



Collaborative Aotearoa Study Tour May 2023





Alberta Health (Edmonton, Canada)

- Alberta Health Services (AHS) is Canada's largest provincewide integrated health system.
- Responsible for, and provision to, 4.6M people thru one single delivery agency (Alberta Health Service) with approx 112,000 direct employees.
- 106 acute care hospitals, five stand-alone psychiatric facilities and 40 primary care networks.
- Total health budget of \$29.5B of which \$2.9B for primary care
- 5000 'family doctors' and 4000 specialists

Observations:

- The gap between primary care and the NGO sector was an important priority to address
- 15 20 % of the population do not have a family dr (described as the Can't, Don't and Won't populations)
- 1 in 3 reported ease of accessible to after hours
- Decreasing number of family drs is a real concern







SAGE Seniors Association

- Community provider established to enhance to quality of life of the older population
- Services to help promote socialisation, skill and information acquisition

Observation:

 Incredibly proud team that are missing the 4 NPs that they had for a 2 year pilot that didn't get any ongoing funding despite positive evaluation.





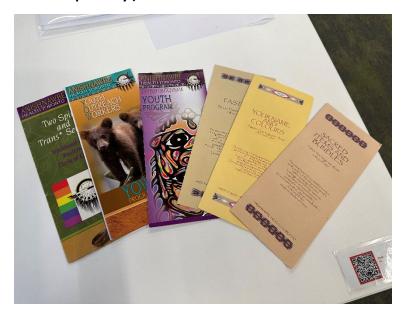
Tamarack Institute

- Tamarack Institute "was founded in 2001 with the hope to create an institute that would deeply understand how community change can happen and would help organisations and citizens work better together for a collective impact"
- Small organisation with two main goals
 - Establish a learning centre that would provide research and document real stories, exemplary practice and effective applications for community change. (network of 35,000 changemakers across
 - Apply learnings to end poverty in Canada
- Acknowledged that covid proved our current systems do not work
- "Don't need new organisations perhaps we just need new ways of organisations seeing each other and working together differently"
- No two communities are the same
- Community voice should not be collated and then 'passed' to the leaders to fix but be developed in co-design



Anishnawbe Health Toronto

- Model of care based on indigenous culture and traditions
- Only facility in Toronto that cares for indigenous clients with both western and traditional approaches to health care
- Planned build for new centre
- Spoke of the challenge of western expectations for traditional methods (i.e. spiritual healers policy)

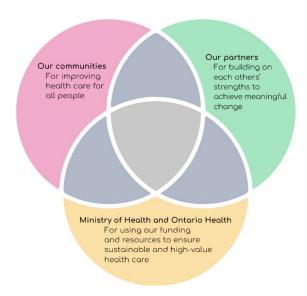






North Toronto Health Partners

- 1 in 4 speak a language other than English / French
- Believed integration needs to be led by primary care
- Seeking to have greater connection with secondary care and team based care
- Evaluation Hub presentation which we have already connected with
- Observations
 - First network that stated they were accountable to the community as well as the funders
 - Primary Care Advisory Council was all Drs plus one advisor





NHS – Health Innovation Network

- Connecting NHS, academic organisations, local authorities, industry for the explicit aims of
 - Improve outcome for patients
 - Drive down costs
 - Stimulate economic growth
- Discover develop and deploy strategy
- Supporting digital innovation (eg oximeters during covid)
- Virtual wards (40 virtual beds for every 100,000 people with target of 80% occupancy). Step up and Step down beds with remote monitoring



Bristol, North Somerset and South Gloucestershire

- Chairman was a retired policeman well respected by community
- Spoke to the development of their localities
- Govt 'broke' the country into 42 natural territories
- Bring together all providers "one structure not one entity" with the aims:
 - Improve health
 - Reduce inequalities
 - Value for money for health and social services
 - Economic and social change
- Woodspring Locality Partnership Board
 - Connecting providers and communities together
 - Community asset base
 - Breakdown barriers between provider
 - Creating trust but respect is more important
 - Have to be able to hand over stuff



Observations

- Health Systems around the world are in crisis- the cavalry is not coming
- Our own health system has many world class components but they are not working together at present
- PHOs have led innovation in New Zealand General Practice that leads the world
- Our commitment and progress to address inequity for our Indigenous people has a long way to go, but we are leading the world at present
- NZ practice nurses are world class.
- Access and Choice is the gold standard for integrated care in practice.
- All of us need to work together to solve the issues- what we see in our practices is only a small piece of overall health and wellbeing