



# Alliance approach: a simple concept



Agreement between parties to work collectively on a common goals for mutual benefit.

- dynamic and flexible
- responsive to rapid change and complexity
- share resources and expertise

# Our alliance partners



**St John**  
Here for Life



# CCN work programme

Alliance groups:  
Workstreams, Service Level Alliances,  
Service Development Groups and Workgroups

Workshops / co-design events:  
Typically involve large number of stakeholders

Models of Care:  
Engaging a community in local service  
development





## Consistent to our approach

- Clinical and consumer led, management supported
- Perspectives, not representatives
- Data informed, to drive and monitor change
- Clear on what success looks like and contribution to system outcomes
- Confidence, if it's the right thing to do the funding will follow
- Person and whanau, at the centre
- Consensus, decision making

### Supporting this:

- Our structure enables strategic leadership and coordination of alliance
- Our processes provide clarity, transparency and consistency

## ALLIANCE PARTNERS

- Access Homehealth
- Canterbury Community Pharmacy Group
- Canterbury District Health Board
- Christchurch PHO
- Healthcare NZ Community Health
- New Zealand College Of Midwives
- Nurse Maude
- Pacific Radiology
- Pegasus Health
- Canterbury SCL
- St John
- Waitaha Primary Health

## SYSTEM REFERENCE GROUPS

Advisory groups we engage with:

- [Te Kāhui o Papaki Kā Tai \(TKOP\)](#)
- [Pacific Reference Group](#)
- [Culturally & Linguistically Diverse \(CALD\) Health Advisory Group](#)
- [Canterbury District Health Board Consumer Council](#)



# The role of the DHB

- Statutory accountability for health services: Cannot contract out of this.
- Funder (mostly).
- Contracts for services in accordance with the decisions made by the alliance.
- Membership across alliance groups: Ensure alignment with national, regional and local priorities, no surprises, resource expectations.

The DHB can choose not to respect alliance decisions, but the threshold for doing so would have to be very high.

# STRATEGIC FOCUS

## 2019-2024

Early in 2019 Canterbury Clinical Network held a workshop with leaders working across health and social sectors, and consumers of these services, to consider how we focus our efforts to improve the health and wellbeing of our communities. Four key priorities emerged.

We recognise the Treaty of Waitangi as a foundation that guides our approach.

### PRODUCTIVE PARTNERSHIPS

- Partner with Māori at every level and facilitate full Māori participation
- Support partners to have an equitable voice
- Ensure commitment to common goals through clear rules of engagement, shared vision and language
- Develop relationships beyond the health system to address the determinants of health
- Enhance partnerships with groups that experience inequities, for example Māori, Pasifika, Culturally and Linguistically Diverse (CALD), people with disabilities

### MEANINGFUL ENGAGEMENT

- Provide regular training and mentoring that supports consumers to meaningfully contribute
- Proactively engage with our communities, with a focus on those the system doesn't work for
- Include a wider range of voices – different ages, ethnicities and experiences

### PRIORITISE EQUITY

- Ensure diversity across all alliance groups
- Create a common understanding of equity for all alliance groups and partners to work towards
- Set time-bound targets, monitor performance
- Adapt our language and delivery to improve health literacy
- Identify priority groups that experience inequity through evidence and data

### REDEFINE OUR ALLIANCE

- Review our mission and define our scope
  - Refocus our efforts on key priorities
- Build capability of current leaders and target future leaders
- Explore opportunities to strengthen the use of data available across the network
  - Capture and share lessons



#### OUR ALLIANCE PARTNERS

All alliance partners agree to act in accordance to the alliance charter, adhering to the alliance principles and rules of engagement.





# Ashburton SLA vision and background

The Ashburton Service Level Alliance was established in 2015 to:

- Recommend how to best allocate Ashburton health services funding
- Systematise service provision across the district
- Ensure access and service equity to the population within the funding available

# Ashburton SLA

| Members Name      | Perspective/Expertise   |
|-------------------|---|
| Gordon Guthrie    | Independent Chairperson   |
| Natahna Sim       | Practice Nurse  |
| Michelle Brett    | Maori Leader/Maori Health Provider/St John                        |
| Toni Vainerere    | Pacifica Community Leader   |
| Jenny Gill        | Allied Health (primary/secondary)/District Nurse/Aged Care Sector |
| Bernice Marra     | Ashburton Health Services Manager Ashburton Hospital Operations   |
| Carolyn Cameron   | Pharmacy (Primary/Secondary)                                      |
| Chris Clark       | Mental Health   |
| John Lyons        | Ashburton Hospital Clinical Director                              |
| Gregory Robertson | Tertiary Clinical leader  |
| Malcolm Wootton   | General Practitioner (business owner)                             |
| Celia Colcord     | Consumer  |
| Sophie Beckley    | Youth   |
| Vacancy           | General Practitioner  |
| Kathy O'Neill     | CDHB Planning and Funding   |
| Craig Watson      | Rural Health Manager, Pegasus Health                              |
| Kate Lopez        | ALT Member  |
| Bill Eschenbach   | Waitaha Primary Health  |
| Jules Wilke       | CCN Ashburton SLA Facilitator                                     |



# Ashburton SLA workplan

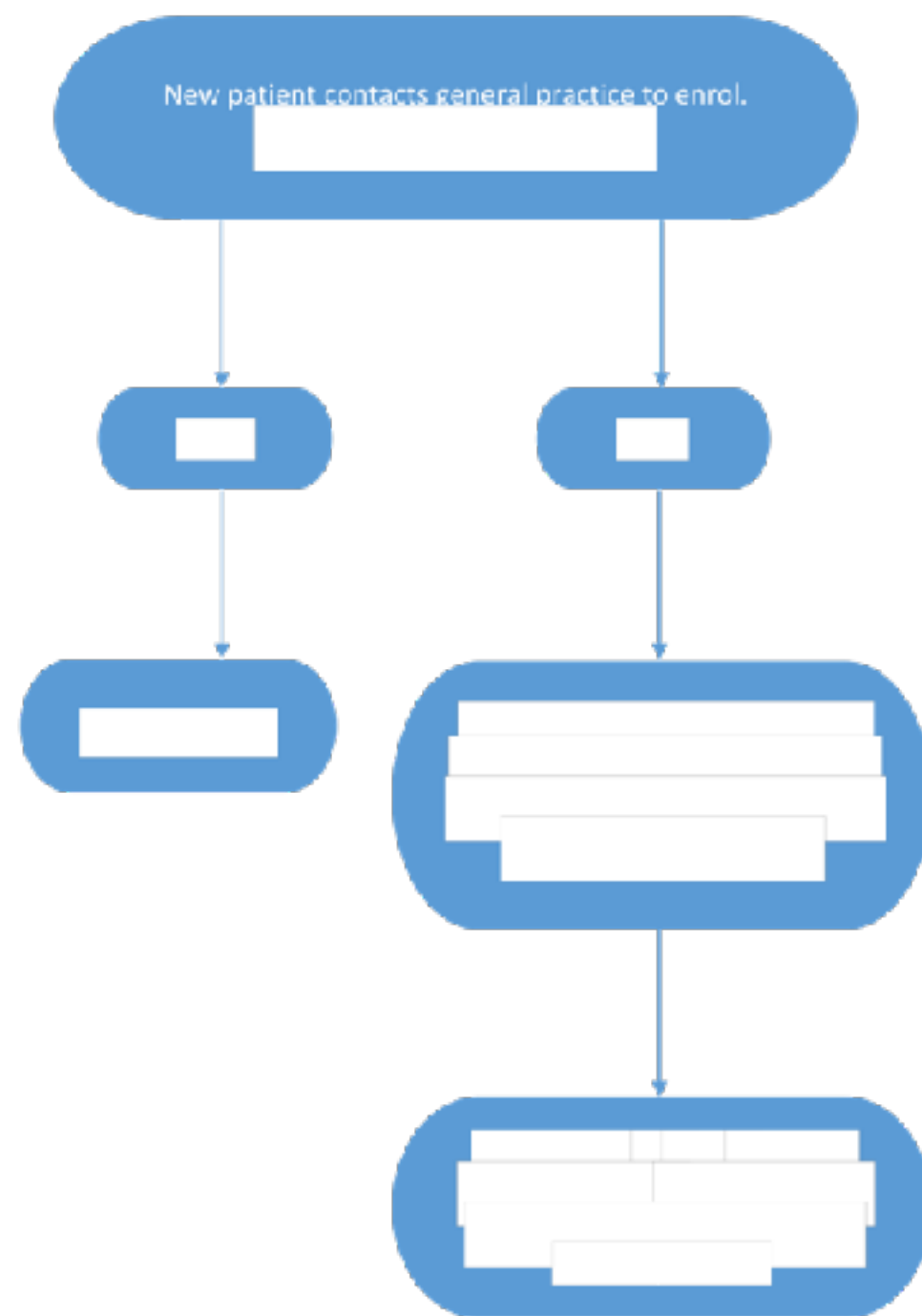
## Four Key Objectives

- Safer, efficient transfers of care for the elderly
- Improving equitable access to primary care for all populations including Māori, Pasifika, Migrant and CALD
- Continue with Access to Acute Care co-design recommendations
- Sexual Health service provision and accessibility

## Ashburton general practice enrolment

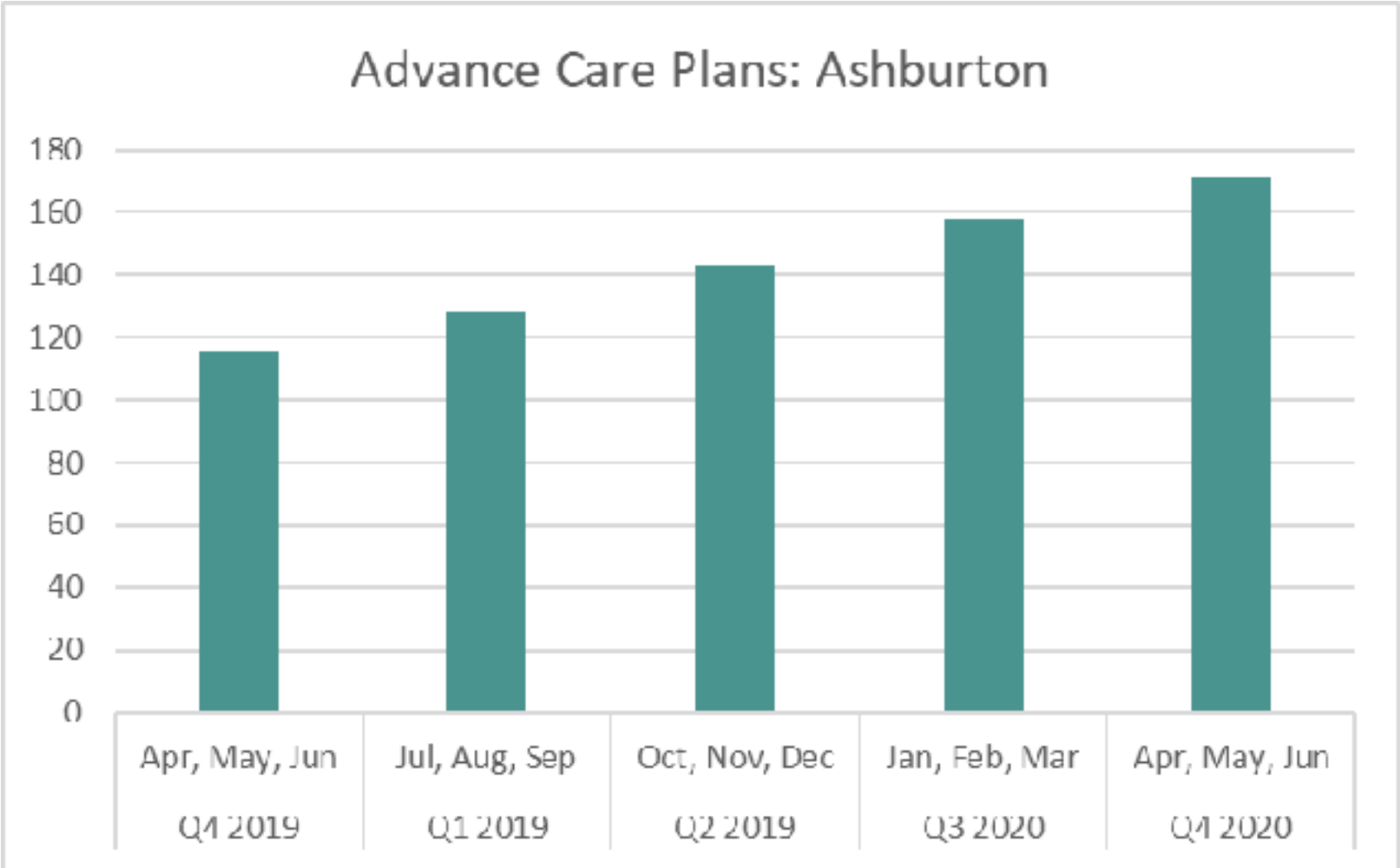
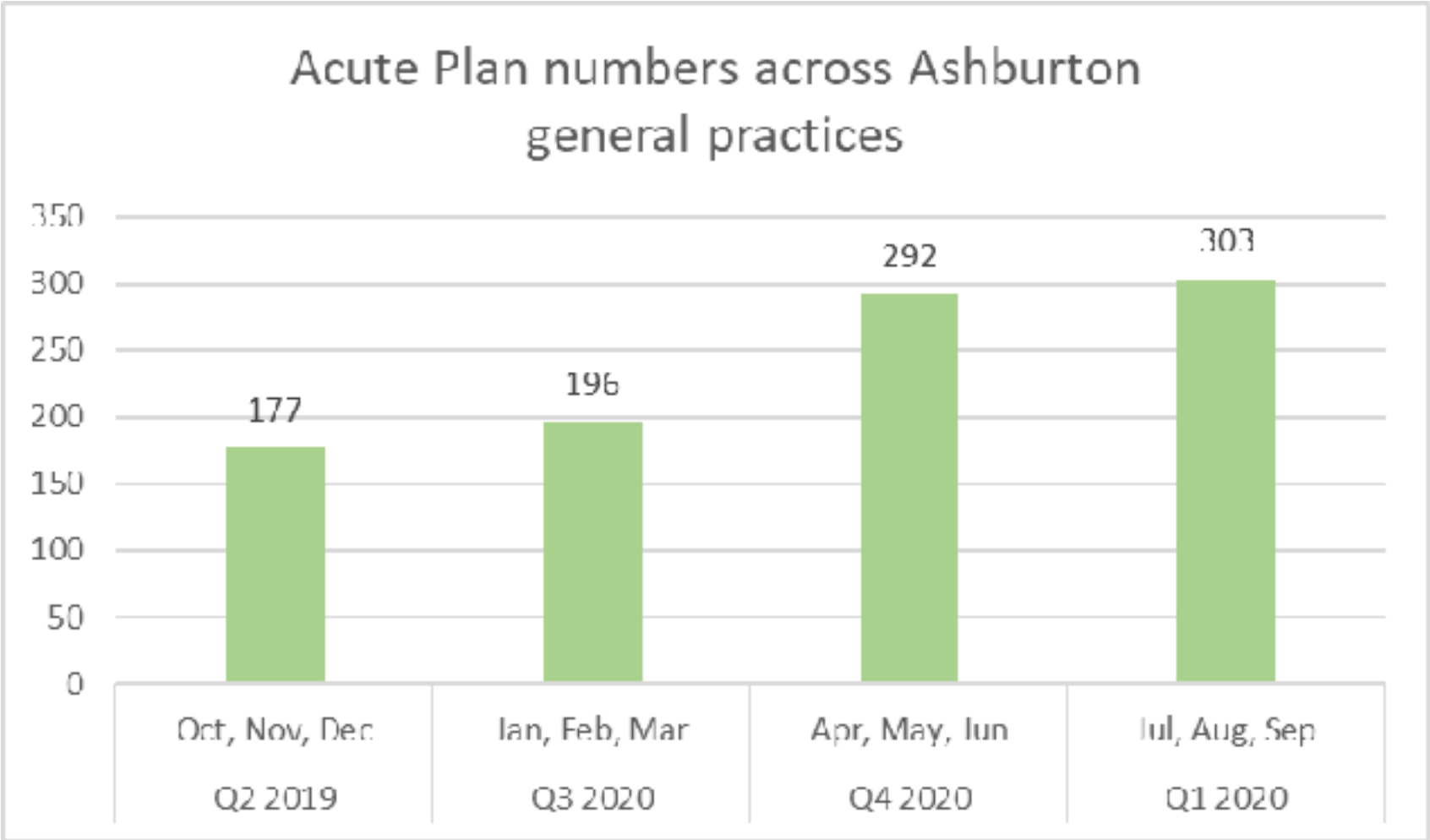
Process flow chart for:

- New patient wanting to enrol in an Ashburton practice
- Patient wanting to transfer to another Ashburton practice





# Ashburton SLA monitoring



## Community Project

Community and Social Recovery Needs and Capacities in Ashburton District in Covid-19 times" produced by Sarah Wylie Sept 2020 for Safer Mid Canterbury and Ashburton District's Caring for Communities Recovery Group.

- Cultural competence
- Mental health
- Sexual health
- Telehealth



