

9.3 Whanganui Rising to the Challenge

This report provides the committee with an update on activities to implement the Whanganui Rising to the Challenge framework.

Background

As noted previously the implementation of the framework is a significant large scale change and improvement initiative for the Whanganui region. The project is applying emerging best practice concepts for leading and delivering large scale change^{1 2}.

There are three working groups each with 8 – 12 core members providing a mix of expertise and representation across DHB, community and patient/whanau stakeholders. These are: Adult Mental Health and Addictions (triage), Older People (the confused adult patient), Child and Youth (behavioural conditions).

Each of the three work streams is guided by the Whanganui DHB 2015/16 Annual Plan. Although each focus area is different – a number of common themes have become apparent across all work areas:

Common Themes: success depends on...

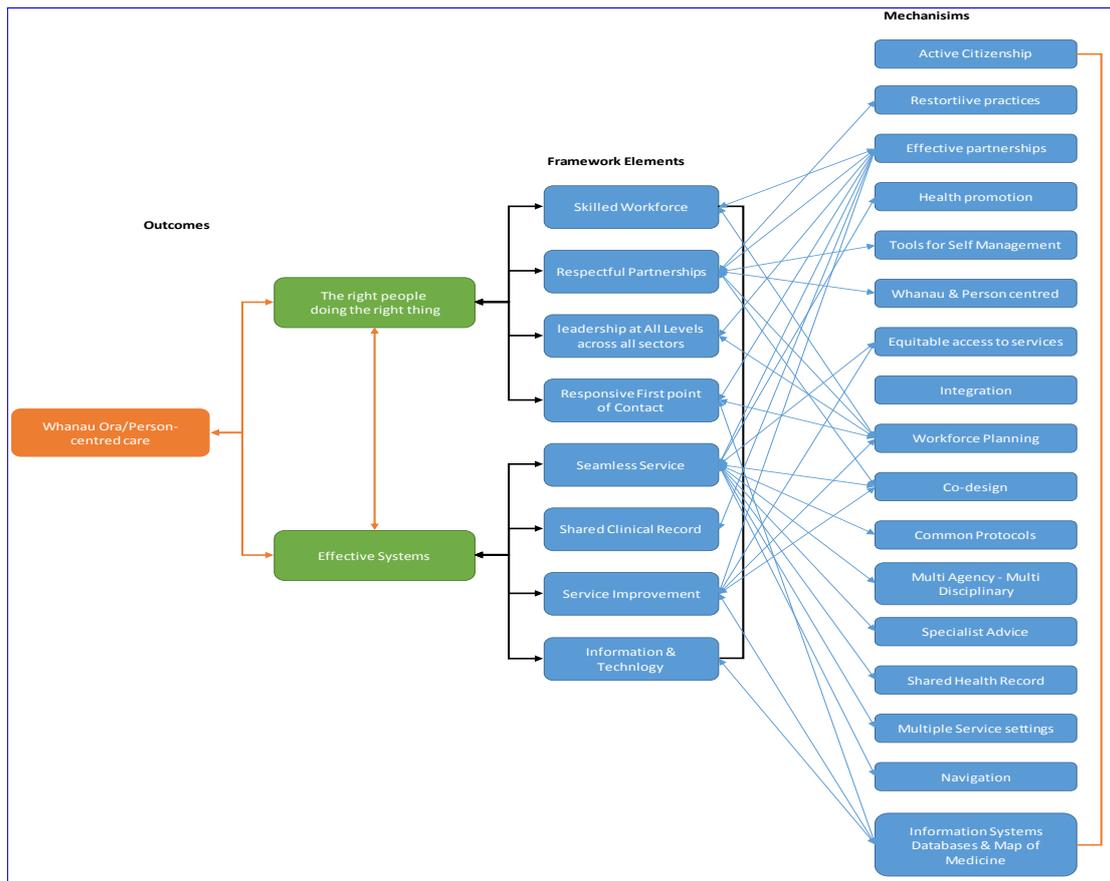
- Co-ordination and shared understanding
- Informed and compassionate staff
- An integrated service that is informed by "What Matters" to people and their Whanau and communities
- When it doesn't matter where the care happens as long as it does happen - with people being strengthened and resourced
- Improved patient/whanau experience
- Robust, consistent, transparent processes - excellent patient care
- Education

Project Highlights

The focus of the overall project for this period has been on supporting the organisational capacity to sustain and grow the initial gains being made by the work streams. The Seamless Experience is one of four identified systems elements within the framework; these elements form part of an interconnected improvement and change narrative. The diagram below, adapted from the framework, illustrates the interlinked nature of the elements.

¹ *Leading Large Scale Change: a practical guide (2011), NHS Institute*

² <http://www.nhs.uk/capacity-capability/nhs-change-model.aspx>



However, focusing on systems improvements alone will not successfully deliver a Seamless Experience for our community. To achieve this we must also address the workforce and related culture elements within the framework. The WRTTC project is working to address the skills and capacity of staff and services to provide agency and leadership for change. Delivering services that are whanau/family and person – centred requires systems and people that can create an environment that celebrates 'being human' with a focus on co-design and valuing each person's knowledge and skills.

The project is working closely with the Whanganui DHB Community Mental Health Services to build service improvement capacity as part of the Releasing Time to Care (RTTC) work being undertaken with these teams. This will allow internal service improvements to be aligned with the framework and build greater agency for change within these services. By including teams such as Community Mental Health (CMHT), the Mental Health Assessment and Home Treatment Service (MHAHT) and the SUPP youth service the wider elements of the framework can be introduced as part of a 'new normal' where co-design and human centred practice are part of all service developments.

As an example of its interlinked nature - the framework has, as a key principle, the adoption and use of co-design for service planning and improvement. Co-design is both a method to use in change and improvement and a philosophic methodological approach to change.

The principles of co-design are:

- Prioritise the patient experience
- Trust the process
- The 'means' is as important as the 'ends'
- Acknowledge the patients' and staff contributions throughout the process

In September over 90 DHB staff, NGO partners and primary care stakeholders attended two days of workshops introducing the principles and methods of experience based co-design. As a result six co-

design projects are underway facilitated by Ko Awatea and supported by Whanganui Rising to the Challenge as part of a six month training programme. Building staff capacity for change is the key to developing leadership for change - a priority for the Whanganui Rising to the Challenge project. All three work streams are actively using the experience based co-design as part of their work.

In addition to work stream projects, alcohol and drug services, fitness for surgery and youth services are also part of the experience based co-design training programme.

In October 2015 a one day workshop on health Care improvement methods and measurement was also held. This workshop, facilitated by Ko Awatea, saw 70 DHB, NGO and primary care staff involved in discussion and learning covering a range on common improvement and change tools. The workshop brought together staff involved in co-design, Releasing time to Care, Whanganui Rising to the Challenge and quality and safety projects and has helped embed common methodology and language for our improvement projects.

Work stream Highlights

The three project work streams have identified and continue to progress a number of initiatives and improvements to implement the framework. As work progresses other elements of the framework are being introduced as work progresses and each work stream looks to support equitable and human centred service improvements.

The adult work stream is in the process of testing a heavily revised triage/referral form developed in collaboration with the Regional Health Network at Gonville Health, Te Oranganui and Aramoho Health GP practices. The referral form covers a range of services available under the stepped care model and these practices having been socialised to the form are using them to inform more appropriate referrals.

Feedback from the initial testing has identified the potential for the development of an 'advanced form' for Medtech which would:

- Support the stepped care approach
- Guide best practice as an informed clinical decision making support tool
- Support referral pathways
- Improve referral quality through promoting both consistency and accuracy

It is verbally reported that there has been a "significant reduction" in community mental health and addictions services declined referrals and 'did not attends (DNAs) compared with the previous year – further data is being assessed to confirm this.

The online discussion forum 'Loomio' has been utilised by the adult work stream to support discussion and decision making processes and it's use has been extended to the 'Releasing Time to Care (RTTC)' project work.

The older people's work stream focus on the confused has continued in the medical ward and is in the process of planning organisational wide training on delirium awareness, screening and interventions for all hospital clinical staff. The approach developed by the work stream for patients with cognitive impairment is being discussed with the rest home sector.

An agreement has been established with the Health Care Improvement Scotland to use their recently developed 'Think Delirium' screening and intervention programme including free use of on line education tools for clinical staff. The executive management have recently approved a 'dementia friendly' path moving forward and plans are underway to provide a more domesticated dining room for these patients. This is expected to improve nutrition, mobilisation, socialisation and keeping strength of normal daily activities.

The symbol, Care with Dignity, has also now been approved as a respectful way to identify patients with cognitive impairment.



The work stream is also supporting two co-design projects one of which is focused on ensuring the ED experience for patients is improved and one working on developing the dementia design project.

The Child and Youth work stream is actively working on developing an alternative approach to the review and allocation of children and young people with behavioural issues. The Child Development Team has joined with CAMHS and Paediatrics to map the current clinical pathway for children and young people with behavioural difficulties. This initial mapping process is being used to develop ways of integrated working to better meet the needs of this patient group.

CAMHS is actively participating in a range of co-design initiatives to gain a better understanding of the whanau/family and consumer stories relating to the service. The SUPP service is also working on a co-design project to help with the development of that service and the integration with both NGO and CAMHS services.

As intended, Whanganui Rising to the Challenge is achieving 'reach' well beyond mental health and addictions, working with a broad range of community stakeholders.