.
- We do this through building strong relationships - whakawhanaungatanga - and creating an energy to drive change for the benefit of whanau, using an equity lens and a focus on honouring Te Tiriti o Waitangi.
- We take the best ideas (learn from fast fails) and share these across networks



## DEVELOP

- Develop/enhance the models of care, related resources and our network
- Ensure equity is front and centre as well as working towards Te Tiriti o Waitangi compliance



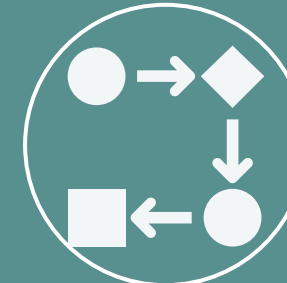
## SUPPORT

- Support Leads and Change facilitators to implement models of care and initiatives
- Provide practical training & shared learnings
- Build evidence of success



## EMBED

- Assess quality & consistency in the HCH MoC using the HCH Certification process
- Provide support to retain the benefits of models and transformational change



## IMPROVE

- Peer Learning sessions across our network to continuously learn from what we do
- Create and share performance metrics to support ongoing improvement and use data to support decision making

# HCH current governance structure

## PHO MEMBERS

Tū Ora Compass Health, ProCare, Pegasus Health, Pinnacle Health, Mahitahi Hauora, THINK Hauora, Te Awakairangi PHO and Cosine PHO, Comprehensive Care, Nelson Marlborough Health, Southern Health System, Health Hawkes Bay, Western Bay PHA and Western BoP

## HCH Collaborative Council

Consists of CEOs and senior leaders of the respective member PHOs / DHBs and national supporting organisations.

Core function: Meet bi-annually to set overall vision and strategic direction, annual budget and to be the accountable decision makers on behalf of HCH Collaborative Council.

## NATIONAL SUPPORTING ORGANISATIONS

RNZCGP, GPNZ, MoH, HQSC  
Health Navigator Charitable Trust,  
DHB National CEO Group, & Planning & Funding

## GOVERNANCE GROUP FUNCTION

To support operational decisions presented by the Programme team, with the following delegations and emphasis:

- Approve project budgets (at a detailed level) within overall annual budget approved by the Health Care Home Collaborative Council
- Approve spend over \$10,000 (minimum of two members other than Programme Director)
- Provide guidance on specific areas, for example:
  - Informatics / national data set
  - consumer voice / patient stories
  - clinical overview in support of the HCH Model of Care
- Approve contracts entered into on behalf of the Collaborative
- Co-opt additional skills onto the Governance Group, if required.
- Recommend admission of new members

Core functions carried out by...

## HCH Collaborative Governance Group

Subgroup of the Council that meets bi-monthly or as required, consisting of the following roles:

- Chair** (Mark Liddle - Pegasus)
- Deputy Chair** (Martin Hefford - Tū Ora Compass Health)
- Clinical Lead x2** (Dr Jeff Lowe - GP Karori Medical Centre / Chair GPNZ; Dr Andrew Miller - GP Bush Road / Clinical Lead for Mahitahi Hauora, Northland DHB, Primary Health Alliance)
- Equity Lead** (Lance Norman - ProCare)
- Informatics Lead** (Vacant role)
- Co-design Champion** (Bridget Allan - Te Awakairangi)
- Connecting Communities for Wellbeing Lead** (Chiquita Hansen - Think Hauora)
- Consumer Representative x2** (Merle Samuels - HCH) + (Gary Sutcliffe - Health Navigator)

Operate based on these core values...

- Integrity
- Managing conflicts of interest
- Good communication
- Enablement
- Trust and cooperation
- Accountability
- Innovation

## HCH Lead Change Facilitators

Change Facilitators from the PHOs / DHBs

## HCH Programme Team

Consists of resources from the National collaborative identified to support the identified workstreams, working with the HCH Programme Team to deliver on initiatives

# How well is our governance approach and structure supporting our focus areas?

A stronger emphasis on the three areas below, has emerged from refining the HCH vision and values, along with extensive sector engagement and consumer focus groups during the MoC Refresh. The shift to an umbrella Co-lab approach to meet sector needs.

COVID-19 and the potential impacts of the Health and Disability Review have also given cause to rethink of core parts of the model and how well our governance approach and structure supports these three areas...



## STRENGTHEN EQUITY

*By focusing on Māori and other priority populations to achieve equity for all*

## STRENGTHEN CONSUMER INVOLVEMENT

*Through equity and consumer focus groups and more diverse governance representation*

## HONOUR TE TIRITI O WAITANGI AND ALIGN WITH WAI 2575 OUTCOMES

*To deliver outcomes for Māori, increasing the likelihood that it will deliver for most of our priority communities and, ultimately, for all New Zealanders*

### POTENTIAL AREAS WE COULD STRENGTHEN OUR GOVERNANCE TO BETTER SUPPORT THESE OUTCOMES

1. Support continued comprehensive engagement through interest and advisory groups with clinicians, PHO teams and consumer involvement, both locally and nationally to **maintain whakawhanaungatanga** (strong and connected relationships) to improve equity and ‘hear the voices of our consumers’.
2. Checking our Council and Governance Group both have sufficient **diversity among members** to ensure equity, consumer interests, and treaty interests, are honoured and advocated for.
3. **Noting and filling potential gaps** (NGO, DHB/Secondary Care, Mental health advocacy, iwi and Maori provider linkages) from existing members or co-opting in relevant advocates from national organisations or interest groups as required.
4. **Making governance roles that cover these areas of diversity, explicit** where an existing member may already have the capability to fulfil this function.



# Rethinking governance through an equity and consumer lens

## PHO MEMBERS

Tū Ora Compass Health, ProCare, Pegasus Health, Pinnacle Health, Mahitahi Hauora (Manaia Health, Te Tai Tokerau), THINK Hauora, Te Awakairangi PHO and Cosine PHO, Comprehensive Care, Nelson Marlborough Health, Southern Health System, Health Hawkes Bay, Western Bay PHA and Western BoP

## SUPPORTING ORGANISATIONS

RNZCGP, GPNZ, MoH, HQSC Health Navigator Charitable Trust, Federation, DHB National CEO Group, & Planning & Funding

Can vote and make Council decisions

## Co-Lab Council

Consists of CEOs and senior leaders of the respective member PHOs / DHBs and national supporting organisations.

Core function: Meet bi-annually to set overall vision and strategic direction, annual budget and to be the accountable decision makers on behalf of HCH Collaborative Council

Can listen in but no voting or decision rights

## INTEREST GROUPS

Other PHOs that are not current HCH members, that are able to attend the HCH Collaborative Council to listen in but have no voting rights or say in the overall direction set by the Council

EXPLICIT INCLUSION OF NON-MEMBER PHOs

EQUITY LENS

## Co-Lab Governance Group

Subgroup of the Council selected to advocate for diverse interest areas and equity, that meets bi-monthly or as required, to support operational decisions presented by the Programme team.

The Governance Group have delegated authority to approve project contracts, budgets and spend over \$10,000 and provide guidance on specific area (informatics, consumer/patient voice, MoC clinical oversight and provide new membership recommendations.

Oversee the delivery of the vision and living the values...

## GOVERNANCE GROUP PROPOSED ROLE UPDATES

Subgroup of the Council that meets bi-monthly or as required, consisting of the following roles:

- **Chair** (Mark Liddle - Pegasus)
- **Deputy Chair** (Martin Hefford - Tū Ora Compass Health)
- **Clinical & Primary Care Leads x2** (Dr Jeff Lowe - GP Karori Medical Centre / Chair GPNZ; Dr Andrew Miller - GP Bush Road / Clinical Lead for Mahitahi Hauora, Northland DHB, Primary Health Alliance)
- **Equity Lead** (Lance Norman - ProCare)
- **Informatics Lead** (Vacant)
- **Co-design Champion** (Bridget Allan - Te Awakairangi)
- **Connecting Communities for Wellbeing Leads** (Chiquita Hansen - Think Hauora *Primary Care, NGO and Whanau & Pae Ora Approach Advocate*)
- **Secondary Care Lead (NEW ROLE inc Mental Health Lead)**
- **NGO and Local Government lead (NEW ROLE)**
- **Consumer Representatives x2** (Merle Samuels - HCH + (Gary Suttcliffe - Health Navigator)

These roles carry out the core functions..

NEW OR MORE EXPLICIT ROLES

## Co-Lab Operations Team

The Programme team focus on agreed workstreams and delivery of initiatives. Support for peer learning and resource development.

Support...

## Leads / Change Facilitators

Change Facilitators from the PHOs / DHBs

Link in to local leads...

EXPLICIT RELATIONSHIP, EQUITY AND CONSUMER LENS

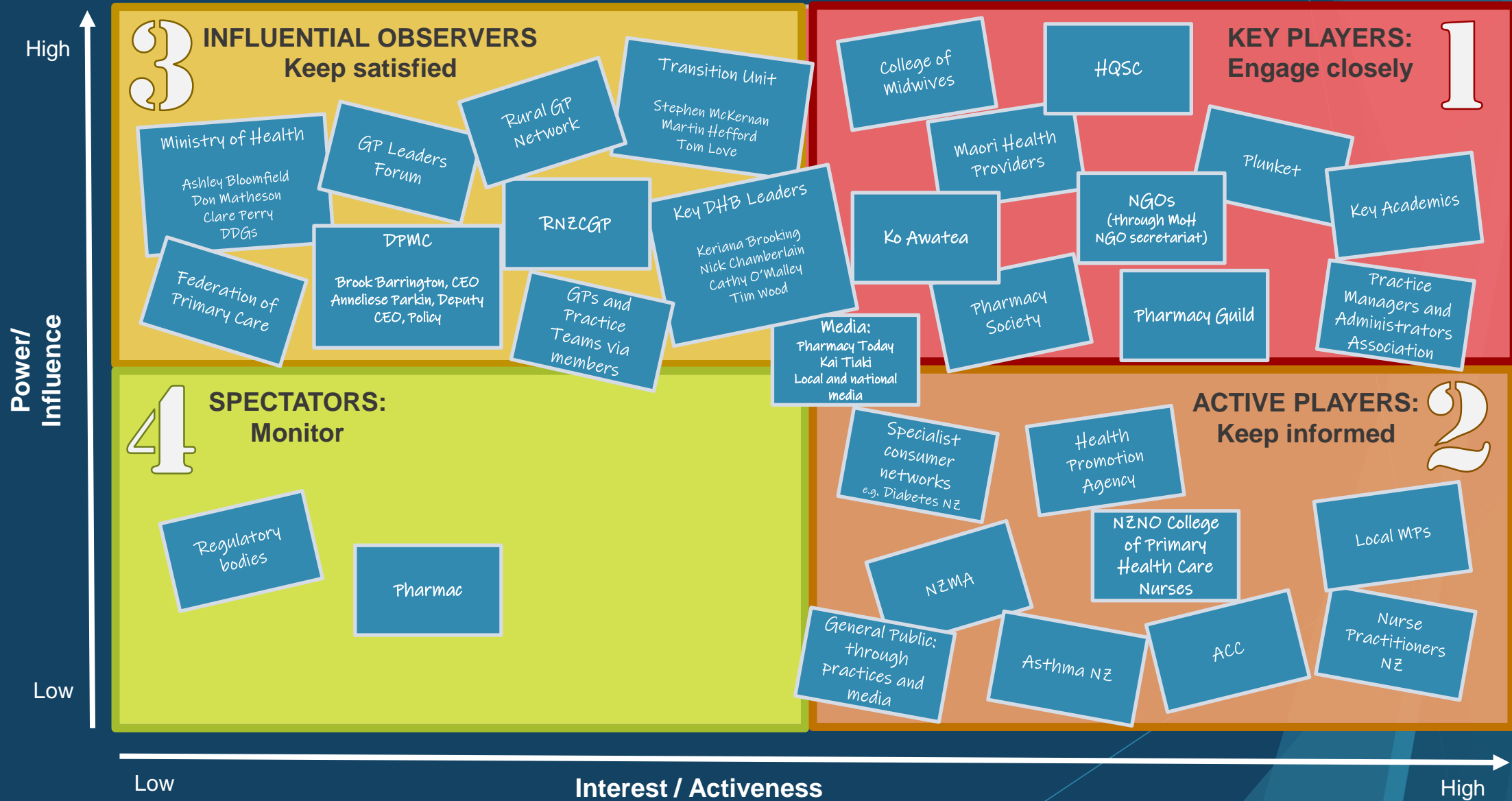
## Equity & Consumer Advisory Group

Regional peer groups / mini advisory centres led by their local Lead / Change Facilitator, that provide input on their own region and community topics of interests, and share their learnings. These regional perspectives feed up to inform the national perspective.



# Who are our stakeholders?

Whakawhanaungatanga - building strong and connected relationships





# Our goals and focus for the next 3 years are...

Enhance HCH MoC to increase equity of access and service delivery across NZ

Advocate and extend HCH MoC to support all New Zealanders focusing on a locality approach

Create fundamental HCH MoC to improve access for all with a focus on building blocks of the HCH

Strengthen clinical and consumer leadership within the HCH Collaborative

Embed equitable telehealth, technology and processes to deliver improved patient care

## And 6 key projects

1. Improving Equity and honouring Te Tiriti o Waitangi

2. Support General Practice to implement and embed telehealth

3. Develop Fundamentals of HCH process focusing on core elements of the model

4. HCH Improvement measurement and benchmarking with contextual analysis

5. Consumer leadership and whānau capacity – including sharing our stories

6. Clinical Leadership supporting programme development

## Progress update

EQUITY TRAINING, WEBINARS, RESOURCES TO SUPPORT EQUITY IN PRACTICE

RESOURCES TO SUPPORT IMPLEMENTATION OF TELEHEALTH AND ASSESSMENT TOOLS

BUILDING BLOCKS OF HCH LAUNCHED WITH SCOPING THE GAP ASSESSMENT TOOL

DEVELOPMENT OF DASHBOARD, MOH FLOW OF DATA SETS

CONSUMER PANEL, CONSUMER ADVISORS SUPPORTING DELIVERY OF KEY PROJECTS

CLINICAL EXPERTISE ADVISING ON MODELS OF CARE ENSURING OUR WORK IS CLINICIALLY LED

## To deliver these outcomes

### IMPROVED COVERAGE, EQUITY & CLINICAL INPUT

- MoC enhancements will assist in increasing equity of access to and delivery of services.
- Consumer leadership has directly influenced practice teams understanding of how to improve service delivery.
- Extended implementation of the HCH MoC supporting Māori and other priority populations.
- Clinicians are taking on leadership roles to provide and strengthen clinical input to HCH at an operational level.

### SIMPLIFIED MODEL AND FOCUSED SUPPORT

- Practices benefiting from simplified/leaner MoC that is easier and quicker to implement – HCH Fundamentals
- Practices are receiving focused support with implementing telehealth to embed as virtual first option for patients

### IMPROVED DATA, TECHNOLOGY AND REPORTING

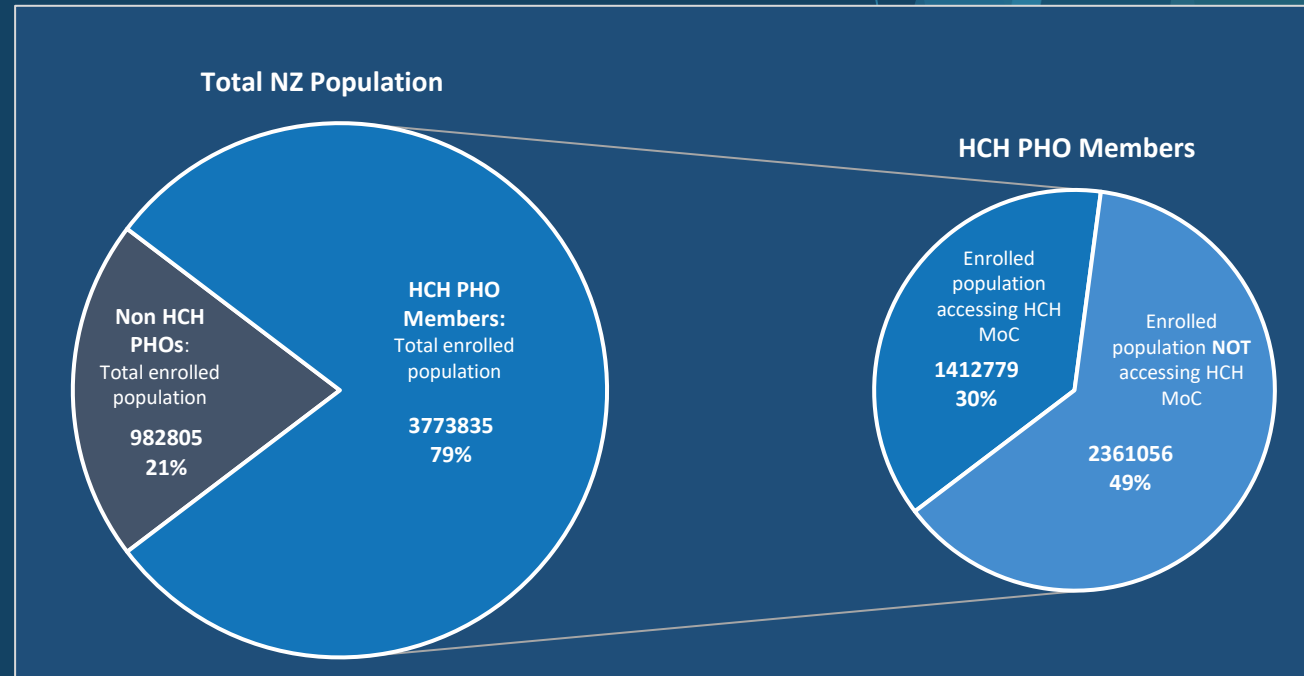
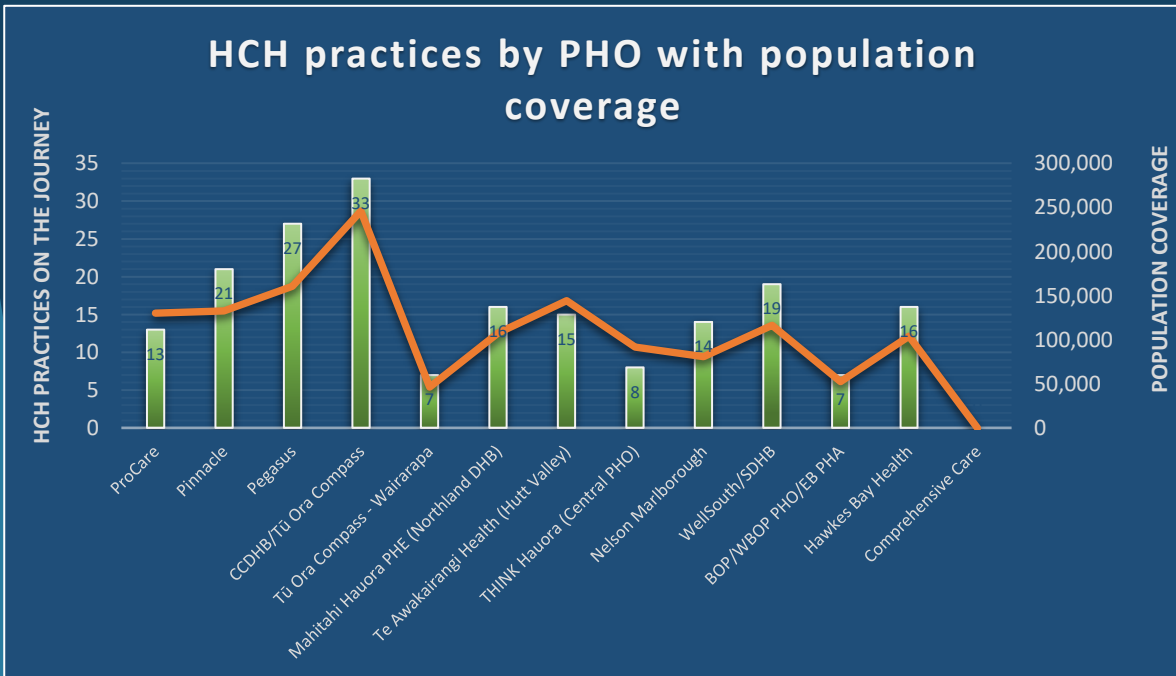
- Improved benchmarking data, tools, dashboards and reports in place to benefit all HCH practices & patients
- Decisions supported by data and evidence – creating a better support for communities and whānau

# Health Care Home roll out/uptake

As of Mar 2021, 196 practices are on the HCH journey, enabling this Model of Care to reach 30% (1.4 million) of the total enrolled population of 4,756,640 - an increase of ~4% uptake from June 2020.

## COVID-19 DEMONSTRATED THAT:

- ▶ DHBs that have already invested in the HCH are reaping the benefits for their enrolled populations, with evaluations showing that the model provides patient-centred care, a stronger focus on equity, reduced ED and hospital admissions.
- ▶ HCH practices readily made the transition during COVID-19 because of the systems, skills and flexibility already embedded as part of their HCH implementation.



PHO	# HCH Practices	Certified	Māori	Pasifika	European	Other	Total	% Coverage
ProCare	13						130,000	
Pinnacle	21						132,642	29%
Pegasus	27						160,635	35%
CCDHB/Tu Ora Compass	33	18					245,832	82%
Wairarapa	7						46,467	100%
Mahitahi Hauora PHE (Northland DHB)	16						107,746	
Te Awakairangi Health/Hutt Valley DHB	15	4					144,219	79%
THINK Hauora (Central PHO)	8	2	15,694 (52%)	2,275 (43%)	73,748 (56%)		91,717	55%
Nelson Marlborough	14		7,908 (54%)	1,272 (52%)	66,622 (53%)	4,997 (56%)	80,799	53%
WellSouth/SDHB	19						116,479	
BOP/WBOPPHO/EBPHA	7	0	11,132 (35%)	1,255 (36%)	35,019 (24%)	15,929 (31%)	52,417	26%
Health Hawkes Bay	16						103,826	90%
Comprehensive Care	0							
<b>Totals</b>	<b>196</b>	<b>25</b>	<b>34,747</b>	<b>4,802</b>	<b>175,389</b>	<b>20,926</b>	<b>1,412,779</b>	<b>29%</b>