

# Integrated Care Collaborative (ICC) CCDHB Alliance Leadership Team Programme Progress Summary



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Commissioning Integrated Care

## COVID – 19 Highlights Feb to May 2020

\*Note April 18<sup>th</sup> meeting cancelled due to COVID-19. This report covers 4 months. February to May 2020

<p><b>Summary of COVID – 19 experiences Feb - May</b></p>	<ul style="list-style-type: none"> <li>✓ Primary Care rapidly changed delivery model to 80-90% of care delivered virtually through Levels 3 and 4. Practices has designed ways to separate patients with respiratory symptoms from other practices ongoing.</li> <li>✓ Health Care Home programme has been described as an enabler for these changes.</li> <li>✓ Multidisciplinary Team Meetings and extended hours stopped during COVID. There were decreased POAC claims and ambulance diversions.</li> <li>✓ The Allied Health team rapidly expanded the AWHI (Advancing Wellness at Home Initiative) to deliver early supported discharge from both Wellington Regional Hospital and Kenepuru Hospital to people living across all of CCDHB. On average, length of stay in WRH was reduced by 2 days with AWHI, and from by 7 days from Kenepuru.</li> <li>✓ HOP services made specialist advice available to Aged Residential Care (ARC) and Primary Care to support management of people with frailty in the community over COVID.</li> <li>✓ Allied Health rapidly reconfigured to deliver telehealth for outpatient and community services and musculoskeletal physiotherapy in ED, and introduced central triage to enable brief advice on point of referral.</li> <li>✓ Health Pathways developed seven COVID pathways, to support GPs to delivery services during the COVID response. Our local 3D Health Pathways team localised these to ensure local information was available where necessary.</li> <li>✓ High rates of vaccination for both residents and staff in Aged Residential Care facilities.</li> </ul>
<p><b>Opportunities arising from COVID</b></p>	<ul style="list-style-type: none"> <li>✓ Embedding telehealth options to provide people with more choice in accessing Primary Care and Allied Health services.</li> <li>✓ Options to embed other service model changes (eg AWHI) are actively being explored.</li> <li>✓ ICC programme board is now meeting fortnightly to drive health system transformation post - COVID-19.</li> </ul>
<p><b>Other highlights</b></p>	<ul style="list-style-type: none"> <li>✓ SLM plan for 20/21 created through collaboration across the system.</li> <li>✓ A new 3DHB Advanced Care Plan Lead has been appointed (Sean Thompson).</li> <li>✓ A Community Health Network prototype is in early stages of development in Kapiti. Porirua is also a priority area for CHN development.</li> </ul>

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|  | <ul style="list-style-type: none"><li>✓ ICC Acute and Community Care meeting changed meeting frequency from Quarterly to bi-monthly to drive the programme of work.</li><li>✓ Acute Frailty Unit (A-HOP) has recently opened in WGTN Regional Hospital to enable recovery from Acute illness independently. This initiative will reviewed in 6 months to see if it should be implemented as BAU.</li></ul> |
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