



Waitemata
District Health Board
Te Wai Awhina

Community and Public Health Advisory Committees Meeting

Wednesday, 14th December 2011

2.00pm

Venue

**Waitemata District Health Board
Boardroom
Level 1, 15 Shea Tce
Takapuna**

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind

As we seek to be of service to those in need.

Give us the courage to do what is right and help us to always be aware

Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards Community and Public Health Advisory Committees Meeting held on 09 November 2011

Recommendation:

That the Minutes of the Auckland and Waitemata District Health Boards Community and Public Health Advisory Committees Meeting held on 09 November 2011 be approved.

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community & Public Health Advisory Committees

Wednesday 9 November 2011

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna
commencing at 2.02p.m

PART I – Items considered in public meeting.

COMMITTEE MEMBERS PRESENT:

Lee Mathias (Committee Chair) (ADHB Deputy Chair)
Warren Flaunty (Committee Deputy Chair) (WDHB Board Member)
Lester Levy (ADHB and WDHB Board Chair)
Max Abbott (WDHB Deputy Chair)
Jo Agnew (ADHB Board member)
Peter Aitken (ADHB Board member)
Pat Booth (WDHB Board member)
Susan Buckland (ADHB Board member)
Chris Chambers (ADHB Board member) (present from 3.35p.m)
Sandra Coney (WDHB Board member)
Robyn Northey (ADHB Board member)
Christine Rankin (WDHB Board member)
Tim Jolleyman (Co-opted member)
Eru Lyndon (Co-opted member) (present from 2.08p.m)

ALSO PRESENT: Dale Bramley (WDHB, Chief Executive)
Garry Smith (ADHB, Chief Executive)
Debbie Holdsworth (WDHB, Acting Chief Planning and Funding Officer)
Denis Jury (ADHB, Chief Planning and Funding Officer)
Paul Garbett (WDHB, Board Secretary)
Andrew Old (ADHB and WDHB, Medical Advisor – Service Integration)
Janine Pratt (WDHB, Group Planning Manager)
Imelda Quilty-King (WDHB Community Engagement Co-ordinator)

(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Deborah Dalliessi, North Shore Community Health Voice
Tracy McIntyre, Waitemata Health Link
Margaret Willoughby, Rodney Health Link
Lynda Williams, Auckland Women's Health Council
Lorelle George, Waitemata PHO

LEAVE OF ABSENCE: Alfred Ngaro

APOLOGIES: Apologies were received from Rob Cooper, Allison Roe, Taima Campbell, Hilda Fa'asalele, Naida Glavish and Janice Mueller, with apologies for late arrival from Chris Chambers and Eru Lyndon.

WELCOME

The Committee Chair, Lee Mathias, welcomed those present.

DISCLOSURE OF INTERESTS

The following alterations for the Register of Interests were advised: Lee Mathias as Chair – Health Promotion Agency Establishment Board; Warren Flaunty as Trustee - Waitakere Licensing Trust (not Chair as had been listed).

There were no declarations of interests that might give rise to a conflict of interest with a matter on the agenda.

KARAKIA

Dale Bramley led the meeting in a karakia.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda, except that Item 5.2 was considered before Item 5.1.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 12 October 2011 (agenda pages 1-13)

Resolution (Moved Lee Mathias/Seconded Jo Agnew)

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 12 October 2011 be approved.

Carried

Matters Arising:

The meeting was advised that the paper on Whanau Ora by Eru Lyndon is confidential to the Whanau Ora Governance Group at this stage. It will be distributed to CPHAC members once it has been released publicly.

It was agreed that the action arising referring to “minority needs” would be re-worded “needs of Maori, Pacific and other high needs groups”.

The Committee Chair advised that the submission to the Draft Auckland Plan co-ordinated by the Auckland Regional Public Health Service would be heard by the Auckland Council on 29 November. The final submission is to come back to the three DHB Board meetings for endorsement. Any further individual comments could be forwarded by members to Andy Roche and Janine Pratt.

3 DECISION ITEMS

3.1 2012/13 Planning (agenda pages 15-23)

Janine Pratt (Group Planning Manager, Waitemata DHB) and Julie Helean (Planning and Service Development Manager, Auckland DHB) were present for this item.

The Committee Chair noted what a highly cumbersome process this seemed to be, and the need for some ideas to be developed about how it could be streamlined.

The Board Chair referred to the strategic planning session planned for late January, possibly a combined session for Auckland and Waitemata DHB Board members, which would set a framework for 2012/2013. He noted that for many years it had been indicated that the process would be simplified, but that had never occurred. It was important to be careful not to let the process take over strategic thinking.

Janine Pratt introduced Julie Helean to the Committee and then outlined the report. Matters covered in discussion and in answer to questions included:

- For 2012/2013 the focus of “Better, Sooner, More Convenient” is being extended more widely, for example to include health of older people.
- The Committee indicated strong support for a joint planning day for Auckland and Waitemata DHBs and for looking at building on the similarities between the priorities of the two Boards, with a view to developing joint priorities. The Board Chair noted that these did not need to all be exactly the same for the two Boards, but that it made sense in those cases where the Boards were responding in similar ways to the same problem.
- In view of the complexities of the planning process and the numerous deadlines, and the shift to a six weekly meetings cycle for 2012/13, it was agreed that some flexibility would be needed to keep the Boards involved in the work in process and to see how ideas were developing. Possible mechanisms might be a sub-Committee, or additional meetings where required, or using “drop box” technology where members could make suggestions for changes and view other members’ suggestions. Those possibilities would be examined.
- The importance of early identification of Board priorities was acknowledged. These are critical to bringing focus to the planning process. The importance of spending time in the planning process focussing on means as well as ends was also emphasised.
- Denis Jury advised that while the planning package from the Ministry was expected mid December, it had been flagged that there could be further fine tuning in January.

Janine Pratt and Julie Helean were thanked for their work on this.

Resolution (Moved Lee Mathias /Seconded Warren Flaunty)

That the Community and Public Health Advisory Committee recommends to the Waitemata and Auckland District Health Boards:

That the Board:

- 1. Approve the approach to annual planning for 2012/13, including the longer term direction and timetable.**
- 2. Note the suggestion for a joint set of annual plan priorities for Auckland and Waitemata DHBs through joint activity.**
- 3. Note the draft national planning guidance which has been sent out to members electronically.**

Carried

4 INFORMATION ITEMS

4.1 Asian Health Support Service Update (agenda pages 25-26)

Sue Lim (Asian Health Support Manager, Waitemata DHB) introduced the report. In answer to questions she advised:

- Reasons why the interpreting and translation service is under utilised in primary care included general practitioners not being accustomed to using interpreters and preferring family members to interpret, and concerns that consultations will take longer if an interpreter is used. The service had received feedback from some patients who had been charged two fees because they had used an interpreter, on the basis that the consultation was longer. There were however other clinics, such as those serving high migrant and refugee populations, which saw no issue with length of time for consultations using interpreters.
- At present the cost per episode of utilisation is much higher in primary care as, with much lower volumes than for secondary care, there is still the fixed cost of operating the call centre which connects general practitioners and interpreters.

Concerns were expressed at the approach being taken by some general practitioners in charging two fees when this service was used, both from the perspective of discrimination in terms of human rights and as an example of the absence of an accountability for acting appropriately that should be embedded into contractual responsibility.

In answer to a question, Sue Lim advised that the interpreting service is available to Accident and Medical Clinics. When a face to face service is difficult to arrange, an interpreting service can be provided over the phone. A wider roll out had been offered to pharmacies, but with little take up.

In summary, the Committee Chair asked the Chief Executives and Chief Planning Officers to keep in mind the message from the Committee that perhaps not enough in terms of accountabilities and expectations is being driven through contracting processes.

Resolution (Moved Lee Mathias/Seconded Robyn Northey)

That the report be received.

Carried

4.2 Key Performance Measures – Auckland and Waitemata DHBs Progress Report (agenda pages 27-44)

Janine Pratt (Group Planning Manager, Waitemata DHB) and Julie Helean (Manager Planning and Service Development, Auckland DHB) were present for this item. Janine Pratt summarised the report.

Matters covered in consideration of the report included:

- It was agreed that for health targets reporting that future reports would include actual numbers, not just percentages.
- It was confirmed that one of the reasons for bringing together the comparison of results from the four Northern Region DHBs is to look at different levels of achievement and the reasons for that and also to provide some competitive tension.
- While the new national health target for CVD risk assessment is known to be number of risk assessments (with an increasing target over time), there is still uncertainty around the diabetes target and if funding for “diabetes get checked” will be reallocated.

- Immunisation – various measures such as re-approaching those who had previously declined immunisation are being tried in an endeavour to reach the 95% target.
- Northern Regional Health Plan – it was seen as positive that progress on targets will be reported on in a way visible to the Boards. The Board Chair noted that at its starting point the Regional Health Plan was seen as an ambitious plan, but worth striving for.

The report was received.

5. STANDARD MONTHLY REPORTS

5.1 Primary Care Update (agenda pages 45-54)

Andrew Coe (Group Manager – PHOs and Primary Care, Auckland and Waitemata DHBs) and Stuart Jenkins (Clinical Director Primary Care, Auckland and Waitemata DHBs) were present for this item.

The Board Chair noted that the GAIHN Business Case is being given detailed consideration by the Audit and Finance Committees of both District Health Boards, with recommendations to come to the respective Board meetings.

Stuart Jenkins advised that it had been planned to bring a more detailed paper on the locality approach for health service planning, following from the September report to CPHAC, however matters were moving quickly in the primary sector and they would be in a better position to report to the December Committee meeting. Two implementation support groups funded by the Ministry had come back with draft reports. Increasingly it was becoming clear that if looking at networks, there is a need to review the whole system. This was developing as a theme around other parts of the country as well. It was also clear that District Health Boards would need to show real leadership with regard to primary care. The Committee Chair emphasised the importance of getting this right, as the result could be the shape of primary care for many years to come.

As an example of the complexities in this area, Stuart Jenkins referred to four groups wishing to pursue an integrated health centre proposal in Mt. Wellington. He noted that often the planning cycle is quite long and involves taking out long term leases, so there needs to be long term commitments from the parties involved.

Andrew Coe described the value of taking a facilitative approach, getting different organisations talking to each other, and getting them to the point where they appreciated the need for integration. The challenge was to create something everyone can live with through commonalities of interest. He noted that a positive development was clinicians saying that they could do something differently and a willingness to consider operating in a different way.

The Board Chair talked of the need for true integration involving a shared mind set and shared language. In the current environment there would be no more money for incentives, and those providing services needed to have a more productive and more realistic mind set.

Other matters covered in consideration of this report included:

- The strengthening trend towards value based contracting.
- Thought needed to be given to the future role of PHOs in a network based integrated system and the role of Whanau Ora. The Committee Chair suggested members might like to convey any thoughts on this to Andrew and Stuart.
- With regard to the after hours contract, the Committee was advised that currently there was a letter of agreement, with the actual contract document just being finalised. The Board Chair noted that he had made it clear at the Regional Governance Forum that a repeat of such a process would not be accepted again. No arrangements such as this should commence until a contract was in place. He also noted that with regard to the service evaluation in March 2012, all parties had provided commitments to provide the

necessary data. That data needed to be available and prove value for money, or there would be a need to look at alternatives.

- The Board Chair stated that for all regional projects there needed to be targets set and reported on. Also there needed to be information available on how much money had been spent on the different business cases over time and what results had been achieved for that expenditure.
- Eru Lyndon suggested that that with the funding coming to tribal groups from treaty settlements there were possibilities of developing partnerships for clinical networks focussed on high need consumers. He would be able to provide some suggestions around how that might work.
- PHO cash reserves – return of unspent funds – Andrew Coe advised that this was a work in progress and that they were seeking the support of the Ministry of Health through this process. They were now getting clarity on the actual figures involved. From his perspective, there was a need for a transition plan to reduce the cash balances over time. His suggestion would be that such funds be re-invested in additional services. It might well be easier to have the various organisations spend the funds under the DHBs' directions. Further detail would be brought back to CPHAC subsequently. It was expected the time frame for making progress on this issue would be around the end of this calendar year.
- Measles – there had been a good response to the enhanced immunisation programme for children, but not for adults. There had been a range of views about the communications approach taken with this, but most considered the approach taken to be reasonable.

The report was received.

The Committee Chair thanked Andrew Coe and Stuart Jenkins.

5.2 Planning and Funding Update (agenda pages 55-59)

Denis Jury (Chief Planning and Funding Officer, Auckland DHB) and Debbie Holdsworth (Acting Chief Planning and Funding Officer, Waitemata DHB) presented the report.

In answer to a question, Dale Bramley noted that there were a number of different programmes assisting with housing insulation. There was the Government programme which provided a part subsidy. The Warm Up Waitemata Programme referred to in the agenda is completely free. Waitemata DHB had debated a few years previously who should benefit from the programme. Rental properties had been included as tenants were more likely than owners to be socially disadvantaged. In approving applications for funding, the emphasis was on who was in the home, with a view to benefitting children and also adults who had had recent hospital admissions.

Sandra Coney mentioned Auckland Council's retrofit homes programme which allowed for payment over time through rates. She advised that in the previous three months, 1,200 people had entered that programme.

Other matters covered in response to questions included:

- Residential rehabilitation services – the reconfiguration of Level 3 and 4 Services would align Waitemata DHB more closely with what Auckland DHB is doing. As advised previously, for both areas, accommodation issues are being separated out from treatment issues.
- Garry Smith advised that the cost of Auckland DHB involvement in the Auckland Homeless project (page 57 of the agenda) was time of existing staff only.

Congratulations were conveyed on what is being achieved for residents of the Seaside Sanctuary which is closing at Waiheke Island.

The report was received.

6. GENERAL BUSINESS

There was no general business.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved Warren Flaunty/Seconded Pat Booth)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following item, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of minutes of the Auckland and Waitemata District Health Boards Community and Public Health Advisory Committees Meeting held on 12 October 2011 with public excluded	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Confirmation of Minutes</p> <p>As per the resolution from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.</p>

Carried

The Committee Chair thanked members for their participation.

The meeting concluded at 3.45p.m.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEES HELD ON 9 NOVEMBER 2011

CHAIR

Actions Arising and Carried Forward from Meetings of the Community & Public Health Advisory Committees as at 05 December 2011

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back	Comment
CPHAC 10/8/11	3.1	<u>CPHAC Terms of Reference</u> – suggested improvements from Chris Chambers to be considered.	Denis Jury, Debbie Holdsworth		Will be included in review of CPHAC in early 2012.
CPHAC 12/10/11	3.1	<u>Paper on Whanau Ora by Eru Lyndon</u> – to be circulated to Committee members.	Paul Garbett		Paper yet to be publicly released – will be circulated to Committee members when that happens.
CPHAC 12/10/11	3.1	<u>Local Approach to Health Service Planning</u> - progress report requested for February or March 2012.	Andrew Old	CPHAC 14/3/12	
CPHAC 12/10/11	3.3	<u>Oral Health</u> - issue of schools declining mobile oral health services to be discussed with the Ministries of Health and Education and reported back to CPHAC -more detailed information to be obtained on number and type of mobile services visiting schools (primary and secondary).	Vicki Scott, Rachel Mattison Vicki Scott, Rachel Mattison	CPHAC 01/02/12 CPHAC 01/02/12	
CPHAC 9/11/11	3.1	<u>2012/13 Planning Process</u> – options to keep the Boards involved in the work in process (for example a sub Committee, additional meetings or use of “drop box” technology) to be worked on, with suggestions/further information to be available at the combined Boards Strategic Planning Day in early 2012.	Janine Pratt, Julie Helean		
CPHAC 9/11/11	4.2	<u>Health Targets Reporting</u> - to include actual numbers, not just percentages.	Janine Pratt, Julie Helean		Noted for follow up.
CPHAC 9/11/11	5.1	<u>Business Case Reporting</u> – Information requested on expenditure on the different regional business cases over time and results achieved for that expenditure.	Andrew Coe		Request for a report being made to BSMC Funding Group’s December meeting.

4.1 Auckland and Waitemata DHBs Annual Planning Process for the 2012-13 Financial Year

Recommendation

That the update on planning for the 2012-13 year be received, noting the various accountability requirements in the planning package and the key messages from the Centre about government priorities and expectations.

Prepared by: Janine Pratt (Group Planning Manager, Waitemata DHB), Julie Helean (Manager Planning & Service Development, Auckland DHB)

1. Executive Summary

This paper updates the Committee members on information and instructions received from the National Health Board regarding the preparation of the Annual Plan, Statement of Intent and the Regional Service Plan. The information provided to the November meeting of CPHAC did not include the final Planning Package and Guidelines, which have subsequently been released. Although the suite of material is now largely complete, the Minister's Letter of Expectations and the Funding Envelope are still to come. Given the outcome of the November election and the expected continuation of the Minister of Health in his role, we do not anticipate significant changes to the Planning Package.

Planning Managers across all DHBs met in Wellington on 24 November for a briefing with the National Health Board and the Office of the Auditor General. In summary, the emphasis for 2012-13 planning is on extending the 2008 government policy drive for better, sooner, more convenient health services. While the planning package is largely the same as for the last planning round, there is an additional requirement, introduced by cabinet, to produce a workforce strategy as a stand alone document. The challenge for the 2012-13 year will be in ensuring good alignment between an increased number of plans and strategies.

2. Background

As covered in the November paper to CPHAC, the planning instructions regarding accountability documents have been released by the National Health Board, with the final planning package released on 18 November. The full package of material is on the national service framework library website, www.nsfl.health.govt.nz. More information is due over the next month or two. The Minister's Letter of Expectations, which determines health targets and sets specific expectations for DHBs, will not be released until January, following the settling in of the incoming government.

A joint workshop for Board members will take place in January. This will enable members to resolve local priorities for the 2012-13 year and to determine which of these are to be progressed jointly. The workshop also affords Board members greater opportunity to plan locally while also considering the fit of local priorities to existing national, regional and sub-regional commitments. Waitemata DHB and Auckland DHB executive teams will hold their own separate planning sessions.

The updating of the Northern Region Health Plan (our Regional Service Plan) is now underway with the first planning session for the region occurring on 1 December. This meeting brings the

region's focus back to the Northern Region Health Plan and to those areas where it is likely to be updated: Child Health, Mental Health, Respiratory, Pharmacy, and Long Term Conditions Management. Information technology, workforce, capital and other enablers are also likely to be strengthened and updated.

Given funding signals from the Centre, planning will again be set against a backdrop of diminished growth in funding. Any additional priorities will need to be progressed with efficiencies in mind and a real ability to demonstrate improved patient health outcomes and / or savings over the short term. Much of this work once again hinges on our ability to achieve the ambitions of the Better, Sooner, More Convenient Healthcare policy. The recent National Health Board planning workshop also covered asset management planning. Any future business cases going to the Capital Investment Committee will need to demonstrate strong links to both the Northern Regional Health Plan and the Asset Management Plan. The template for business cases needs to be completed by June 2012.

3. Key messages from the Centre

In summary, the emphasis for the 2012-13 planning is on:

- Better, sooner, more convenient services achieved via: regional collaboration, integrated care (clinical and systems focused) and value for money
- DHBs working together more effectively, whether regionally or sub-regionally
- Organisations and clinicians working together to improve outcomes for patients and service users
- Patients in the centre of focus, which increases prevention work, reduces acute care, and sees more services close to home
- Assessing if health outcome benefits, relative to the cost of a proposed expenditure, represent the best use of the resource available.

Health Targets

Health targets will not be released until the Minister of Health has released his/her letter of expectations. However, there are strong signals from the National Health Board that these will remain as for the latter half of 2011-12. The major change will be in the area of CVD/Diabetes. DHBs are now expected to fund 'Diabetes Care Improvement Packages', which will allow some flexibility around contracting for primary care management of patients with diabetes. The related health target is yet to be released.

Performance Measures

Performance Measures are released, with several changes to these from last year (refer table below).

Changes to Performance Measures

Measure	Change from 2011-12
PP1 Clinical Leadership	Modified to include alignment with regional training hubs
PP2 Implementation of Better, Sooner, More Convenient Health Services	Modified to include reporting on delivery of agreed locality plans
PP3 Local Iwi/Maori engagement and participation in DHB decision making, development of strategies and plans for Maori health gain	Removed
PP4 Improving mainstream effectiveness	Removed

Measure	Change from 2011-12
PP5 Shorter waits for chemotherapy	Removed and likely to be incorporated into Cancer Waiting Times health target
PP8 Mental health waiting times	Changed from reporting of longest waiting times by service to reporting against waiting time targets
PP9 Delivery of Te Kokiri: the Mental Health and Addiction Action Plan	Removed
PP10, PP11 PP12 & PP13 Oral Health indicators	Will now have 2 year targets
PP14 Family violence prevention	Removed
PP15 Improving the safety of elderly: reducing hospitalisations for falls	Removed
PP16 Workforce – improving career planning	Modified to include alignment to career planning for regional training hubs
PP18 Improving community support to maintain the independence of older people	New measure
PP20 Improved management for long term conditions	Will incorporate the diabetes components of the 2011/12 Diabetes/CVD health target as well as stroke services and CVD measures
SI2 Ensuring delivery of regional service plans	Measure updated to reflect changes in content requirements of Regional Service Plans
SI4 Elective services standardised intervention rates	Joints and cataracts component now annual, and cardiac now reporting quarterly
SI5 Expenditure on services provided by Maori health providers	Removed
SI5 Delivery of whanau ora	New indicator
OS3 Inpatient length of stay	Combines previous OS3 Elective and arranged inpatient length of stay and OS4 Acute inpatient length of stay
OS8 Acute readmissions to hospital	Measure now allocates readmission rates to the DHB of service for the initial admission, rather than the subsequent admission
OS9 Mortality	Removed
DV1 Faster cancer treatment	New measure (note: transition year to allow DHBs to set up processes and mechanisms for data collection, no targets will be set)

Key: *PP = Policy Priorities; SI = System Integration; OS = Ownership; DV = Developmental Measure*

Service Change Expectations

DHBs must consult the public where the Minister of Health considers that a proposed change may impact recipients of services, caregivers or providers i.e. via service eligibility, access, or the way services are provided. Where DHBs are directed to make significant changes, the Minister may also require DHBs to consult on how proposed changes should be made. The Service Change process introduced in 2011-12 is expected to streamline approval of significant service change, thereby reducing bureaucracy.

The process requires prior agreement, or agreement in principle, before significant service changes and related plans are included in accountability documents. For the process to work well, DHBs need to raise service changes proposals with their Relationship Manager early in the processes, i.e. January 2012 for the 2012-13 financial year. These requirements are covered in the current Operational Policy Framework.

Regional Service Plans (Northern Region Health Plan)

Regional Plans outline how DHBs intend to cooperate for regional service planning, funding and service provision in order to improve the quality of care as well as reduce service vulnerability and cost. 2011-12 was a transition year for DHBs in terms of accountability, and the first year for Regional Service Plans. In 2012-13 the work will become increasingly concrete regarding the actions required to deliver on national, regional and local goals.

4. Risks and Opportunities for 2012-13 Planning

Waitemata and Auckland DHB planners have begun to scope out areas in common across the Annual Plan content. A large part of the Annual Plan template covers mandatory areas and these can, for the most part, be the same or similar for the two DHBs. Output measures in the Statement of Intent may also be common across both organisations.

Points of departure are likely to be in the detailed content, with Waitemata DHB being more of a narrative with less reliance on tables to contain content. This follows the approach recommended by the Waitemata Board for the 2011-12 year. Auckland DHB will emphasise the Health Excellence Framework as the key driver for streams of work. This aligns well to the three goals of the DHB and those of the region. However, the intention is to ensure the overall same look and feel for both documents, enabling a reader of both plans to easily navigate to the same sections.

Given the module format of the Annual Plan and the increase in the number of mandatory areas, it may be necessary to draw up a more operational business plan from the Annual Plan once it has been approved by the Minister.

5. Conclusion

The National Health Board has endeavoured to provide DHBs with early advice on the 2012-13 planning round. However, being an election year, there may be additional changes advised in January and, quite possibly, as the plans are being finalised in June.

Waitemata and Auckland DHB planners are working together to prepare the plans based on the guidance received so far from CPHAC, the respective Boards and the National Health Board. As per previous years, the planning process is iterative, and any changes signalled late in the process will be discussed with the Boards and accommodated where agreed.

5.1 Primary Care Update

Recommendations

That the report be received.

Prepared by: Andrew Coe (Group Manager Primary Care, Waitemata and Auckland DHBs)

Glossary

ALT	- Alliance Leadership Team
ARC	- Aged Residential Care
BFG	- Better Sooner More Convenient Primary Care Funding Group
BSMC	- Better sooner more convenient primary health care
CHF	- Congestive Heart Failure
CKD	- Chronic Kidney Disease
COPD	- Chronic Obstructive Pulmonary Disease
DAP	- District Annual Plan
DHB	- District Health Board
DVT	- Deep Vein Thrombosis
FFP	- Flexible Funding Pool
GNS	- Geriatric Nurse Specialist
HP	- Health Promotion
IFHC	- Integrated Family Health Centre
NDSA	- Northern DHB Support Agency
OPF	- Operating Policy Framework
PDRP	- Professional Development and Recognition Programme
PHO	- Primary Health Organisation
PPP	- PHO Performance Programme
RFF	- Regional Funders Forum
RFP	- Request for Proposal
SALT	- Service Alliance Leadership team
SIA	- Services to improve access
TIA	- Transient Ischaemic Attacks
TPK	- Te Puni Kokiri
VLCA	- Very Low Cost Access
WALHN	- West Auckland Local Health Network

1. Introduction

This report provides an update on matters relating to Primary Care for November 2011. It includes progress on:

- The three better, sooner, more convenient (BSMC) business cases
- Whanau Ora
- The regional annual plan projects to improve primary-secondary system efficiency
- Localities and clinical networks
- Other key activity including PHO unspent funds, measles outbreak and Waitemata DHB Primary Care Nursing Workforce Developments.

2. Business Cases

The Committee has requested a financial report from each business case which details actual expenditure against budget. This level of detail has not been previously provided and there has been a mixed response to reporting requests of business cases in the past. A formal request for a more detailed report which includes progress against business case deliverables and actual expenditure against budget will be put to the business case chairs from the BSMC Funding Group (BFG) which steers this activity. This is on the agenda for the next meeting scheduled 6th December.

2.1 GAIHN

A paper was presented to CPHAC in September, outlining GAIHN's Investment Proposal. CPHAC agreed with the Proposal in principal but requested both Auckland and Waitemata DHBs' Audit and Finance Committees sign off the funding request. A paper was subsequently written and presented at the respective Audit and Finance Committees in November. The paper recommended funding GAIHN to take the next steps in several projects identified as key to the DHBs' strategic direction. The paper also considers the funding implications if Waitemata PHO were to withdraw its partnership from GAIHN. The outcome of the Audit and Finance Committee meetings will be sent in a letter to the Chair of GAIHN.

2.2 National Hauora Coalition (NHC) (ADHB only)

The Alliance documentation has been agreed and signed by the five partner DHBs and is now with the NHC for signing.

On November 14th the NHC and the partner DHBs met to agree and set the PHO Performance Programme targets for the 2012 year. National targets have been set wherever these are applicable and there may be some further discussion regarding these as they require a large increase in results specifically in the areas of smoking cessation.

A process of national integration is also underway between the locality providers and the national organisation. Te Hononga O Tāmaki Me Hoturoa is undergoing an internal restructure which should be completed by December 1st. Tereki Stewart is standing down as CEO on November 30th and Marion Hakaraia will commence as General Manager on December 1st, 2011.

2.3 Alliance Health + (AH+) (ADHB only)

AH+ notified the DHBs that AuckPAC, one of its subcontracted partners, was ceasing operations unexpectedly on October 31st. This directly impacts some of Auckland DHB's contracts, in particular the refugee collaborative project and the parish community nursing contracts. Auckland DHB is working through these issues with AH+.

AH+ was unsuccessful in its final Request for Proposal (RFP) for a Pacific provider development issued by the Ministry of Health which was submitted on October 7th.

AH+ are going through a change process to address some internal issues. Their board has been dissolved and an interim board has been established. Health Partners are supporting them through this process.

There is no update on the Flexible Funding Pool (FFP). Counties Manukau DHB continue to work with AH+ to receive an update on their end of year accounts and the transition from Service to Improve Access (SIA) funded projects to the FFP. AH+ are moving to an outcomes based framework from January 1st. Consequently AH+ request that the DHBs work with them looking forward to that end rather than retrospectively. However to fulfil MoH requirements, a

broad overview of what historical SIA funded programmes are continuing, and what have ceased in the transition to FFP, is required.

3. Whanau Ora

Whanau House - Te Whanau o Waipareira Trust

Whanau House will be a “flagship” Whanau Ora Centre located in Henderson’s central business district occupying 5,500 square metres over five levels. It will provide a range of services across the health, social services, and education sectors. The majority of Waipareira Trust services have been relocated to Whanau House along with a range of Waiora PHO services.

In September 2011, Waitemata DHB received various lease options for space within Whanau House. Due diligence has been undertaken on the lease and this raised a number of considerations for the Board at their October meeting. We have since commenced negotiations for securing a ground floor lease of the premises as our preferred option.

4. Improve Primary – Secondary System Efficiency: The Regional Annual Plan projects

4.1 Regional Afterhours

The Auckland Metro After Hours Network Service became operational from September 5th. As part of this initiative, the DHBs, PHOs and A&Ms implemented reduced after hours copayments for high risk patients in the metro Auckland area. The new Auckland Metro reduced co-payment contract is currently with the A&M Provider Consortium for signing. Counties Manukau DHB is the lead DHB for this contract.

A substantial amount of work has been undertaken to reconcile the project funding until June 20th, 2013. Further progress on this new initiative includes:

- Development of clinical KPIs: a one-day workshop was held on December 1st with clinicians to develop clinical KPIs.
- Communications: the communications released to the public is a key aspect of ensuring the public are informed of the new reduced co-payments at the After Hours Network Service Providers. The first wave of communications is now complete and the second wave has been approved by the After Hours Taskforce.
- Reporting: the development of a reporting template will be undertaken by Synergia. The reporting will include NHI event level data which will help the clinicians to understand patient flows. For example, the clinicians are interested to see who is referred from A&M to ED and then who actually turns up. A confidentially agreement has been drafted by Synergia. This is currently undergoing legal review by the DHBs.

Outstanding Tasks, Issues and Risks

Activity reporting for the September-October quarter will not be available until mid-December. This will include a reassessment of baseline A&M utilisation data so utilisation by high-needs groups can be compared before and after service implementation. Although activity (output) data will be available in December, service KPIs will not be developed and agreed until the clinical workshop on December 1st. Because NHI-level event data will be collected across all service components (telephone triage, A&M clinics and EDs), whole system outcome analysis will be able to be undertaken to determine the effectiveness of the new service model. It is proposed that the Northern DHB Support Agency (NDSA) will undertake this analysis across the whole system. This is yet to be agreed. Realistically, useful outcome information will not be available until March 2012, after seven months operation.

A review of overnight services has been delayed due to delays in getting the contracts in place. It is proposed that Auckland DHB and Waitemata DHB will take the lead on this. A terms of reference for the overnight review are currently being drafted.

The Project Partnership Group is to be endorsed by the DHB's Regional Governance Group in November 2011. CEOs will be asked to appoint DHB members to the Partnership Group which will include 1-2 members per DHB.

Criteria for new entrant after hours providers are under development and will be considered and reviewed by the Taskforce. There are a number of conditions that new entrants will need to meet to be included in the after hours A&M networking. This includes DHB approval regarding the suitability of their location, to ensure a sensible locality spread of providers. New entrants will also need to agree to participate in clinical governance, meeting locality fees requirements and to contributing NHI-level event data covering all hours. New entrants will also need to be accredited by the College Of Urgent Care. Meeting the entry criteria will be a barrier for many new entrant providers.

DHBs will need to work through the implications of the Government's new policy of free after hours visits for under-6's. Seven of the eleven A&M clinics in the network are currently free for under-6's. If the remaining four clinics wish to take up this option, then DHBs will need to work through the funding implications. As there is an opt-off option for clinics, the status quo could continue.

There has been some criticism expressed about the overall after hours project governance and management. This includes: the relative influence of the A&M providers, poor process for example late papers for meetings, complex decision-making processes, the time commitment to support the project, and Chair and lead CEO roles. Some of this criticism relates to working in a new alliancing environment with multiple stakeholders and may be resolved once the Partnership Group is in place and DHB representatives formally appointed.

4.2 Access to Diagnostics

The project is on track to achieve their 2011/12 DAP targets. As at 17 November, 64 CMDHB practices have had ProExtra installed and trained. The updated Clinical Triage Criteria is now ready for programming into ProExtra. A formal quote for the programming work is underway. From October 2011, CMDHB is now reporting the percentage of referrals that do not meet the clinical triage criteria.

Non-ProCare Practices that use MedTech as their Patient Management System (PMS) are not able to access the web-based forms that are included in this programme as they do not have the relevant license agreement with MedTech. Therefore the rollout of ProExtra into the remaining eligible CMDHB practices (approximately 29 practices) is now on hold until the Regional MedTech licensing contract negotiations are finalised. These negotiations are being led by Paul Roseman - ProCare and Johan Vendrik - Health Alliance Chief Information Officer on behalf of the Auckland region. Johan has been invited to attend the next Access to Diagnostics-Radiology Steering Group meeting to discuss progress and the impact on the Access to Diagnostics project.

4.3 Minor Skin Surgery – Skin Lesions

The first patient satisfaction survey was completed during November. Surveys were posted to patients referred to the programme from 1 July 2011 to 30 September 2011. A total of 75 surveys were returned and feedback is extremely positive. Over 90% of respondents for example thought that the general practice was a convenient place for their surgery; were provided with a convenient time for their surgery; were provided with a quality service, and

were overall satisfied with the service they received. A second patient satisfaction survey is due to be completed by June 2012.

As at 31 October 2011, 302 of the 400 target volumes have been achieved, leaving a variance of -98. While these numbers represent an additional 95 on 2010/11 volumes for the same period, the referrals for non-melanoma skin cancers are currently not as high as anticipated, in particular for the ADHB area.

A number of concerns were expressed by the 118 GPs who responded to the GP opinion survey earlier this year around the price paid for this scheme. The remuneration was seen as inadequate and that this could compromise quality, hence undermining confidence in and the use of the scheme. This view was also reflected in a number of the expressions of interest received in October 2010. Following a comprehensive review, the Steering Group agreed to a moderate price increase after one year of operation. It is expected that this will increase the confidence in the referring GPs as well as attract more GPs into the scheme.

4.4 Clinical Pathways

Business cases for Chronic Obstructive Pulmonary Disease (COPD) and Transient Ischaemic Attacks (TIA) have been developed and approved by the GAIHN Active Clinical Network (ACN) and Alliance Leadership Team (ALT). The funding of these was not included in the GAIHN Investment proposal and these will need to be considered by each of the DHB boards in due course.

Five additional pathways have been approved for development including: Congestive Heart Failure (CHF), Gout/Metabolic Syndrome, Cellulitis, Depression and Chronic Kidney Disease (CKD). Additional resourcing requirements have been identified to fully implement these pathways and appropriate project structure and support will be required to deliver on their objectives.

4.5 Pharmaceuticals - Optimal Prescribing

Cell groups in October have focused on medicine specific issues raised by the individual groups including use of antipsychotics and dabigatran (a new form of blood thinning medication), and management of migraine and osteoporosis.

Bulletins in October have focused on:

- medicine interactions with statins (lipid lowering drugs) and the role of pravastatin which is a brand of statin
- updating GPs on the changes to the PHARMAC schedule
- the risk of medicines with significant anticholinergic blockade causing cognitive impairment in elderly patients. These drugs stop a certain type of nerve impulse which reduces spasms of smooth muscle such as that found in the bladder.

The OPP team has met with a GP who provides rest home care to support prescribing for vulnerable elderly patients.

A governance meeting was held between DHB and ProCare staff. Further discussion regarding the budget is planned between DHB and ProCare analyst. The project is also working with the GAIHN group to ensure alignment of the project with GAIHN objectives.

Process milestones are now on track with the exception of budget tracking and reporting due to complexity of Pharmaceutical Rebates from PHARMAC. Although it is expected that addressing polypharmacy and improved quality of prescribing will result in reduced hospital admissions from adverse reactions, no methodology exists to track decreases in secondary

admissions. Even if we could do this, there is no ability to relate these specifically as a causal link to this project.

The Clinical Governance group is meeting regularly to work through issues as they arise. The Pharmacists provide regular progress reports to the Reference/Advisory group and there is regular communication between the Pharmacists and the GPs, rest homes and other key stakeholders to raise the profile of the project.

4.6 Pharmaceuticals - Quality Use of Medicine

Waitemata DHB target is to conduct medication reviews with a sample of age related residential care facilities, and to evaluate the impact of these medication reviews.

Over 550 medication reviews have been completed to date and communicated to GPs. The data collection for evaluation is underway and the initial eight months results analysed.

The pilot of the interim drug chart is progressing well with the sample chart drawn up and circulated to all DHB ARC facilities, GNS's, pharmacists, pharmacies and others connected to the project. This will allow the medication list which is captured on the electronic discharge summary to generate the patient's medication chart at the aged residential care facility, thereby removing the administration burden of this being transcribed. This will allow more timely administration of medications once back in the facility and more importantly it also removes a step which carries the risk of transcription error and thereby improves medication safety. Feedback is being collated for Orion, the software vendor to scope and quote the development work for this to be implemented. A business proposal is in progress for funding this development.

The steering group is currently deciding to role out ARC pharmacist input to other ARC facilities within the Waitemata district. Discussions with Janet Parker and GNS's are in progress as to which facility will be chosen.

4.7 Primary Mental Health

Perception studies to gain views of service providers and users were conducted in late October/early November. These included GP and counsellor surveys. The data identifies that the service is addressing moderate-severe mental health conditions and this was presented and considered by the second meeting of the Clinical Reference Group held on 16 November 2011.

A preliminary report on findings, service gaps and possible future options is being drafted.

The Steering Group has been formed consisting of ADHB and WDHB Mental Health and Addictions Clinical Directors (joint chairs), Primary Care Group Manager and Clinical Director. Appointments from sector and community are yet to be confirmed. Planning is in hand for the first meeting scheduled in December.

4.8 Summary of Annual Plan Targets

Initiative	Regional Volumes		Targets	
	Month (October)	YTD (to end Oct 2011)	YTD (to end Oct 2011)	To end Jun 2012
Acute Demand / POAC	1362	6902	6667	20000
Access to Diagnostics DAP Target 1 The rate of referrals that do not meet the clinical triage criteria from GPs to radiology are less than or equal to 20% by the end of June 2012	15.8%	15.7%	32%	20%
DAP Target 2 The volume of DHB-funded GP-requested diagnostic radiology procedures performed in the community will increase by 10% across the Metro Auckland DHBs, on 2010/11 volumes by 30 June 2012.	1,221	5,148	3,526	10,396
Minor skin surgery: (1200 procedures for people requiring minor skin lesion surgery in the community (Counties Manukau DHB 400, Waitemata DHB 500, Auckland DHB 300) by 30 June 2012)	75 ¹	302	400	1,200 ²

5. Localities and Clinical Networks

5.1 Localities

The team has visited both North Shore Community Health Voice and Waitakere Health Link to discuss setting up a similar vehicle at ADHB as part of the locality approach.

Progress is being made on analysing and presenting locality data which should be finalised in the next few weeks.

The risk continues with no Locality Manager in post and the likelihood of not having this post filled before the New Year. Timeframes are currently unaffected but will become stretched if there is a significant delay.

5.2 Networks

Over the past four months the Primary Care team has been working with Sapere and Synergia – two Government appointed Implementation Support Groups (ISGs). The primary focus of the ISGs is to investigate the context for the development of integrated family health services. This includes describing a benefit framework and value proposition for the programme as a whole. In addition an objective is to provide an indicative analysis of the benefits expected from the initiatives which have been identified for development. Sapere are working with the West Auckland Clinical Network and Synergia are working with the Central Auckland Clinical Network.

¹ Volumes are based on the referrals sent out during the month for Waitemata DHB and Auckland DHB and actual procedures completed for CMDHB.

² Community based skin lesion procedures during 2011/12

During November, both Sapere and Synergia completed their respective scoping studies and reports have been received and presented to the networks. In the coming months the recommendations will be considered by the networks and the Primary Care Team.

5.3 Integrated Family Health Centres

The Primary Care team has currently received 20 applications of interest for development of Integrated Family Health Centres (IFHCs). So far three interested parties (Waiheke Island, New Lynn and Wellsford) have been granted MoH funding to undertake a feasibility study for their proposed IFHC.

In order to manage these applications, qualifying criteria are currently being developed to allow consistency to be applied to all applications. The criteria will include evidence of broad support from the surrounding general practices and other health practitioners for the development of the IFHC. It will also request an outline of services to be delivered from the IFHC to meet the needs of the local population.

6. Other

6.1 Unspent Funds

Auckland and Waitemata submitted a report on the Management and Use of PHO Cash Reserves as per the new Operating Policy Framework (OPF) reporting requirements for 2011/12. All the available information was submitted to the MoH at that time, however we had previously advised the MoH that by law, the accounts were not required to be finalised until November. Since that report the MoH has advised that as well as the reporting requirements, they now require the final audited accounts for each PHO. They intend to reflect the reporting requirements to include that in the future to ensure consistency of interpretation. We are continuing to follow up and obtain these accounts and have advised the MoH that we will submit further information by December 20th.

It is the DHB's intention that all unspent funds will be spent on the health of the local population on agreed priorities that either align to business case objectives or other agreed objectives. There is no intention to claw back any of these funds by the MoH or DHBs. If PHOs continue to have increasing cash reserves there is an ability to cease their SIA payments; but this is only in agreement with the PHO, as the PHO Head Agreement gives the DHBs no contractual powers to do this. This was highlighted to the MoH in the DHB submission on the OPF but the MoH declined any further strengthening of the Head Agreement to this effect.

PHO	Cash Reserve as at 30.06.11	Expenditure plan submitted	Follow up required
Auckland PHO	Nett Cash Balance: \$199,760	Yes	End of year accounts now also requested
Alliance Health +	Reported by CMDHB as host DHB		
Coast to Coast PHO	Accounts available after AGM on 1 November 2011 – accountant cancelled still being finalised	It is not expected that there are significant cash reserves.	29 November 2011
Harbour Health PHO Ltd	Still pending final 10/11 accounts.	It is not expected that there are significant cash reserves.	29 November 2011

PHO	Cash Reserve as at 30.06.11	Expenditure plan submitted	Follow up required
HealthWEST	\$837,299	Discussion around transitional arrangements	Annual accounts and follow up meeting requested
National Hauora Coalition	New PHO	No	By CMDHB as host for 2012 reporting
ProCare Networks Ltd	\$6.17M 'deferred income' from HP, SIA and care plus as at 1 July 2011	No	Further information has been requested; Accounts for the wind up of the previous three ProCare Networks
Te Puna	Accounts will be available in November	No	
Waitemata PHO	New PHO		For 2012 reporting
Waioira Charitable Trust	Accounts being finalised	It is not expected that there are significant cash reserves.	29 November 2011

6.2 Measles

The metro Auckland region measles outbreak is continuing with 3-5 cases being reported daily. To ascertain the uptake of measles vaccines within the Auckland metro region, a random sample of 20 practices provided data on the MMR vaccines given this year compared to last year. This data shows a 30% increase for 0-5 years, 10% for 6-19 year, and 70% for 20 years and over.

Work is continuing to enable accurate costings of this enhanced immunisation campaign. Data has been requested from the MoH and an expenditure report will be available by the end of the year.

Radio communication is continuing throughout the Auckland area with 15 second radio slots. This is the second round of radio advertising and there is a push to try and increase vaccinations before the Christmas break. Posters have been provided to primary care and information is posted on DHB and HealthPoint websites to help support the campaign. Health professionals are also provided with fortnightly updates on current measles status and advice. Telephone support is available through IMAC and Healthline.

6.3 Waitemata DHB Primary Care Nursing Workforce Developments

A Primary Care Workforce Survey has been developed in conjunction with Waitemata PHO and is ready to distribute to primary care nurses across the Waitemata region. The aim of the survey is to provide a picture of current nursing activity, knowledge and skills and will inform workforce development planning. The survey will capture the contribution primary health care nursing is making to the health needs of the population and identify future opportunities.

During November, four professional development and recognition programme (PDRP) workshops have been run for primary health care nurses to complete evidential Nursing Council competence requirements for portfolio submission.

7 Resolution to Exclude the Public

Recommendation:

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following item, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
<p>1. Confirmation of the Minutes of the Auckland and Waitemata DHBs Community and Public Health Advisory Committees Meeting with Public Excluded held on 09/11/11.</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Confirmation of Minutes As per the resolution from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.</p>
<p>2. Child Health</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry on, without prejudice or disadvantage, negotiations.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>