

# **Canterbury**

District Health Board

Te Poari Hauora o Waitaha

## **The Integrated Continuum of Care for Older People's Health Services Strategic Direction & Action Plan**



**Prepared by Gill Coe, LinkAGE Project Manager  
July 2003**

## **Background**

The Canterbury District Health Board has, over the past eighteen months, been working, through its “LinkAGE – Leading Integration for Older People” Project, to establish a strategic direction for implementing the integrated continuum of care.

The Project’s Steering Group, which has included members of the Elder Care Canterbury Project, has provided advice to the District Health Board about how an integrated continuum of care can be put into practice. This included developing a system of care, establishing gaps and barriers to implementing that system of care and looking at the priority areas for future work.

As a result, the District Health Board produced a Discussion Document and a Background Document (available on request) outlining the proposed continuum of care. This was distributed to stakeholders for their feedback during March and April. A Summary of Submissions (available on request) was produced and the feedback received in the submissions was used to develop an Action Plan (Appendix 1) which outlines the District Health Board’s strategic direction for older people’s health services over the next two to three years.

## **Action Plan**

Many of the submissions received highlighted the need for an Action Plan with defined objectives, tasks, timeframes and those responsible for implementing the actions. It is hoped that the Action Plan will alleviate concerns expressed by some respondents about the DHB’s ability to deliver an integrated continuum of care due to lack of resources and/or the inability of service providers and the DHB to make the changes required to integrate and co-ordinate services.

When feedback was requested to the Discussion Document, respondents were asked to prioritise the work. The responses showed that people would particularly like to see the development of primary care roles (including the Co-ordinator of Services for the Elderly (COSE) model and improvement of communication between primary and secondary, hospital and community services. There were a number of other areas which people felt should be given priority, including:

- Continuing to develop health promotion and illness prevention strategies and supporting existing work
- Piloting a comprehensive assessment tool.
- Developing and implementing a Mental Health Strategy for Older People
- Simplifying funding
- Working collaboratively with other sectors
- Acting on the recommendations of the Home Support Review, and

These have all been reflected in the Action Plan.

A request was made that the system of care be presented in a way that showed how the proposed changes would enhance and integrate health services for older people. The System of Care as shown in the Discussion Document as Figure 1, has therefore been amended with the action points in shaded boxes to highlight where areas of change would occur (Figure 1 overleaf).

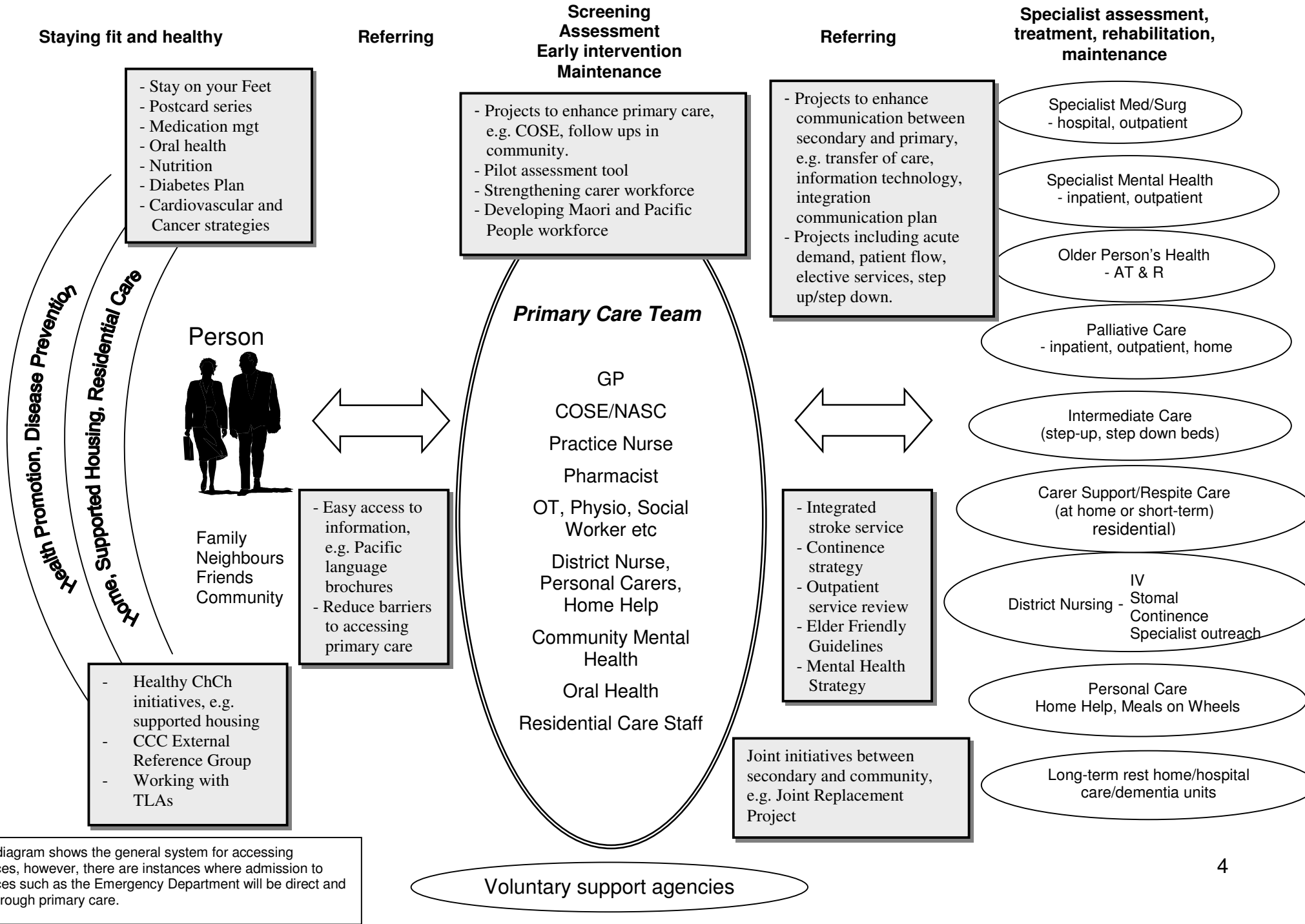
### **The Way Forward**

The District Health Board is committed to ensuring it implements the Health of Older People Strategy (and related strategies) within the 10 year period the Ministry has set. We have been extremely fortunate to have the Elder Care Canterbury Project working over the past six years on projects that improve and integrate older people's health care services. As the planner and funder for Canterbury, the DHB now has a clear strategic direction which provides clarity for stakeholders and a template for the future.

Implementing the integrated continuum of care model through the Action Plan will only be successful if we continue to work together across the health sector. The current LinkAGE Steering Group, which has been providing advice to the District Health Board, will be disbanded in August and replaced with an Implementation Steering Group which will oversee the plan being put into practice. The membership of this group which will be established in consultation with the key stakeholders via the Elder Care Canterbury Project Forum.

This is an exciting time for older people's health services, as we move closer to the devolution of age-related disability support services funding. There is much to be done and the District Health Board is committed to ensuring that it is accountable for the actions outlined in the Action Plan and that the timeframes in the plan are met. We have the opportunity to make a real difference by ensuring that we deliver effective services to older people within the resources available. It's a challenge, but there is a real commitment to meeting that challenge from the DHB and stakeholders alike.

**Figure 1: System of Care**  
 - with action points in shaded boxes



## Appendix One: LinkAGE ACTION PLAN

| Objective/Tasks  | Outcome Measures / Performance Indicators  | Budget  | Timeframe   | People/organisations involved <sup>1</sup>  |
|--|--|---|---|---|
| <p><b>1. Strengthen primary care role</b></p> <p>a. Implement Co-ordinator of Services for the Elderly (COSE) Model</p> <ul style="list-style-type: none"> <li>• Complete roll out of COSEs in line with the evaluation framework</li> <li>• Evaluate the COSE model <ul style="list-style-type: none"> <li>• Recruitment</li> <li>• Follow up</li> <li>• Analyses</li> <li>• Final report</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>• Outcomes measures included in evaluation of model.</li> </ul>   | <ul style="list-style-type: none"> <li>• Additional \$150k approved by DHB &amp; MoH for 03/04</li> <li>• No cost to DHB – providing space for researchers</li> </ul>   | <ul style="list-style-type: none"> <li>• Completed by June 2005</li> <li>• Start August 03</li> <li>• Aug 03-June 04</li> <li>• Aug 03-Dec 04</li> <li>• 2004-2005</li> <li>• Mid 2005</li> </ul>             | <ul style="list-style-type: none"> <li>• Older Person's Health/Primary Care</li> <li>• Older Person's Health/Primary Care/Ministry of Health/University of Auckland research team</li> </ul>  |
| <p>b. Initiatives to strengthen the primary care role.<br/>DHB to meet with primary care providers and identify actions to cover:</p> <ul style="list-style-type: none"> <li>• Improving primary care's access to publicly funded diagnostics.</li> <li>• Pilot follow-up appointments in community settings (including rural).</li> <li>• Research into value of 75+ "warrant of fitness" checks (start with literature search)</li> <li>• Explore nursing innovations</li> <li>• Access to community nutrition and dietetic services</li> </ul> <p>Work with existing projects at ChCh Hospital, including patient flow, acute demand and elective services.</p> | <ul style="list-style-type: none"> <li>• Performance indicators and outcome measures to be included in project plans for these initiatives.</li> </ul> | <ul style="list-style-type: none"> <li>• Project work within budget</li> <li>• Cost/benefit analysis needed</li> <li>• Cost/benefit analysis needed</li> <li>• Pegasus</li> <li>• Unknown at this point</li> <li>• Reconfiguration of services</li> </ul> | <ul style="list-style-type: none"> <li>• Start July 2003.</li> <li>• Start November 03</li> <li>• Start November 03</li> <li>• Start August 03</li> <li>• Start October 03</li> <li>• Start Jan 04</li> </ul> | <ul style="list-style-type: none"> <li>• Primary care providers &amp; Secondary Care providers &amp; Planning and Funding</li> <li>• Primary care providers</li> <li>• Nurse Maude, Health Care NZ, secondary and primary care</li> <li>• Secondary &amp; primary care</li> </ul> |

<sup>1</sup> People/organisations involved will cover both urban and rural service provision.

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| <p>c. Removing barriers to accessing primary care for specific groups, e.g. Pacific/Maori</p> <ul style="list-style-type: none"> <li>Part of Maori Disability Service Development Co-ordinator's role to explore solutions to removing barriers, including those faced by rural communities.</li> </ul>   | <ul style="list-style-type: none"> <li>Co-ordinator has identified solutions to enhance access for Maori.</li> </ul>  | <p>Role &amp; additional funding for service development from Ministry of Health to May 04</p>  | <p>Started</p>   | <p>Maori Disability Service Development Co-ordinator &amp; Manager, Maori Health, CDHB</p>   |
| <b>2. Simplify funding</b>  |   |   |  |  |
| <p>a. Implementation of the Home Support Review recommendations</p> <p>b. Explore packages of care model</p>  | <p>Home Support Service recommendations have been implemented as per implementation plan.</p>   | <ul style="list-style-type: none"> <li>Budget available early August</li> <li>To be established</li> </ul>  | <ul style="list-style-type: none"> <li>Started July 03</li> <li>Start March 04</li> </ul>  | <ul style="list-style-type: none"> <li>Planning and Funding and providers</li> <li>P &amp; F/ACC/providers</li> </ul>  |
| <b>3. Health promotion</b>  |   |   |  |  |
| <p>a. Continue to support the Stay on Your Feet project</p> <ul style="list-style-type: none"> <li>Evaluation of project and extension of Stay on Your Feet programme to Ashburton</li> </ul> <p>b. Implement the Oral Health Review recommendations relating to older people</p> <p>c. Continue to support the "65 and over" postcard distribution and awareness campaign.</p> | <ul style="list-style-type: none"> <li>Stay on Your Feet Programme evaluation planned.</li> <li>As per Oral Health Plan</li> <li>Flu vaccination rate for &gt;65s increases.</li> </ul> | <ul style="list-style-type: none"> <li>\$20k p.a. in current budget</li> <li>\$40k approved from Public Health</li> <li>Covered in Oral Health Plan</li> <li>Communications budget</li> </ul> | <ul style="list-style-type: none"> <li>Ongoing</li> <li>From July 03</li> <li>Ongoing</li> </ul>   | <ul style="list-style-type: none"> <li>Community and Public Health</li> <li>Community and Public Health</li> <li>Communications/Project Manager/ECC</li> </ul>   |
| <b>4. Pilot/evaluate assessment tool</b>  |   |   |  |  |
| <ul style="list-style-type: none"> <li>Scope assessment tool pilot &amp; evaluation</li> <li>Obtain funding for piloting assessment tool</li> <li>Work with providers to establish pilot areas</li> <li>Work with ACC to ensure integrated assessment tool</li> <li>Start implementation of pilot</li> <li>Pilot completed</li> </ul>   | <ul style="list-style-type: none"> <li>Evaluation by Auckland University includes outcome measures.</li> </ul>  | <ul style="list-style-type: none"> <li>To be advised – possible joint venture with MoH</li> </ul>   | <ul style="list-style-type: none"> <li>July 03</li> <li>August 03</li> <li>From Sept 03</li> <li>From Sept 03</li> <li>December 03</li> <li>December 06</li> </ul> | <ul style="list-style-type: none"> <li>Secondary, primary &amp; community providers, School of Medicine</li> <li>Planning &amp; Funding</li> <li>Project group</li> <li>Project group &amp; ACC</li> <li>Project group</li> <li>Project group</li> </ul> |

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| <p><b>5. More efficient sharing of information between services</b></p> <p>a. Piloting electronic discharge summaries to GPs in all Mental Health Clinics and Wards.</p> <p>b. Electronic end of day pack to GPs</p> <p>c. Investigating sharing clinical results with general practitioners</p>  |  |   | <ul style="list-style-type: none"> <li>Starting August</li> <li>Scoping started</li> <li>Investigation has begun.</li> </ul>                         | <ul style="list-style-type: none"> <li>Health and Information Processes and service providers</li> </ul>  |
| <p><b>6. Develop Mental Health Strategy for Older People</b></p> <p>a. Link with the South Island Mental Health Network Project on the implications of DSS devolution on services for older people</p> <p>b. Incorporate this work and the principles from CDHB Mental Health Strategy and the national Technical Advisory Group review of Specialist Services into a work plan for mental health services for older people.</p> <p>c. Provide .4FTE to Kaikoura, Nth Canterbury</p> <p>d. Reduce NASC waiting list and move people from Personal Health to Disability Support Services funding as appropriate</p> <p>e. Identify outstanding issues with NASC prior to devolution.</p> | <ul style="list-style-type: none"> <li>Work plan will include outcome measures.</li> <li>Improved access to mental health service in the Kaikoura area.</li> <li>Waiting list is reduced and sufficient funding is devolved from MoH.</li> <li>Sufficient funding devolved.</li> </ul> | <ul style="list-style-type: none"> <li>No additional cost</li> <li>No additional cost.</li> <li>\$33,850 approved</li> <li>\$88,000 approved by Ministry of Health</li> </ul> | <ul style="list-style-type: none"> <li>September 03</li> <li>Start April 04</li> <li>In place by Aug 03</li> <li>Started</li> <li>Started</li> </ul> | <ul style="list-style-type: none"> <li>SISSAL</li> <li>Planning and Funding and project group, including primary and secondary care providers</li> <li>Psych Services for the Elderly</li> <li>NASC and Planning and Funding</li> <li>NASC and P &amp; F</li> </ul> |
| <p><b>7. Step up/down care<sup>2</sup></b></p> <p>a. Establish working group and terms of reference</p>   | <p>Implementation plan will identify outcome measures such as reducing acute admissions.</p>   | <ul style="list-style-type: none"> <li>Within budget</li> </ul>   | <ul style="list-style-type: none"> <li>July/August 2003</li> </ul>   | <ul style="list-style-type: none"> <li>Community and Public Health to lead project. working group including primary, secondary &amp;</li> </ul>   |

<sup>2</sup> Link with Acute Demand Project

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| <p>b. Progress report with recommendations</p> <p>c. Implementation plan including costing and funding implications</p>  |  | <ul style="list-style-type: none"> <li>To be established</li> </ul>                    | <ul style="list-style-type: none"> <li>December 03</li> <li>March 04</li> </ul>  | <p>community care &amp; consumer</p>  |
| <p><b>8. Develop Maori and Pacific People Workforce</b></p> <p>a. Continue to develop Maori NASC with view to having Maori COSE worker</p> <p>b. Explore establishment of Pacific COSE worker</p>  | <ul style="list-style-type: none"> <li>Improved patient satisfaction with service. More integrated service provision.</li> <li>Improved patient satisfaction with service. More integrated service provision.</li> </ul>                                   | <ul style="list-style-type: none"> <li>Within budget</li> <li>Within budget</li> </ul> | <ul style="list-style-type: none"> <li>Ongoing</li> <li>As COSE rolls out</li> </ul>   | <ul style="list-style-type: none"> <li>Older Person's Health/Primary Care/Maori &amp; Pacific communities</li> </ul>  |
| <p><b>9. Strengthen carer workforce</b></p> <p>a. Establish progress with national project related to carer workforce and take part in national work.</p> <p>b. Establish DHB's role in strengthening carer workforce</p> <p>c. Work with providers and Disability Services Directorate to find solutions to issues relating to recruitment, retention</p> <p>d. Encourage providers to work together with regard to training opportunities</p> <p>e. Establish closer relationships with Industry Training Organisations (ITOs) and education providers</p> | <ul style="list-style-type: none"> <li>Taken part in national work</li> <li>Role established.</li> <li>Solutions identified and implemented.</li> <li>Enhanced training opportunities for carers.</li> <li>Relationships have been established,</li> </ul> | <ul style="list-style-type: none"> <li>No additional cost</li> </ul>                   | <ul style="list-style-type: none"> <li>Started July 03</li> <li>Start Aug 03</li> <li>Started</li> <li>Ongoing</li> <li>Ongoing</li> </ul> | <ul style="list-style-type: none"> <li>Planning and Funding, Human Resources, Service providers</li> <li>CDHB, DSD (MoH) and services providers</li> <li>Planning and Funding</li> <li>Planning and Funding and HR</li> </ul> |
| <p><b>10. CDHB in-house workforce development</b></p> <p>a. Re-instigate the retirement seminars</p>   | <ul style="list-style-type: none"> <li>Increased staff knowledge of retirement options</li> </ul>  |  | <ul style="list-style-type: none"> <li>March 04</li> </ul>   | <ul style="list-style-type: none"> <li>Mgr, Human Resources</li> </ul>  |
| <p><b>11. Working together effectively and establishing innovative models of service integration</b></p> <p>a. Establish an integrated stroke service, utilising work done previously by the Elder</p>   | <ul style="list-style-type: none"> <li>Acute stroke service in place, resulting in majority of stroke patients being treated by</li> </ul>   | <ul style="list-style-type: none"> <li>Acute – within provider budget</li> </ul>       | <ul style="list-style-type: none"> <li>Started acute</li> </ul>  | <ul style="list-style-type: none"> <li>Secondary/primary care &amp; Planning and Funding</li> </ul>   |

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| <p>Care Canterbury project – both acute and community settings. (Specifically mentioned at Maori and Pacific People’s hui.) Link with step down project.</p> <p>b. Encourage Ministry of Health to work with DHBs to establish a national continence strategy and implement recommendations locally.</p> <p>c. Utilise the Healthy ChCh Project to progress initiatives such as supported housing.</p> <p>d. Continue to be part of the Christchurch City Council’s External Reference Group overseeing implementation of CCC policy for Older People in ChCh</p> <p>e. Engage with Territorial Local Authorities on relevant issues.</p> <p>f. Establish integration communication plan, with provider arm as key audience</p> <p>g. Continue to support the Elder Care Canterbury Project through administrative and project management resources and integration budget.</p> <p>h. Disband LinkAGE steering group and establish implementation steering group for LinkAGE work in conjunction with the Elder Care Canterbury Project.</p> <p>i. Continue to support Arthritis Society’s Joint Replacement Education Programme</p> | <p>this service.</p> <ul style="list-style-type: none"> <li>Community stroke service options explored and implemented.</li> <li>Worked with Ministry of Health on National Continence Strategy. Local strategy implementation has started.</li> <li>Working collaboratively to progress initiatives.</li> <li>CCC Policy Action Plan has been re-developed and is being implemented.</li> <li>TLAs are involved in relevant projects.</li> <li>Integration communication plan has been implemented and staff have enhanced awareness of integration principles.</li> <li>Elder Care Canterbury continues to work with the CDHB to provide expertise and advice.</li> <li>DHB is working collaboratively across the sector.</li> <li>Participants in programme have improved quality of life.</li> </ul> | <ul style="list-style-type: none"> <li>Community – re-align within budget</li> <li>To be determined</li> <li>Budget set</li> <li>Provider Arm</li> </ul> | <ul style="list-style-type: none"> <li>Start November 2003</li> <li>Start July 2003</li> <li>Ongoing</li> <li>Ongoing</li> <li>August 2003</li> <li>Ongoing</li> <li>July/August 03</li> <li>Ongoing</li> </ul> | <ul style="list-style-type: none"> <li>Planning and Funding</li> <li>Elder Care Canterbury Project &amp; Planning and Funding</li> <li>Project Manager</li> <li>Project Manager &amp; Communications Mgr</li> <li>Planning and Funding &amp; Project Manager</li> <li>Planning and Funding and the Elder Care Canterbury Project</li> <li>Provider arm/Arthritis Society</li> </ul> |
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| <p>j. Enhance medication compliance by older people – support blister pack proposal</p>  | <ul style="list-style-type: none"> <li>Enhanced medication compliance and reduced admissions through medication mismanagement.</li> </ul>  | <ul style="list-style-type: none"> <li>\$35,500 for 6 mth trial requested from Strategic Pool</li> </ul>  |  | <ul style="list-style-type: none"> <li>Elder Care Canterbury Project/P &amp; F</li> </ul>   |
| <p>k. Review outpatient services (including concerns expressed by rural communities)</p>   | <ul style="list-style-type: none"> <li>Enhanced patient satisfaction with outpatient service. Fewer complaints received.</li> </ul>  | <ul style="list-style-type: none"> <li>Project Manager</li> </ul>   | <ul style="list-style-type: none"> <li>Review by Dec 03 &amp; Implement from Jan 04</li> </ul> | <ul style="list-style-type: none"> <li>GM, H &amp; SS, secondary primary &amp; community providers, ECC project</li> </ul>        |
| <p>l. Enhance discharge planning (transfer of care) between secondary and primary care through implementation of incident reporting - Elder Care Canterbury Transfer of Care project group</p> | <ul style="list-style-type: none"> <li>Problem areas are being identified through incident reports and processes are in place to implement solutions.</li> </ul>                             | <ul style="list-style-type: none"> <li>No additional cost</li> </ul>                                      | <ul style="list-style-type: none"> <li>Implemented by August 03</li> </ul>                     | <ul style="list-style-type: none"> <li>Elder Care Canterbury Project group and providers</li> </ul>                               |
| <p>m. Ensure the Elder Friendly Guidelines are implemented throughout the health sector and are part of auditing/quality processes</p>   | <ul style="list-style-type: none"> <li>Enhanced patient satisfaction with services across the health sector. Guidelines are part of quality processes.</li> </ul>                            | <ul style="list-style-type: none"> <li>No additional cost</li> </ul>                                      | <ul style="list-style-type: none"> <li>Implemented in sector by Dec 03</li> </ul>              | <ul style="list-style-type: none"> <li>Elder Care Canterbury Project group, Audit Manager, providers</li> </ul>                   |
| <p><b>12. Effective access to information by older people, their support people and service providers</b></p>  |  |   |  |   |
| <p>a. Analyse the Elder Care Canterbury Project's information service proposal.</p>  | <ul style="list-style-type: none"> <li>Analysis is complete. Business case has been put forward. Options have been explored and enhanced access to information has been achieved.</li> </ul> | <ul style="list-style-type: none"> <li>No additional cost</li> </ul>                                      | <ul style="list-style-type: none"> <li>May/June 2003</li> </ul>                                | <ul style="list-style-type: none"> <li>Funding Manager, Senior Project Mgr, Project Manager, ECC Project Members</li> </ul>       |
| <p>b. Establish means of ensuring enhanced access to information.</p>  |  | <ul style="list-style-type: none"> <li>Budget to be determined.</li> </ul>                                | <ul style="list-style-type: none"> <li>By December 2003</li> </ul>                             |   |
| <p><b>13. Work with Pacific People to address issues identified at fono</b></p>  |  |   |  |   |
| <p>a. Establish working group to explore possibility of a day care centre for older Pacific People</p>   | <ul style="list-style-type: none"> <li>Working group established and options explored. Funding of services reflects needs of the Pacific Community. Services are more integrated.</li> </ul> | <ul style="list-style-type: none"> <li>\$ needed from MoH before devolution to enhance service</li> </ul> | <ul style="list-style-type: none"> <li>Group established July 03.</li> </ul>                   | <ul style="list-style-type: none"> <li>Project Manager, Community and Public Health, CDHB funding team, Pacific people</li> </ul> |
| <p>b. Work with Ministry of Health to develop Pacific languages information brochures about primary and secondary care services</p>  | <ul style="list-style-type: none"> <li>Brochures or other means or disseminating information have been implemented.</li> </ul>   | <ul style="list-style-type: none"> <li>Request funding from MoH</li> </ul>                                | <ul style="list-style-type: none"> <li>Started July 03</li> </ul>                              | <ul style="list-style-type: none"> <li>Project Manager, Manager, Maori Health, Pacific People</li> </ul>                          |
| <p>c. Work with CCC and other relevant organisation to gain access to transport for Pacific and Maori older people.</p>  | <ul style="list-style-type: none"> <li>Pacific and Maori communities have access to transport where possible.</li> </ul>   |   | <ul style="list-style-type: none"> <li>Start July 03</li> </ul>                                | <ul style="list-style-type: none"> <li>Project Manager, Christchurch City Council, Maori &amp; PP</li> </ul>                      |