



# **Community and Public Health Advisory Committees Meeting**

**Wednesday, 04<sup>th</sup> September 2013**

**2.00pm**

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## **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.

**AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS  
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES (CPHAC) MEETING  
04<sup>th</sup> September 2013**

**Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna**

**Time: 2.00pm**

COMMITTEE MEMBERS

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  
 Judith Bassett – ADHB Board member  
 Pat Booth - WDHB Board member  
 Susan Buckland - ADHB Board member  
 Chris Chambers - ADHB Board member  
 Sandra Coney - WDHB Board member  
 Rob Cooper - ADHB and WDHB Board member  
 Robyn Northey - ADHB Board member  
 Christine Rankin - WDHB Board member  
 Allison Roe - WDHB Board member  
 Gwen Tepania-Palmer – WDHB Board member  
 Tim Jelleyman - Co-opted member  
 Eru Lyndon - Co-opted member

MANAGEMENT

Dale Bramley - WDHB, Chief Executive  
 Ailsa Claire – ADHB, Chief Executive  
 Debbie Holdsworth – ADHB and WDHB, Director Funding  
 Simon Bowen – ADHB and WDHB, Director Health Outcomes  
 Naida Glavish – ADHB and WDHB Chief Advisor, Tikanga  
 Paul Garbett - WDHB, Board Secretary

**Apologies:** Judith Bassett

## AGENDA

### KARAKIA

### DISCLOSURE OF INTERESTS

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

### Items to be considered in public meeting

**All recommendations/resolutions are subject to approval of the ADHB and WDHB Boards.**

2.00pm (please note agenda item times are estimates only)

#### Presentations:

2.00pm **Auckland Regional Public Health Service (William Rainger - Service Manager, Auckland Regional Public Health Service)**

2.20pm **PHO CVD Risk Assessment Update**

#### 1 AGENDA ORDER AND TIMING

#### 2 CONFIRMATION OF MINUTES

2.50pm 2.1 Confirmation of Minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 24/07/13 ..... 1

#### 3 DECISION ITEMS

#### 4 INFORMATION ITEMS

2.55pm 4.1 Health and Social Development Forum, West Auckland ..... 10

#### 5 STANDARD MONTHLY REPORTS

3.00pm 5.1 Primary Care Quarter Four Update Report..... 11

3.30pm 5.2 Planning and Funding Update ..... 36

3.40pm **6 GENERAL BUSINESS**

3.45pm **7 RESOLUTION TO EXCLUDE THE PUBLIC** ..... 40

## REGISTER OF INTERESTS

<b>Committee Member</b>	<b>Involvements with other organisations</b>	<b>Last Updated</b>
<b>Lester Levy</b>	Professor (Adjunct) of Leadership – University of Auckland Business School Co-Director – New Zealand Leadership Institute Deputy Chair – Health Benefits Limited Independent Chairman – Tonkin & Taylor Chair – Auckland District Health Board Chair – Waitemata District Health Board Chairman – Auckland Transport	01/11/12
<b>Max Abbott</b>	Pro Vice-Chancellor (North Shore) and Dean – Faculty of Health and Environmental Sciences, Auckland University of Technology Patron – Raeburn House Board Member – Health Workforce New Zealand Board Member, AUT Millennium Ownership Trust Chair – Social Services Online Trust Board Member – The Rotary National Science and Technology Trust	28/09/11
<b>Jo Agnew</b>	Professional Teaching Fellow – University of Auckland Casual Staff Nurse – Auckland District Health Board	12/10/11
<b>Peter Aitken</b>	Pharmacist Shareholder/Director, Consultant - Pharmacy Care Systems Ltd Shareholder/Director – Pharmacy New Lynn Medical Centre	15/05/13
<b>Judith Bassett</b>	Nil	09/12/10
<b>Pat Booth</b>	Consulting Editor – Fairfax Suburban Papers in Auckland	24/06/09
<b>Susan Buckland</b>	Self employed – Writing, editing and public relations services Professional Conduct Committee member – Medical Council of New Zealand Professional Conduct Committee member – Occupational Therapy Board Member – Northern Regional Ethics Committee	12/10/11
<b>Chris Chambers</b>	Employee – Auckland District Health Board (wife employed by Starship Trauma Service) Clinical Senior Lecturer – Anaesthesia Auckland Clinical School Associate – Epsom Anaesthetic Group Member – ASMS Shareholder – Ormiston Surgical	20/04/11
<b>Sandra Coney</b>	Elected Member – Chair, Parks Committee, Auckland Council	02/05/11
<b>Rob Cooper</b>	Board Member – Auckland District Health Board Board Member – Waitemata District Health Board Chief Executive – Ngati Hine Health Trust Advisory Board Member – James Henare Research Centre, University of Auckland	19/09/12
<b>Warren Flaunty</b>	Member of Henderson – Massey, Rodney and Upper Harbour Local Boards, Auckland Council Trustee - West Auckland Hospice Trustee - Waitakere Licensing Trust Shareholder - Metlifecare Shareholder - EBOS Group Shareholder – Pharmacy Brands Ltd Shareholder – Westgate Pharmacy Ltd Chair – Three Harbours Health Foundation Director – Trusts Community Foundation Ltd	20/03/13
<b>Lee Mathias</b>	Managing Director – Lee Mathias Ltd Director – Midwifery and Maternity Providers Organisation Ltd Shareholder/Director – Pictor Ltd Director – John Seabrook Holdings Ltd Governance Advisor – AuPairlink Ltd Council member – NZ Council of Midwives Chair – Tamaki Transformation Transitional Board Chair – Health Promotion Agency Board Chair – iAC IP Ltd Governance Advisor – Health Vision Ltd	18/07/13

<b>Robyn Northey</b>	Project management, service review, planning etc. – Self employed Contractor Board member – Hope Foundation Northern Region Trustee, A+ Charitable Trust	18/07/12
<b>Christine Rankin</b>	Member - Upper Harbour Local Board, Auckland Council Director – The Transformational Leadership Company CEO – Conservative Party	17/05/13
<b>Allison Roe</b>	Shareholder – Optimisewellbeing.com Founding member – Breast Health Foundation Director – Spiritus NZ Trustee – Allison Roe Trust Founder – Takapuna 2020 Community Group Board member – North Shore Hospital Foundation	28/03/11
<b>Gwen Tepania-Palmer</b>	Chairperson – Ngatihine Health Trust, Bay of Islands Committee Member – ACC’s ERMG Committee Life Member-National Council Maori Nurses Alumni – Massey University MBA Director – Manaia Health PHO, Whangarei Board Member – Auckland District Health Board Committee Member – Lottery Northland Community Committee	11/03/13
<b>Co-opted Members</b>		
<b>Dr Tim Jolleyman</b>	Head of Division (Medical) - Child Women and Family Services, WDHB Member - Active Clinic Network for Greater Auckland Integrated Health Network Member - ASMS Chair - Child Health Network, Northern Regional Health Plan Honorary Clinical Lecturer - Faculty Medicine and Health Sciences, University of Auckland	13/03/13
<b>Eru Lyndon</b>	Honorary Research Fellow – Auckland University Member – AUT Business School Industry Advisory Committee Regional Commissioner, Social Development, Northland - Ministry of Social Development Director – Tamaki Development Company	01/05/13

**Auckland and Waitemata District Health Boards  
Community and Public Health Committees  
Member Attendance Schedule 2013**

NAME	FEB	MAR	MAY	JUNE	JULY	SEPT	OCT	NOV
Lee Mathias (ADHB / WDHB combined Committees Chair and ADHB Deputy Chair)	✓	✓	✓	✓	✓			
Warren Flaunty (ADHB / WDHB combined Committees Deputy Chair)	✓	✓	✓	✓	✓			
Dr Lester Levy (ADHB and WDHB Chair)	✓	✓	✓	✓	x			
Max Abbott (WDHB Deputy Chair)	✓	✓	✓	✓	✓			
Jo Agnew	✓	✓	✓	✓	✓			
Peter Aitken	x	✓	✓	✓	✓			
Judith Bassett	✓	✓	✓	✓	✓			
Pat Booth	✓	✓	✓	✓	x			
Susan Buckland	✓	x	✓	✓	✓			
Chris Chambers	✓	✓	✓	✓	✓			
Sandra Coney	✓	✓	✓	✓	x			
Rob Cooper	^	^	✓	✓	x			
Robyn Northey	✓	✓	✓	✓	✓			
Christine Rankin	✓	✓	✓	✓	✓			
Allison Roe	x	✓	✓	✓	✓			
Gwen Tepania-Palmer	✓	x	x	✓	x			
<b>Co-opted members</b>								
Dr Tim Jelleyman	✓	✓	x	✓	✓			
Eru Lyndon	x	x	✓	x	x			

*x absent*

*^ leave of absence*

*\* attended part of the meeting only*

*# absent on Board business*

## **2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 24<sup>th</sup> July 2013**

### **Recommendation:**

**That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 24<sup>th</sup> July 2013 be approved.**

Minutes of the meeting of the Auckland DHB and Waitemata DHB

**Community and Public Health Advisory Committees**

**Wednesday 24 July 2013**

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

**COMMITTEE MEMBERS PRESENT:**

Lee Mathias (Committee Chair) (ADHB Deputy Chair)  
Warren Flaunty (Deputy Committee Chair) (WDHB Board member)  
Max Abbott (WDHB Deputy Chair)  
Jo Agnew (ADHB Board member)  
Peter Aitken (ADHB Board member)  
Judith Bassett (ADHB Board member)  
Susan Buckland (ADHB Board member)  
Chris Chambers (ADHB Board member)  
Robyn Northey (ADHB Board member)  
Christine Rankin (WDHB Board member)  
Allison Roe (WDHB Board member)  
Tim Jelleyman (Co-opted member)

**ALSO PRESENT:** Debbie Holdsworth (WDHB, Chief Planning and Funding Officer)  
Denis Jury (ADHB, Chief Planning and Funding Officer)  
Rosalie Percival (ADHB, Chief Financial Officer)  
Stuart Jenkins (ADHB and WDHB, Clinical Director, Primary Care)  
Rachel Mattison (ADHB and WDHB, Associate Planning and Funding Manager,  
Primary Care)  
Jean McQueen (ADHB and WDHB, Primary Health Care Nursing Director)  
Tim Wood (WDHB, Group Manager, Funder NGOs)  
Imelda Quilty-King (WDHB, Community Engagement Co-ordinator)  
Paul Garbett (WDHB, Board Secretary)  
(Staff members who attended for a particular item are named at the start of the  
minute for that item)

**PUBLIC AND MEDIA REPRESENTATIVES:**

Lynda Williams, Auckland Womens Health Council  
Jeremy Olds, NZ Doctor Magazine  
Anne Curtis, Health Link North  
Samuel Cho, The Asian Network Inc.  
Brian O'Shea, ProCare  
Jude Sprott, ProCare  
Ian Scott, Auckland PHO  
Barbara Stevens, Auckland PHO  
C. Harris, Auckland PHO  
Lorelle George, Comprehensive Care/Waitemata PHO  
Craig Murray, Waitemata PHO  
Gaylene Sharman, Healthwest  
Hiki Wihowai, Healthwest  
Alistair Sullivan, White Cross  
Adrian Collier, Pfizer



**APOLOGIES:** Apologies were received and accepted from Lester Levy, Pat Booth, Sandra Coney, Rob Cooper, Gwen Tepania-Palmer, Eru Lyndon, Ailsa Claire and Lita Foliaki.

**KARAKIA** The Committee joined in a karakia.

## **DISCLOSURE OF INTERESTS**

With regard to the Interests Register, Lee Mathias advised of her appointment as Chair of iAC IP Ltd.

With regard to the item 4.2 of the agenda for this meeting concerning Palliative Care Services in the Waitemata District, Warren Flaunty advised that he is a Trustee of Hospice West Auckland. It was noted that there was no reason for him not to participate in consideration of this information only item, which related only to the process being followed to develop a new model of care.

## **WELCOME**

Lee Mathias welcomed those present.

### **1. AGENDA ORDER AND TIMING**

Items were taken in the order listed on the agenda.

### **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 June 2013 (agenda pages 1-8)**

**Resolution** (Moved Robyn Northey/Seconded Tim Jelleyman)

**That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 12 June 2013 be approved.**

**Carried**

**Matters Arising:**

No issues were raised.

### **3 DECISION ITEMS**

#### **3.1 Oral Health (agenda pages 9-19)**

Linda Harun (General Manager, Child, Women and Family Services, Waitemata DHB), Helene May (Operations Manager, Auckland Regional Dental Service) and Dr Sathananthan Kanagaratnam (Clinical Director, Auckland Regional Dental Service) were present for this item.

Linda Harun introduced the report, commenting on the large size and impact of the service and trends in activity and performance. She noted that the service is split into twelve teams, eight of which are showing improved performance results. Those teams not showing improvement are being mentored by those that are. She commented on the development of a production plan and

planning to maximise the utilisation of chairs, using the same methodology as that used for theatre utilisation. A draft plan is being finalised and will then be rolled out.

Matters covered in discussion and responses to questions included:

- The two year pilot, funded by the Ministry of Health, to provide free oral health for high risk pregnant women up to nine months post-partum (page 18 of the agenda) is a trial which will come to an end in December 2014. An independent evaluation report will follow, expected probably in March 2015. Three DHBs are involved in trialling this, with the Ministry's aim being to see which model of providing the service is most effective and cost efficient.
- About 98% of school aged children are enrolled in the regional service. The figure is lower for the pre-school age group, as these children need to be actively recruited. The work of pre-school co-ordinators is detailed on pages 15-16 of the agenda and includes, in the Waitemata DHB area, visits to the post-natal wards at the two hospitals, talking to mothers and also enrolling babies. The midwives there are happy to have the co-ordinators go into the wards. The approach taken is to try and be supportive, not intrusive, for mothers. In further discussion on this, Tim Jelleyman commented that what is involved is much more than enrolment, but informing mothers so that they know what their children are enrolled for. To load this responsibility on a single clinician is more than can be reasonably expected and the approach taken sends a message that the organisation is working together. Sathanathan Kanagaratnam also advised that the co-ordinators explain the condition of teeth, the effect of sugar etc. and the importance of regular attendance for dental checks.
- With regard to children not eligible for treatment because they are not citizens or permanent residents, there can be a challenge to prove whether they are eligible or not. Once it is established that a child is not eligible, only acute dental services will be provided.
- The "enduring consent" process being used provides for enduring consent for preventative treatment, but not blanket consent for restorative procedures.
- For adolescents, overall uptake of the service for Auckland and Waitemata DHB combined is about 75%, compared to the Ministry target of 85%. They are trying to work on improving that result and also targeting low income areas. Having more mobile providers is being pursued as there is definitely a positive impact from that in terms of uptake.

The Committee Chair thanked Linda, Helene and Sathanathan.

**Resolution** (Moved Lee Mathias/Seconded Max Abbott)

**That the Community and Health Advisory Committees:**

- a) Note that the facility development programme of the Oral Health Business Case is completed.**
- b) Endorse the activity being undertaken by the Auckland Regional Dental Service across the region to address arrears and DNAs.**

**Carried**

It was also noted that it would be worthwhile to include performance results e.g. for arrears and DNAs (did not attend appointments) in the Primary Health Dashboard. This is to be looked at.

The Committee Chair circulated information relating to the recent public debate on the issue of fluoridation of water supplies.

## 4. INFORMATION ITEMS

### 4.1 Rheumatic Fever Prevention and Intervention Programme in Auckland and Waitemata DHBs (agenda pages 20-32)

Dr Tim Jelleyman introduced the item and those staff members present for it: Carol Stott (Strategy and Planning Manager, Auckland DHB), Vicki Scott (Programme Manager, Waitemata DHB), Kirsty Walsh (Project Manager, Planning and Funding, Auckland DHB), Marty Rogers (Maori Health Gain Manager) and Dr Sue Crengle (Maori Health Adviser). He conveyed apologies from Dr Richard Aitken and Dr Alison Leversha (Clinical Leaders, Auckland DHB).

Tim Jelleyman spoke briefly on the complex multi-layered programme of intervention required.

Matters covered in discussion and response to questions included:

- It was confirmed that for treatment, antibiotics can be dispensed either by the child's GP or in some schools the Public Health Nurse involved in the programme.
- With regard to the schools involved to date in the throat swabbing programme, close to 100% of families have consented to both throat swabbing and treatment of skin infections. These are enduring consents for the life of the programme.
- The basis of the Ministry of Health annual targets for reduction of rheumatic fever first episode rates through to 2017/18 (page 21 of the agenda) was asked for. It was noted that it would be worthwhile to understand the basis for that. Tim Jelleyman will request that information from the Ministry.
- With regard to the Auckland healthy homes referral and advice service (page 23 of the agenda) an RFP is going out for the end of July/early August. There had been some discussion that this would be based in Counties Manukau, but that will depend on the process that is being gone through.
- Cases of rheumatic fever are captured in a database at Starship Hospital and a systematic approach is taken to tracking where cases are occurring and following up on patterns and areas of concern.
- The Government had not yet made a decision on the longer term future of the rheumatic fever programme; however there is a view that it may well become business as usual for DHBs to continue with the throat swabbing programme in schools and for the DHBs to fund that.
- Vaccine development – this is occurring overseas, not in New Zealand.

**Resolution** (Moved Lee Mathias/Seconded Jo Agnew)

- a) That the Community and Public Health Advisory Committees receive this report providing an update on the prevention and intervention programme for Auckland District Health Board and Waitemata District Health Board, for the reduction of Acute Rheumatic Fever in our populations.**
- b) That the Committees note the progress made regarding implementation of the Rheumatic Fever prevention programme in Auckland and Waitemata District Health Boards.**

**Carried**

### 4.2 The Development of a Model of Care for Palliative Care Services in the Waitemata District (agenda pages 33–36)

Tim Wood (Group Funding Manager, Waitemata DHB) introduced this report. He noted that there is a lot of enthusiasm and energy in the Clinical Working Group and that they are on track to meet the reporting timeframe of September 2013.

Matters covered in discussion and response to questions included:

- It was suggested that it might have been appropriate to include a pharmacy representative in the governance group. In response it was noted that they had needed to balance a manageable size for the group against the wish to be inclusive of interested stakeholders.
- It was noted that while it would be desirable to have a common model with Auckland DHB, and they are trying to get as much regional consistency as possible, the key imperative is first to manage the dynamics of the existing diversity in Waitemata District and resolve that.

Tim Wood was thanked.

The report was received.

#### **4.3 Health Risks of Cell Phone Antennas** (agenda pages 37-39)

Debbie Holdsworth introduced the report, summarising the conclusion. In answer to a question she advised that the intensity of radiofrequency radiation from the North Shore Hospital antennas had been measured previously and that information could be located if required, however she knew that the results had shown less radiation than from a radio station.

The report was received.

### **5. STANDARD MONTHLY REPORTS**

#### **5.1 Planning and Funding Update** (agenda pages 40-59)

Dr Denis Jury, Dr Debbie Holdsworth and Tim Wood presented the report.

The meeting was advised that the Waitemata DHB Annual Plan has been approved and signed off by the Minister of Health and that approval is expected shortly for the Auckland DHB Annual Plan. Preparation of Annual Reports for 2012/13 for both organisations is in progress.

Tim Wood summarised the Primary Care section of the report (pages 40-41 of the agenda).

2.50p.m – Dr Dale Bramley (Chief Executive, Waitemata DHB) present.

Matters covered in discussion and response to questions included:

- The need for strategy direction in primary care, issues with parallel processes not being integrated and the problem of mixed messages to GPs were all acknowledged. The Primary Care Team will be working to develop a strategy with the PHOs which will address the issue of parallel processes. The new PHO agreements and the Alliance agreements provide the opportunity to work towards a more integrated framework. The Primary Care team is working with Andrew Old on what the process for developing a primary care strategy with the PHOs should look like and putting a plan in place for that.
- The significant achievement by some of the PHOs over the last few months of 2012/13 in greatly improving performance against primary care health targets was acknowledged.
- The Committee Chair commented that twelve years after capitation had been introduced, they were finally getting a handle on what primary care should be.
- Tim Wood provided a general outline of why for Waitemata DHB Funder NGOs, Mental Health Services continue to be favourable to budget (page 43 of the agenda). For Mental Health Services, contract payments are based on utilisation. While some areas are at full capacity, in others full capacity has not been needed. This was a different pattern from Primary Mental health, where demand greatly exceeds supply.

- With regard to Maori Before School Checks (page 43 of the agenda), Marty Rogers commented that hopefully the gap with “others” will close as the relationship between Plunket and the providers develops.

The report was received.

Denis Jury was farewelled at his last CPHAC meeting and thanked for the contribution that he had made at Auckland DHB and to the region over the previous ten years. Denis provided some reflections on his experience and thanked those present for their support over an exciting ten years.

## 6. General Business

The Committee Chair commented on the visit to the Wilson Centre that some Committee members had participated in that morning. The new school is a fantastic facility, but other parts of the Centre are not in such good shape. The possibilities for the Wilson Centre relating to collaboration on child health between Auckland and Waitemata DHBs are a current area of focus. There are some excellent opportunities. A challenge for the next few years is that improvements in ongoing treatment and rehabilitation mean that there is an increasing number of people with physical disabilities needing assistance, living well into old age. Often they have lived with their parents all their lives and when their parents die there is a huge impact on them.

## 7. Resolution to Exclude the Public

**Resolution** (Moved Susan Buckland/Seconded Peter Aitken)

**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 items, 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><b>1. Confirmation of Public Excluded Minutes of CPHAC Meeting of 12 June 2013</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Confirmation of Minutes</b></p> <p>As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act.</p>
<p><b>2. After Hours Service</b></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&amp;D Act 2000</p>	<p><b>Negotiations</b></p> <p>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>

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
	Schedule 3, S.32 (a)]	<b>Commercial Activities</b> 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. [Official Information Act 1982 S.9 (2) (i)]

The Committee Chair thanked those present for their participation in the meeting.

The meeting concluded at 3.45 p.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 24 JULY 2013

\_\_\_\_\_ CHAIR

## Actions Arising and Carried Forward from Meetings of the Community and Public Health Advisory Committees as at 26<sup>th</sup> August 2013

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back	Comment
CPHAC 24/07/13	3.1	<u>Oral Health</u> – look at including performance results e.g for arrears and DNA in the Primary Health Dashboard.	Tim Wood/Linda Harun		Being progressed.
CPHAC 24/07/13	4.1	<u>Rheumatic Fever</u> - basis of Ministry of Health annual targets (to 2017/18) for reduction in rheumatic fever rates in the two districts to be asked for and advised to CPHAC.	Tim Jelleyman		Information e-mailed to members 08/08/13. Also shown below.*

\* Rheumatic Fever Targets

“The underlying basis for setting the targets was looking at what was a reasonable decrease that could be expected over each of the four years from 2013/14 to 2016/17 to reach the two-thirds reduction. As a result, a greater decrease was expected in the middle years compared to the first and last year - this assumes that greater reductions will occur earlier on when programmes are implemented. Thus, a 10% reduction was set for 2013/14 while the DHBs were settling into their rheumatic fever initiatives, with this target increasing by 30% (to a decrease of 40% from baseline) in the second year, 15% (55% from baseline) in the third year, and 11% in the last year ( to 66% from baseline).”

*From: Niki Stefanogiannis (Principal Technical Specialist, Rheumatic Fever - Office of the Director of Public Health, MOH)*

## **4.1 Health and Social Development Forum, West Auckland 2<sup>nd</sup> October 2013**

### **Recommendation:**

**That the report be received.**

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Prepared by: Sarah McLeod (WDHB Workforce Development Manager) and Jan McCarthy (Awhina Education Manager)

### **1. Summary**

This report has been developed to provide members of this committee with information relating to a forum being held on October 2<sup>nd</sup> 2013. This forum is an imitative of Unitec with Awhina assisting and will discuss the Health and Social Development needs of West Auckland to 2020.

### **2. Introduction/Background**

Unitec and Awhina Health Campus are holding a forum on 2<sup>nd</sup> October that will bring together a range of stakeholders who can contribute to the goal of understanding the needs of West Auckland in the areas of Health and Social Development.

The forum has been designed to enable high levels of discussion and debate among the various public and private health and social care organisations, educators and practitioners including:

- Issues/opportunities/ solutions identification
- Data collection and analysis
- Workforce planning
- Resource development and
- Educational and strategic alignment

The forum will identify major issue and opportunities to consider what size and shape the future health and social practice workforce will need to be to meet public and primary health care aspirations, and long term care needs in the West of Auckland. In addition, the forum could provide valuable information to policy makers.

#### **Programme**

The programme includes a Key Note speech from the Honourable Paula Bennett, MP for West Auckland and Minister for Social Development.

The middle of the programme allows for three sessions of con-current presentations, and includes presentations from WDHB Staff Marty Rogers (Maori Health Gain Manager), Dr Michal Boyd (Freemason's Department of Geriatric Medicine), and Dr Robyn Whittaker (Public Health Physician).

Registrations for attendance are currently open. These are being sought from Unitec staff and students, WDHB staff, Primary Healthcare and NGO staff and members of the wider community.



## 5.1 Primary Care Update Quarter 4, 2013

### Recommendation:

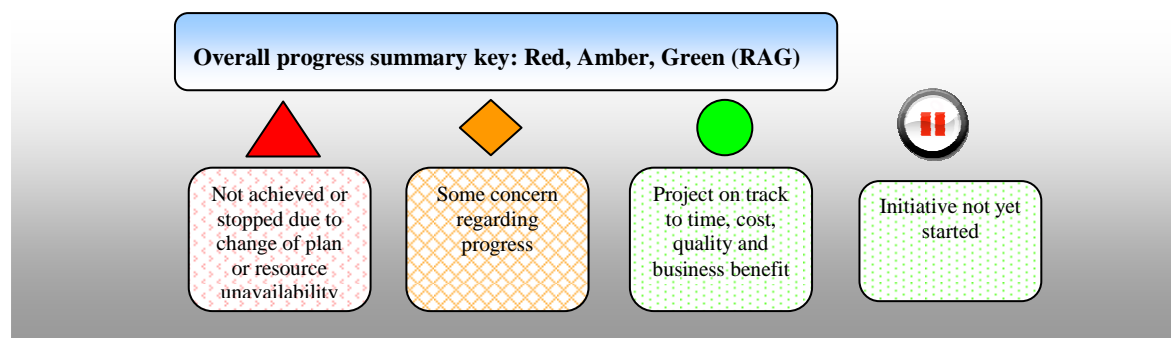
**That the report be received.**

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Prepared by: Tim Wood (Group Manager Primary Care, Waitemata and Auckland DHBs) and Dr Stuart Jenkins (Clinical Director Primary Care, Waitemata and Auckland DHBs)

### Glossary

A&M	- Accident and Medical Centre
AH+	- Alliance Health Plus
ALT	- Alliance Leadership Team
ARC	- Aged Residential Care
ATD	- Access to Diagnostics
BFG	- Better, Sooner, More Convenient Primary Care Funding Group
BSMC	- Better, sooner, more convenient primary health care
CAP	- Community Acquired Pneumonia
CSC	- Community Services Card
CHF	- Congestive Heart Failure
COPD	- Chronic Obstructive Pulmonary Disease
DAP	- District Annual Plan
DHB	- District Health Board
DVT	- Deep Vein Thrombosis
FFP	- Flexible Funding Pool
FSA	- First Specialist Appointment
HUHC	- High User Health Card
IFHC	- Integrated Family Health Centre
ISRW	- Improving service and reducing waits
NDSA	- Northern DHB Support Agency
NRA	- Northern Regional Alliance
NHC	- National Hauora Coalition
PHO	- Primary Health Organisation
PMH	- Primary Mental Health
PMS	- Patient Management System
POAC	- Primary Options for Acute Care
PPP	- PHO Performance Programme
RFP	- Request for Proposals
ROI	- Registration of Interest
TIA	- Transient Ischaemic Attack
WOC	- Whānau Ora Centre



## 1. Summary

This report provides an update on matters relating to Primary Care for Quarter 4, 2013.

## 2. Primary Care Scorecard

The scorecard presented on the following page is a standardised performance scorecard which aligns to the overall organisational scorecard where possible. The scorecard shows how each District Health Board (DHB) is tracking against a wide range of measures. Given the DHBs' focus on health targets, these are presented first in the scorecard as priority measures. Where appropriate, indicators are presented with performance by ethnicity. For each measure, the green bar reflects how well we are doing against the target for the period presented.

The progress green bar is weighted for each measure based on the degree of concern of any short fall in meeting the target. For the most part, these weightings reflect those used in the overall organisational scorecard. However, this element of the scorecard is still work in progress for some of the measures. For example, this weighting is noticeable for Health Targets where the scale is very sensitive so that any variance is deemed to be significant. If performance is achieving or better than target, the bar will display as a solid green line. Where the bar is blank, this reflects very poor performance against the target or where no data is available or no target has been set.

### Summary Performance Against Targets

#### *Priority One Targets*

The highlight of the quarter was exceeding the 'More Heart and Diabetes Checks' target for Auckland DHB with 81%. This is largely due to the significant uplift in performance of Procure. Even more pleasing is the result for Pacific where the rate is higher than other. For Maori, the inequity gap has reduced to 1%, however the target has been exceeded.

While performance continued to improve, Waitemata did not achieve the target, with a final year end result of 71%.

We do not currently have ethnicity data for the 'Better Help for Smokers to Quit' target. The smokefree target has seen a slight increase for both DHBs in the last quarter. The PHOs are in the process of developing action plans to meeting the health target for 2013/14.

The immunisation target continues to be exceeded for all groups except for Maori. The Maori rate for Q4 is noticeably lower than other - 84% at WDHB and 77% for ADHB. Plans to address this are detailed in the next section.

#### *Service Delivery Targets*

Waitemata DHB is sitting at 95% PHO enrolment and 93% for Auckland DHB. Asian and Māori enrolment rates are lower than those of the other ethnicity groups.

#### *Improving Māori Population Health Targets*

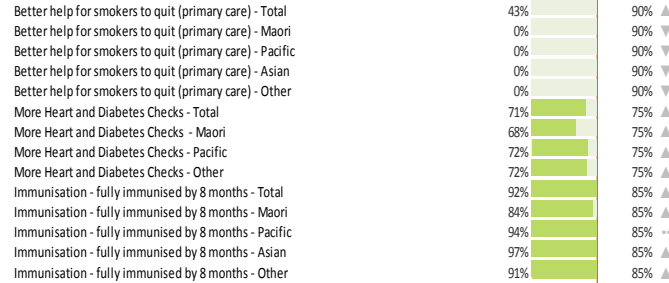
The Māori cervical screening rates remain lower than the other ethnicity groups. The metro Auckland Cervical Screening group has activities underway (such as the regional data matching project). DHB discussions have progressed about pieces of work to improve coverage for Māori women and more recently for Asian women. An update on progress against our cervical screening plan activities will be provided at the next meeting as a separate agenda item.

# Auckland and Waitemata DHB Primary Health Care Scorecard

2012/13 Q4

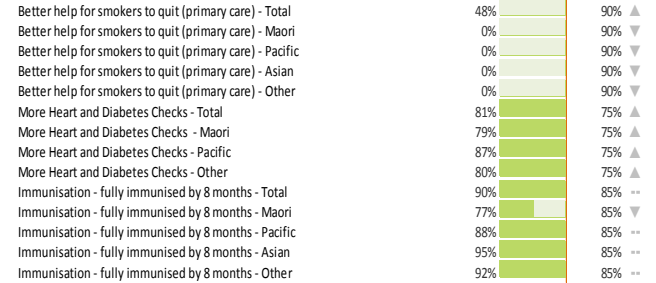
## Priority One - Waitemata DHB

### Health Targets



## Priority One - Auckland DHB

### Health Targets

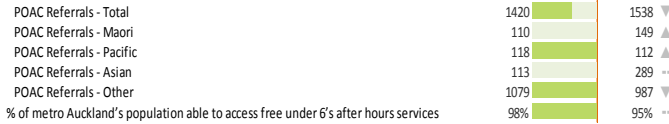


## Service Delivery - Waitemata DHB

### Enrolment



### Acute Care



## Service Delivery - Auckland DHB

### Enrolment



### Acute Care



## Improving population health - Waitemata DHB

### Key Conditions



### Screening - to March 2013 (25-69 years: 3 year coverage)



## Improving population health - Auckland DHB

### Key Conditions



### Screening - to March 2013 (25-69 years: 3 year coverage)



### How to read

Indicator Title



## Immunisation Q4 2012/13

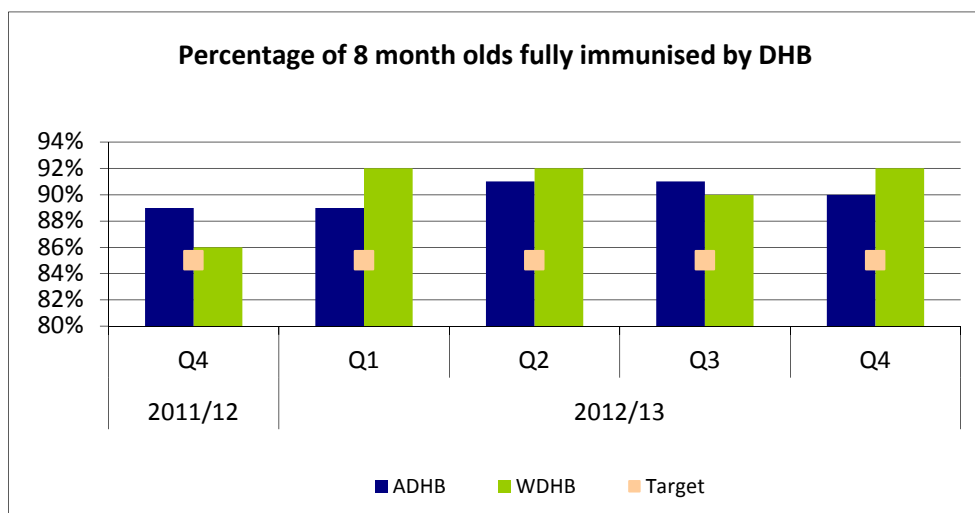
The Maori 8 month immunisation coverage is fragile and Maori have traditionally been high users of the Outreach Immunisation Services (OIS). A change in the National Immunisation Register and Outreach Immunisation Service provider in the Auckland region is underway and we expect an improvement in coverage in Auckland DHB from 1 July 2013. We are working with the Maori Health Gain team to discuss more sustainable strategies to engage Maori whanau with primary care providers across both Auckland and Waitemata DHBs.

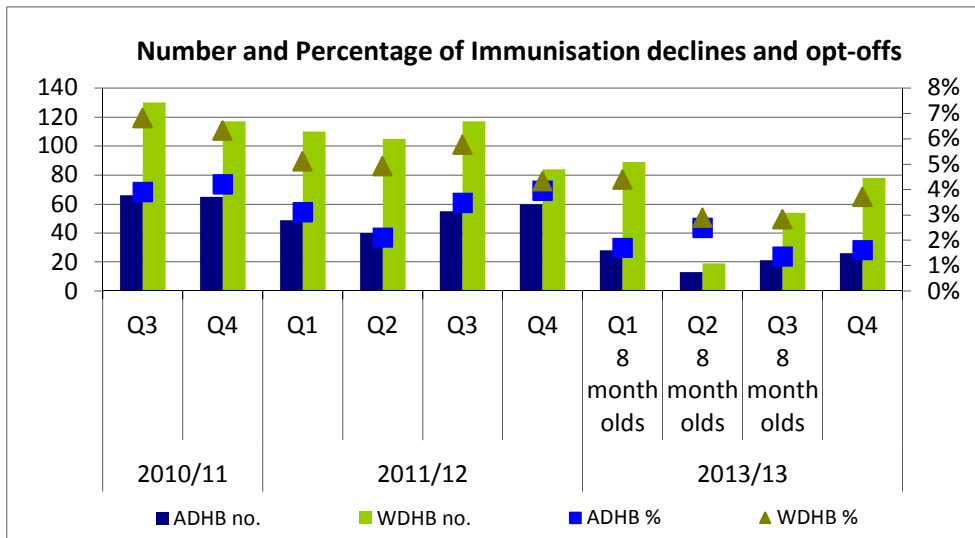
### Immediate Actions

- New OIS provider starts in Auckland DHB from 1 July 2013.
- A performance based Agreement is in place with the new provider to facilitate high coverage for all ethnicities including specific performance based measures for Maori.
- On going targeted support for practices with high Maori enrolments and low coverage rates to: encourage newborn enrolment, precalls and recalls and identify overdue infants for immunisation.
- Across Auckland and Waitemata DHBs, Maternity services provide early identification of Maori newborns with no GP to flag these infants for early OIS referral. The OIS team work to locate the family, offer immunisation and enrol them with a GP and other WellChild services.
- Work with Maori Health Gain team to ensure participation for the joint Auckland and Waitemata DHB Immunisation Governance Group

### Plan:

- Workshop with key providers to map the healthcare journey for Maori Women and infants from pregnancy diagnosis through to primary care/ Well child care service delivery. This will:
  - Identify key factors contributing to successful access and engagement as well as barriers to services
  - Develop strategic advice for the Waitemata and Auckland Joint Immunisation Governance Group





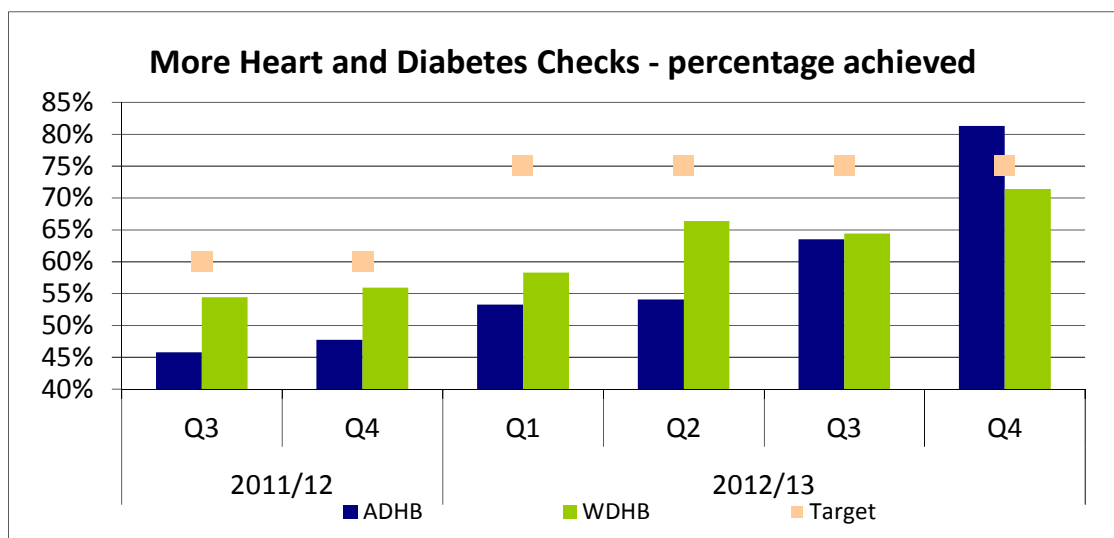
### More Heart and Diabetes Checks Q4 2012/13

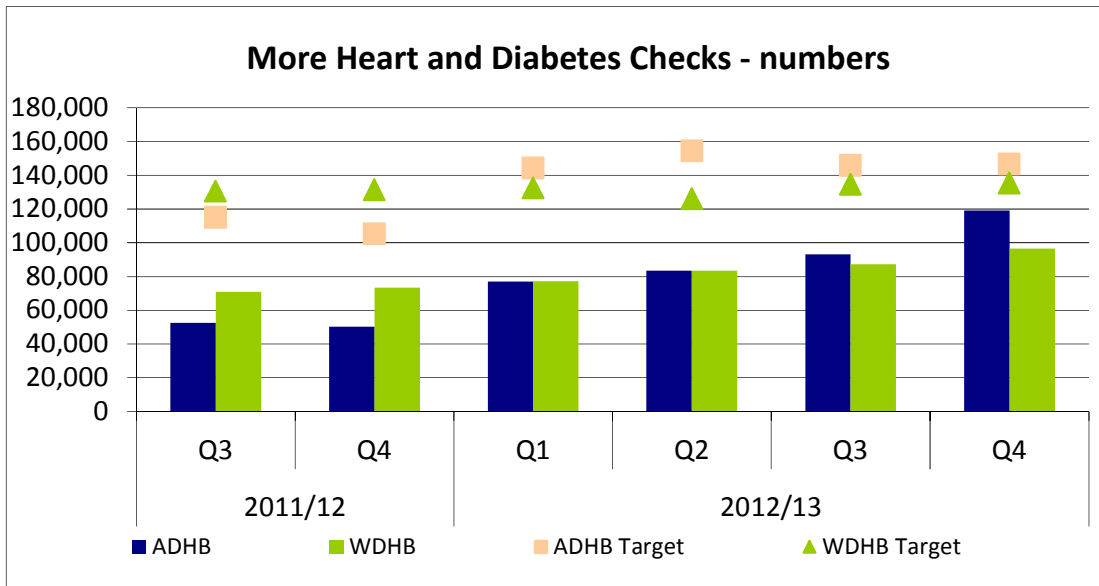
The 'More Heart and Diabetes Checks' result is produced by the PHO Performance Programme (PPP) and are as reported in the Ministry of Health DHB performance tables. The denominators, which remained unchanged from quarter 3, for quarter four report were 135,141 (Waitemata DHB) and 146,518 (Auckland DHB). The quarter 4 results were:

- Auckland DHB 119,175 people assessed (81.3%).
  - Coverage for Māori people has risen to 79.1% (↑10.5%) and for Pacific people 86.6% (↑9.5%).
- Waitemata DHB 96,444 people assessed (71.4%).
  - Coverage for Māori people has risen to 67.9% (↑10%) and for Pacific People to 71.9% (↑10%).

National Hauora Coalition and Waitemata PHOs did not achieve the target. All the other PHOs (Alliance Health+, Auckland PHO, and ProCare) achieved the target.

PHOs report weekly to the DHBs on their performance against this target.





**Better Help for Smokers to Quit – Primary Care Q4 2012/13**

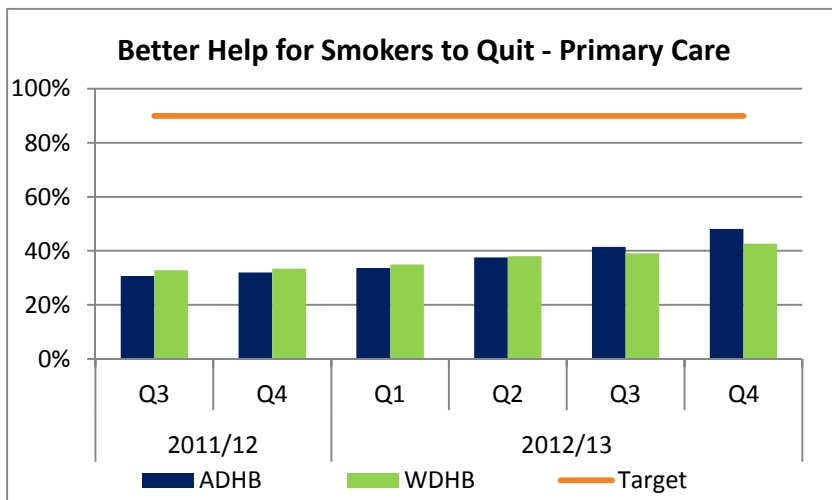
The ‘Better Help for Smokers to Quit’ results are produced by the PHO Performance Programme (PPP) and are as reported in the Ministry of Health DHB performance tables. The quarter 4 results were:

- Auckland DHB 48.1% an increase of 6.7% from the previous quarter.
- Waitemata DHB 42.6% an increase of 3.6% from the previous quarter

Results for the Māori and Pacific populations are not available.




PHOs report monthly to the DHBs on their performance against this target.

The sub-target of ‘90% of pregnant women is offered advice and support to quit smoking at confirmation of pregnancy with an LMC’ is not yet being nationally reported. Work is underway to ensure this target can be reported upon when required.





### 3. DHB Performance Measure: Policy Priority 2 (PP2) Implementation of Better, Sooner, More Convenient primary health care

There are three business cases operating in Metro Auckland; Greater Auckland Integrated Health Network (GAIHN), Alliance Health Plus (AH+) and National Hauora Coalition (NHC). The District Health Boards (DHBs) are partners within these business cases and their progress against their business case deliverables is summarised below.

Business Case	Monthly Report received	On Track	Risks and Future management	Who
GAIHN	Yes		The focus for the quarter has been on the DHB annual planning and meeting the health targets. Collaborative planning workshops with the PHOs have been used to generate content that meets both the planning guidance and letter of expectation. More importantly the process has strengthened relationships and provided a framework through which joint working will be undertaken. Moving forward GAIHN is well positioned to become the regional vehicle used to drive the implementation of enablers essential for our locality work programme.	BFG
NHC	Yes		The focus for the quarter has been on the DHB annual planning and meeting the health targets. Collaborative planning workshops have been used to generate content that meets both the planning guidance and letter of expectation. More importantly the process has strengthened relationships and provided a framework through which joint working will be undertaken.	BFG
AH+	Yes		The focus for the quarter has been on the DHB annual planning and meeting the health targets. Collaborative planning workshops have been used to generate content that meets both the planning guidance and letter of expectation. More importantly the process has strengthened relationships and provided a framework through which joint working will be undertaken. A number of practices have moved across to AH+ benefiting from the supportive infrastructure that is on offer.	BFG


#### 4. Objectives set in our Annual Plan for this financial year


Target area	On track	Comment	Actions	Risks & future management
Diabetes		<p><b>Waitemata DHB</b> Diabetes annual review (DAR) Q4 – only 47% people with diabetes have had an annual review in the year to date. This low rate results from the transfer of service from the free annual review to the Diabetes Care Improvement Programmes (DCIP). Practices have reduced the usage of the diabetes annual review form limiting the PHOs and DHBs visibility of annual reviews.</p>	<ul style="list-style-type: none"> <li>• Monitor the use of the Diabetes Care Improvement packages through Performance Monitoring Returns.</li> <li>• Act on information received through the reports to understand PHO issues in delivery.</li> <li>• Follow up with Procure re their Diabetes Care Improvement Programme service.</li> </ul>	<ul style="list-style-type: none"> <li>• Under use of resources through lack of service uptake by practices.</li> <li>• Meet regularly with the PHOs to manage the service Agreements.</li> <li>• Look for innovative ways of delivery that meet practice access requirements, how they access a package and how it is used in practice.</li> </ul>
Diabetes		<p><b>Auckland DHB</b> The DAR (Diabetes Annual Review) performance to the end of quarter 4 period was 59%. Overall performance for the 2012/13 financial year was 59% - 1% short of achieving the 60% target.</p> <p>Auckland DHB PHOs completed 13,602 DARs against a target of 13,922.</p> <p>The DAR results by PHO were:</p> <ul style="list-style-type: none"> <li>• 87% Auckland PHO</li> <li>• 63% AH+</li> <li>• 56% NHC</li> <li>• 53% ProCare</li> </ul>	<ul style="list-style-type: none"> <li>• Auckland DHB have implemented and conducted regular and more frequent contract meetings to monitor progress and address issues as they arise with immediate action.</li> <li>• DCIP contract review meetings have been conducted for the 2013/14 financial year. Contracts have been finalised with PHOs and were developed by taking into consideration the level of performance and achievement for the 2012/13 year.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to support PHOs to improve diabetes care delivery.</li> </ul>





Target area	On track	Comment	Actions	Risks & future management
		The Auckland DHB end of year result for the management of HbA1c achieved was 73%. This is 3% short of the 76% target.		


### Integration Activities




Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
<b>Auckland DHB</b> Community dialysis		<b>Renal Services to</b> <ul style="list-style-type: none"> <li>• Work with a Māori primary care provider to design, devolve and deliver Adult Haemodialysis services in a community setting.</li> <li>• Work with a Pacific primary care provider to design, devolve and deliver Adult Haemodialysis services in a community setting.</li> <li>• Work with primary care providers to design, devolve and deliver Adult Haemodialysis for patients who are unable to home dialyse (Community Home Haemodialysis).</li> <li>• Implement a new model of care which will integrate kidney disease prevention, early intervention, and chronic kidney disease management services.</li> </ul>	<ul style="list-style-type: none"> <li>• The Board of the Māori provider has responded positively to the current proposal. A formal submission to the Board is in development.</li> <li>• Lease discussions are proceeding.</li> <li>• Design consultants have completed phase 1 with final design expected in September.</li> <li>• Partnership with a Pacific provider for a unit in Onehunga is delayed as Council has declined use of the site for community dialysis. The local Pacific provider has indicated they are still keen to work with us on this option.</li> <li>• The impact analysis is complete and a change in the renal service governance structure is the first step towards integrating a new model of care delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Potential prolonged negotiations over the rental cost and the lease agreement. To minimise this risk discussions are continuing with the CEO of the health provider.</li> <li>• The programme is currently five weeks behind schedule. A recent cost estimate from the quantity surveyor has forced a review which is currently underway. Therefore the preliminary design can not start until this cost issue is resolved. At this stage the earliest for work to start on site would be mid December.</li> </ul>





Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
Primary Options for Acute Care (POAC)		<ul style="list-style-type: none"> <li>• Increase the safe management in the community of people’s acute care needs thus decreasing the number of avoidable Emergency Department presentations and subsequent hospital admissions.</li> <li>• Annual target of 23,473 POAC referrals for 2012/13<sup>1</sup>, 85% of these will avoid needing to go to hospital because of this care.</li> <li>• 18,754 total referrals to June 2013, (80% of target).</li> <li>• <b>Counties Manukau DHB</b> total 8,331 (target 11,623).</li> <li>• <b>Auckland DHB</b> total 3,910 (target 5,700).</li> <li>• <b>Waitemata DHB</b> total 6,513 (target 6,150).</li> <li>• 88% managed without admission.</li> <li>• 88% GP referred.</li> <li>• 4% Hospital referred (ED &amp; Wards).</li> <li>• 8% St John referred.</li> <li>• Regional average cost \$220.00 (including GST).</li> <li>• Waitemata DHB volumes managed within budget as clinical service costs less than budget.</li> <li>• Auckland DHB and Counties Manukau DHB below target volumes.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase education and identify areas for growth in Counties Manukau DHB and Auckland DHB.</li> <li>• Support secondary care in Auckland DHB and Counties Manukau DHB to implement and grow supported early discharge service.</li> <li>• Expand St John Transport service to additional Accident and Medical Centres (A&amp;M) and possibly general practice. Further education with St John ambulance officers.</li> <li>• Work with ARC to manage patients with supports within the facility. Residential Care IV Service pilot is currently running in Auckland DHB. To be evaluated with view to expand to other DHBs</li> <li>• 2013/14 volumes and service agreement to be confirmed. Budget will remain the same.</li> </ul>	<ul style="list-style-type: none"> <li>• Māori and Pacific utilisation to be reviewed to ensure equitable access to POAC.</li> <li>• Waitemata DHB budget will require ongoing close monitoring.</li> </ul>


<sup>1</sup> The annual target is made up of: 6,150 Waitemata DHB, 5,700 Auckland DHB, and 11,623 Counties Manukau DHB.

Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
		<ul style="list-style-type: none"> <li>Volumes have reduced in some areas. This has been in part a result of governance and quality improvement processes. Access to Diagnostics may also have had an impact on volumes for radiology requests.</li> </ul>		
<b>Regional</b> After Hours and Urgent Care		<ul style="list-style-type: none"> <li>A Network of at least 10 Accident and Medical (A&amp;M) clinics open until at least 10pm, 365 days per year with reduced co-payments for under 6s, over 65s, HUHC, CSC and those living in quintile 5.</li> </ul>	<ul style="list-style-type: none"> <li>The first steps towards creating the Auckland Urgent Care Network (GAIHN workstream 2 and the After Hours Network) have taken place with a series of three workshops having been completed. A draft urgent care framework has been developed and is currently out for review.</li> <li>The DHBs have formally communicated to the After Hours Project Partnership their position for the After Hours Network for 2013/14. The Partnership group have met to consider the DHBs' letter and in principle agree with the proposed conditions. The Network is in the process of confirming the steps for implementation of the DHBs' requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritisation and resourcing of the Urgent Care Plan will require agreement from a wide range of stakeholders including: PHOs, General Practices, Accident &amp; Medical Clinics, and DHBs.</li> </ul>
<b>Auckland DHB</b> Chronic Obstructive Pulmonary Disease (COPD)		<ul style="list-style-type: none"> <li>Implementation of the GAIHN regional pathway for COPD by March 2013 (engage and plan Q2, implementation in Q3).</li> </ul>	<ul style="list-style-type: none"> <li>Regional COPD Pathway now complete and accessible via Healthpoint. The pathway includes an entry point for referral to pulmonary rehabilitation.</li> </ul>	<ul style="list-style-type: none"> <li>Further work with GP engagement will continue in order to improve use of the clinical care pathway.</li> </ul>



Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
		<ul style="list-style-type: none"> <li>Deliver 120 completed pulmonary rehab programmes in the community by June 2013: (30 in each Quarter) current baseline is approx 100 patients.</li> </ul>	<ul style="list-style-type: none"> <li>The Community Based Pulmonary Rehabilitation Service ran in conjunction with the Laura Fergusson Trust has now successfully completed the first year of service.</li> <li>To date 227 patients have been triaged from the Auckland DHB waitlist to the Laura Fergusson Community Programme.</li> <li>Quarterly reporting from Laura Fergusson confirms ongoing improvements in clinical outcomes for patients completing the community based program.</li> <li>An interim review identified that the target of 120 completed pulmonary rehab programs is unrealistic. The target has been revised to 100 which compares to the 101 completed in the first year.</li> <li>The partnership between primary and secondary care on this project remains strong and we are continuing to work in collaboration, with the view to expand on this service in the future.</li> </ul>	<ul style="list-style-type: none"> <li>After a successful first year with positive outcomes, a three year contract has now been signed with Laura Fergusson Trust to continue this service.</li> <li>Further work will continue in order to promote ongoing referrals and access to Pulmonary Rehabilitation Services.</li> </ul>
Health of Older Persons		<ul style="list-style-type: none"> <li>Support GAIHN - 10% reduction in number of residents from Aged Residential Care (ARC) presenting to ED</li> <li>2,000 bed day reduction in acute admissions from aged care</li> </ul>	<p><b>Auckland DHB</b></p> <ul style="list-style-type: none"> <li>The IV service for ARC facilities was launched on May 24 with Total Care Health providing the service and with funding through POAC.</li> <li>To date six patients have been</li> </ul>	<ul style="list-style-type: none"> <li>Work with Auckland DHB to further understand those patients still being admitted for IVs.</li> <li>Ongoing promotion of the service with GPs and facilities.</li> <li>The IV service in ARC facilities</li> </ul>

Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
		sector across northern region by June 2013.	successfully managed within their facility.	within the Auckland DHB district has commenced slowly. Opportunities for increased uptake have been identified by training ARRC staff to administer the IV antibiotics.
		<ul style="list-style-type: none"> <li>10% reduction of readmission rates for 75+</li> </ul>	<ul style="list-style-type: none"> <li>Auckland DHB: 14.18% against a target of 13.62%</li> <li>Waitemata DHB: 14.40% against a target of 15.00%</li> </ul>	<ul style="list-style-type: none"> <li>The MOH is currently reviewing the methodology used to calculate readmission rates for DHBs nationally, due to significant data discrepancies within data sets.</li> <li>Current results, while not accurate, do suggest a worsening position.</li> <li>The new methodology should be up and running for 2013/14.</li> </ul>
Child Health		<ul style="list-style-type: none"> <li>Support NHC to reduce ASH (Ambulatory Sensitive Hospitalisation) rates for under 2 year olds by 1%</li> </ul>	<ul style="list-style-type: none"> <li>DHB member remains an active of the NHC ALT.</li> </ul>	<ul style="list-style-type: none"> <li>There are concerns with performance issues in general. As a result of this, Auckland DHB's CEO is planning to meet with NHC's board to order to clarify future performance expectations.</li> </ul>
Sexual Health		<ul style="list-style-type: none"> <li>Explore integrated model of care for sexual health services</li> </ul>	<ul style="list-style-type: none"> <li>Work is underway to see if primary care data on sexual health services can be obtained from general practices. The Services to Improve Access (SIA) consultations provided by general practice can be obtained via the PHO. However sexual health services provided outside of the SIA funding is more challenging to collect.</li> <li>A co-design process for the</li> </ul>	<ul style="list-style-type: none"> <li>The demand for sexual health services in primary care is increasing and is currently exceeding the level of SIA funding committed to sexual health service delivery.</li> <li>The PHOs across Auckland DHB and Waitemata DHB have different access criteria for sexual health services.</li> </ul>


Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
			development and implementation of sexual health services is being used.	
High risk individuals		<ul style="list-style-type: none"> <li>Develop avoidable admissions plan for high risk individuals identified by GAIHN predictive risk algorithm.</li> <li>Set regional target for percentage decrease in growth of bed days for identified individuals.</li> </ul>	<ul style="list-style-type: none"> <li>Initial work developing a project plan for the prototype to be rolled out has slowed following the decision made by the Localities Establishment Governance Group (LEGG) to focus on Maungakiekie-Tamaki.</li> </ul>	<ul style="list-style-type: none"> <li>The intention to roll this project out in Maungakiekie-Tamaki has been signalled in the DAP with the intention of delivery in a larger number of practices than the initial project proposed. A key enabler for this project is to set up a provider network to facilitate engagement with primary care providers in the area. The PHOs have met to understand how they can advance the formation of a clinical network.</li> </ul>
Non contact First Specialist Appointments (FSAs)		<ul style="list-style-type: none"> <li>Increase non-contact FSAs by 4% each quarter.</li> </ul>	<ul style="list-style-type: none"> <li>As at June 30, non-contact FSAs have increased by 16% over 2012 volumes. The target for quarter four is 16% so the project is on track.</li> </ul>	
<b>Auckland DHB</b> Clinical pathways		<ul style="list-style-type: none"> <li>Implementation of GAIHNs' regional clinical pathway for depression by June 2013.</li> </ul>	<ul style="list-style-type: none"> <li>The depression pathway (static) was loaded onto the healthpoint website in June. The next step is to add the medication information to the pathway(s).</li> </ul>	<ul style="list-style-type: none"> <li>Once medication information is approved and signed off, the working group will then discuss the implementation plan to include communications to the sector.</li> </ul>
Clinical pathways		<ul style="list-style-type: none"> <li>A dementia pathway, which is regionally consistent wherever possible, will be developed by 30 June 2013.</li> </ul>	<p><b>Auckland DHB</b></p> <ul style="list-style-type: none"> <li>A co-design approach is being used for the development of the dementia care pathway. Two process mapping workshops have been conducted with health stakeholders and carers. A stock take of all</li> </ul>	

Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
			<p>existing dementia related services has also been completed.</p> <p>Waitemata DHB</p> <ul style="list-style-type: none"> <li>A cognitive impairment pathway has been agreed and work is underway to initiate the pilot with 12 GPs in October.</li> </ul>	
		<ul style="list-style-type: none"> <li>A child health care pathway based on priority areas identified in the Auckland DHB / Waitemata DHB Child Health Plan by June 2013.</li> </ul>	<ul style="list-style-type: none"> <li>The West Auckland child health draft work plan has been completed and is ready for final approval. Key activities are focused around: the interface between Maternity, Child Health and Well Child/Tāmariki Ora providers, rheumatic fever prevention, skin infection prevention and asthma management.</li> </ul>	




## Primary Care Nursing


Project	On track	Comment	Actions	Risks & future management
Integrated wound care pilot		<ul style="list-style-type: none"> <li>Pilot of an integrated model of care for complex lower leg wounds in two pilot practices in West Auckland.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of the pilot is underway.</li> </ul>	<ul style="list-style-type: none"> <li>The plan for future roll out will be decided following the completion of an evaluation (which is underway) and then the development of a business case.</li> </ul>
Workforce development		<ul style="list-style-type: none"> <li>Nurse Entry to Practice (NETP) Programme in Primary Health Care (PHC) settings.</li> </ul> <p><b>Waitemata DHB</b></p> <ul style="list-style-type: none"> <li>Competency Assessment Programme (CAP)</li> </ul> <ul style="list-style-type: none"> <li>Preceptor Training</li> </ul>	<p><b>Waitemata DHB</b></p> <ul style="list-style-type: none"> <li>Seven PHC new graduates who started in the September 2012 intake and twelve in the February 2013 intake continue in their general practice, hospice, plunket and ARC settings. The new graduates are supported by the PHC nurse educators.</li> </ul> <p><b>Auckland DHB</b></p> <ul style="list-style-type: none"> <li>Eight new graduate nurses in general practice settings are supported on the NETP Programme</li> <li>Three 'return to practice' registered nurses are being supported on this 16 week programme in general practice and ARC settings.</li> <li>Three 'return to practice' registered nurses are being supported on this 16 week programme in general practice and ARC settings.</li> <li>A preceptor training with eight participants was run for registered</li> </ul>	







Project	On track	Comment	Actions	Risks & future management
		<ul style="list-style-type: none"> <li>Education days for new graduate nurses not on a new graduate programme but employed in Primary Care Settings.</li> </ul>	<p>nurses to be able to precept students and new graduate nurses in primary care settings.</p> <ul style="list-style-type: none"> <li>These nurses were invited to three study days to support new graduates not on a NETP programme</li> </ul>	<ul style="list-style-type: none"> <li>Risk of new graduate nurses in workplaces and not supported by a funded programme. Plan to continue to run education sessions for these nurses.</li> </ul>
Quality Improvement Team (QIT)- West Auckland Locality		<ul style="list-style-type: none"> <li>The QIT will support general practices in the West Auckland locality to provide better care for people with diabetes and cardiovascular risk.</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment of 1.0 FTE registered nurse and 0.2 FTE general practitioner has been unsuccessful.</li> </ul>	<ul style="list-style-type: none"> <li>Alternative approaches are now being discussed.</li> </ul>

## 5. Locality Activities

Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
Locality Approach		<p>Locality Plans</p> <ul style="list-style-type: none"> <li>Jointly agreed locality plan for Auckland West locality submitted to the Ministry of Health by 31 December 2012.</li> <li>Jointly agreed locality plans for Auckland Central and Auckland North localities submitted to the Ministry of Health by 31 March 2013.</li> </ul>	<ul style="list-style-type: none"> <li>The locality establishment governance group (LEGG) was established in April. The group consists of iwi, PHO CEOs, DHB planning and funding officers and is chaired by lead CEO of primary care. No plans will be submitted to the Ministry until agreed by the LEGG.</li> </ul>	
Three Integrated Health Networks in place (2 in Waitemata DHB, 1 in Auckland DHB)		<ul style="list-style-type: none"> <li>West Auckland</li> </ul>	<ul style="list-style-type: none"> <li>The West Auckland health network (WAHN) continues.</li> </ul>	
		<ul style="list-style-type: none"> <li>North Auckland</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Director started on May 20.</li> <li>A work plan has been drafted for further discussion.</li> <li>A draft West Rodney population and health profile has been developed which includes primary care indicators and secondary care data for six West Rodney general practices.</li> <li>Stock take of contracted health services within the West Rodney locality has been initiated.</li> </ul>	

Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
		<ul style="list-style-type: none"> <li>Central Auckland</li> </ul>	<ul style="list-style-type: none"> <li>Engagement work with primary care providers in Maungakiekie-Tamaki, through the localities operational group is underway.</li> </ul>	<ul style="list-style-type: none"> <li>PHOs are meeting to discuss how they can advance the formation of a clinical network.</li> </ul>
			<p>Local health profiles (LHP)</p> <ul style="list-style-type: none"> <li>Engagement with local communities has highlighted a desire for better health information so people can be more informed about health issues/needs in their communities and actively participate in health service planning in their areas. Thus a template for LHPs is being prepared. The aim of the profiles is to provide a brief population-level health snapshot for the community. The profile includes basic geographic, demographic, population and health status data.</li> </ul>	
			<p>Community Engagement</p> <ul style="list-style-type: none"> <li>Prioritisation and topic work continues in Maungakiekie and Tamaki (Glen Innes) with the local health partnerships. We are supporting the community network in Puketapapa to strengthen and give focus to their wellbeing group.</li> <li>The online health survey data has been analysed and an Auckland DHB area report completed. Reports are also available for each local board area.</li> </ul>	<p>The start of the second phase of surveying was delayed due to technical issues and went live at the end of July.</p>

Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
		<ul style="list-style-type: none"> <li>4 clusters in place (Waitemata DHB only).</li> </ul>	<ul style="list-style-type: none"> <li>The following three general practice cluster groups have been confirmed in West Auckland: Massey, Henderson and New Lynn.</li> <li>Two initial clusters have been identified for North Auckland: West Rodney and East Rodney.</li> </ul>	
4 IFHCs operational across Auckland and Waitemata DHBs by June 2013		<ul style="list-style-type: none"> <li>Whānau House in Henderson delivering new models of integrated care by June 2013 (engagement with surrounding practices in Q1, developing a new model of care in Q2 and implementation in Q3/4).</li> <li>New Lynn Integrated Family Health Centre (IFHC) operational and delivering new models of care in line with West Auckland's locality plan by 2013-14.</li> </ul>	<ul style="list-style-type: none"> <li>Paediatric wrap-around services continue to be delivered from Whānau House. These services are supported by Waipareira Trust's Whānau Ora services. Additional services planned for Whānau House include allied health clinics, bariatric surgery education sessions, district nurse clinics and diabetes support services.</li> <li>Paediatric DHB service delivery will begin from July 8 in New Lynn IFHC. Over the next few months services that will integrate into the centre will include a broad range of paediatric services, obstetrics and gynaecology, district nursing and allied health.</li> </ul>	
		<ul style="list-style-type: none"> <li>Co-design process in place to explore new models of care within the development of Waiheke Integrated Family Health Centre by June 2013.</li> </ul>	<ul style="list-style-type: none"> <li>Initial work developing a co-design process in Waiheke has slowed following the decision made by LEGG to focus on Maungakiekie-Tāmaki due to resource limitations.</li> </ul>	<ul style="list-style-type: none"> <li>The primary care team plans to internally review the clinical provider contracts with a view to more fully understand potential integration opportunities.</li> </ul>

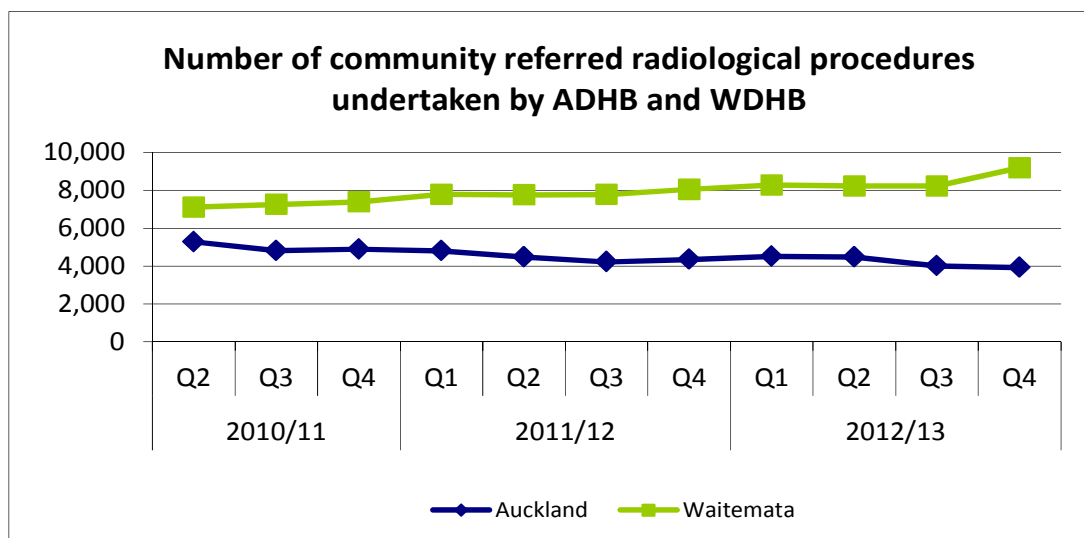
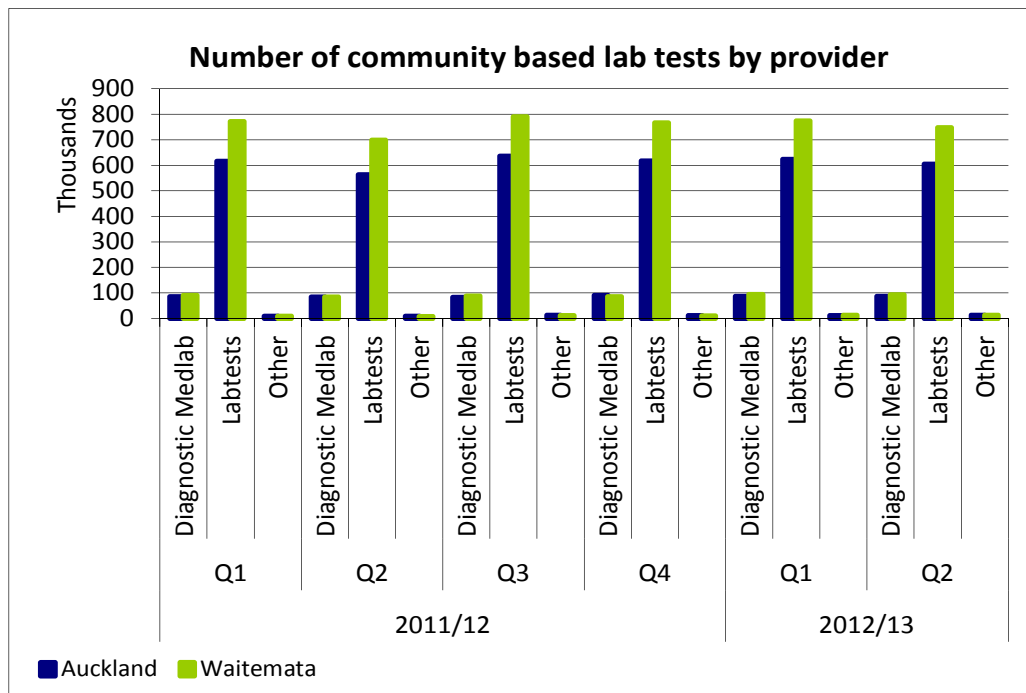
Objective	On track	DHB Annual Plan deliverables	Actions	Risks & future management
		<ul style="list-style-type: none"> <li>Implementation of new models of care in collaboratively agreed priority areas within Alliance Health + (AH+) Integrated Family Health Centres (engagement with surrounding practices in Q1, developing a new model of care in Q2 and implementation in Q3).</li> </ul>	<ul style="list-style-type: none"> <li>Slower than planned progress due to Auckland and Waitemata DHB Pacific team merger resulting in limited capacity. Also, limited capacity to engage with Tongan Health Society due to internal changes.</li> <li>An analysis has been undertaken of the number of Pacific children attending Starship outpatient clinics to assess the benefits of an outpatient clinic located in the Tongan Health Society, Langimalie clinic (a member of AH+ PHO).</li> <li>Further discussion with the Tongan Health Society and AH+ is planned to consider the findings and to consider a broader integrated approach that aligns with upcoming service contract integration work focused on improved Pacific health outcomes for Pacific maternal, infant and child health.</li> </ul>	

## 6. Primary Care Operational Issues

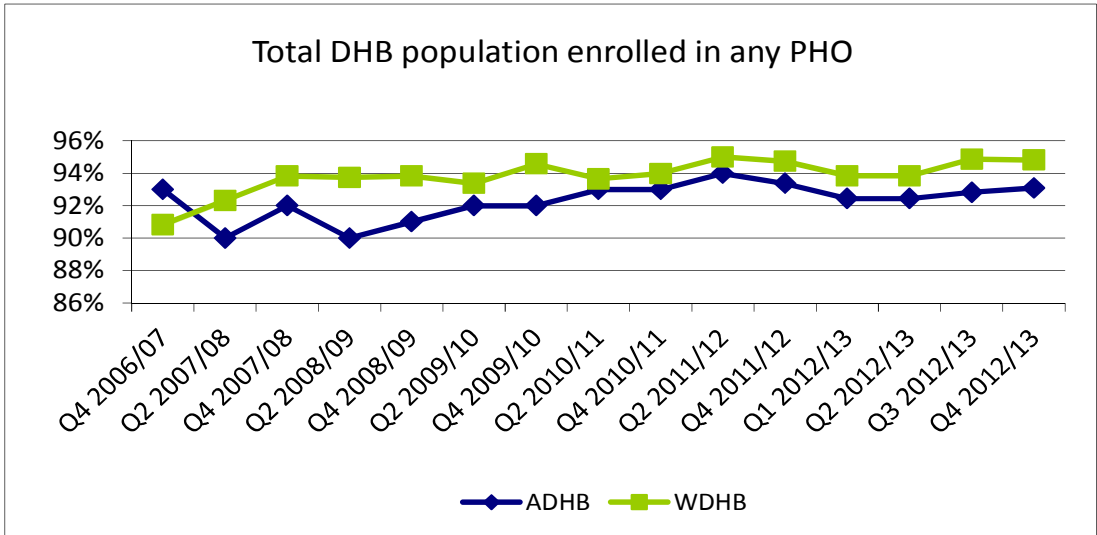
Issue	Comment	Actions	Risks & future management
Practice/PHO movement	<p>Practice movement in 2013 quarter 2 (April – June 2013):</p> <ul style="list-style-type: none"> <li>• Blockhouse Bay Medical Centre (ProCare to Auckland PHO) 6,048 patients.</li> <li>• Donovan Street Medical Centre (ProCare to Auckland PHO) 1,734.</li> <li>• Marsden Medical Practice (ProCare to Auckland PHO) 9,904.</li> <li>• Sandhu Doctors Limited (ProCare to AH+) 1,021 patients.</li> <li>• Waiuku Health Centre (ProCare to AH+) 25,091 patients.</li> <li>• 4 existing practices merged into Health New Lynn Ltd 17,103.</li> <li>• Kaipara Medical Centre (Waitemata PHO to ProCare) 6,026 patients.</li> <li>• Dr Raubenheimer at Browns Bay merged with Browns Bay Family Doctors.</li> <li>• Holistic Health Centre (Auckland PHO to ProCare) 1,749 patients.</li> <li>• Morningside Medical Centre (Auckland PHO to AH+) 1,050 patients.</li> <li>• Morningside Medical Centre merged with Avondale Family HC at AH+.</li> <li>• 280 Medical Centre merged with Symonds Street Medical Centre.</li> </ul>	<ul style="list-style-type: none"> <li>• The new PHO services agreement was implemented on July 1. The new agreement allows practices to move only once per year on July 1 with six months notice. Practices are able to move during the year subject to DHB approval.</li> </ul>	
General Practice Fee Increases	<p>A number of general practices have increased their fees over their allowable limit.</p>	<ul style="list-style-type: none"> <li>• PHOs have been asked by the DHB to advise whether those practices who are over their limit will revise</li> </ul>	<ul style="list-style-type: none"> <li>• PHOs are aware that all practices that are over their allowable limit will be sent to a fees review process.</li> </ul>

Issue	Comment	Actions	Risks & future management
		<p>their fees to remain within their limit or if they will proceed to a fees review process. The DHB is waiting on the PHOs' advice.</p>	<ul style="list-style-type: none"> <li>• A robust fees process has been developed by the DHB to ensure that the DHB and the PHOs are aware of each of the steps and timeframes associated with the fees process prior to a fees review committee.</li> </ul>

## 7. Statement of forecast service performance measures







## 5.2 Planning and Funding Update

### **Recommendation:**

**That the report be received.**

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Prepared by: Sue Waters (Acting Chief Planning and Funding Officer ADHB), Dr Debbie Holdsworth (Director Funding – WDHB and ADHB), Julie Helean (Manager Planning and Service Development ADHB), Wendy Bennett (Acting Group Planning Manager WDHB), Tim Wood (Group Funding Manager WDHB), Cliff La Grange (Group Finance Manager WDHB), Marty Rogers (Maori Health Gain Manager ADHB and WDHB)

### **Glossary**

DHB - District Health Board  
PHO - Primary Health Organisation

## **1. Summary**

This report updates the Committees on Auckland and Waitemata DHBs' Planning and Funding activity.

## **2. Summary of activities in common**

### **2.1 Collaboration**

Both Auckland and Waitemata Boards approved the decision for a joint Planning, Funding and Outcomes service. Dr Dale Bramley is the Lead CEO for Planning, Funding and Outcomes (PFO) across both DHBs and Waitemata DHB will be Host DHB and employer for all roles within the new joint service.

Both tier two positions have been appointed to, with Dr Debbie Holdsworth taking up the role of Director Funding on 29 July 2013. Debbie has been the Chief Planning and Funding Officer for Waitemata for the past two years.

Simon Bowen commences as the Director Health Outcomes on Monday 2 September. Simon previously worked as the General Manager for the Otara Mangere Locality Clinical Partnership. Prior to this he worked in the UK as the Director of Public Health for NHS Brent and was the national lead for the Association of Directors of Public Health on public health funding and sexual health.

Susan Brown commences as the Project Director Transition on September 9. This role is to manage the establishment of the new combined team and help to facilitate the transfer of people to the new roles and with design of the new systems. Sue has a background in human resources and is coming to us from Fonterra having worked previously at both Auckland and Waitemata DHBs.

The nine new tier three positions across the PFO unit have been advertised and we are currently in the midst of the recruitment process to these positions. This has and continues to be a difficult time for staff as they work through the process and what the change might mean for them.

## **2.2 Planning**

Waitemata and Auckland DHB's 2013/14 Annual Plan has been signed by the Minister and published on the external websites along with Waitemata DHB's 2013/14 Statement of Intent. The auditors are currently with both DHBs and we are working through issues identified with the non-financial measures and other aspects of the Statement of Service Performance. The Annual Report will be submitted to the October Audit and Finance Committee meeting and will require final (delegated) sign-off prior to submission to the NHB in early November.

Two business plans for Auckland DHB are now being developed, one for the Funder and one for the Provider. The business plans assign names to each of the Annual Plan deliverables, and this helps senior management track progress.

## **2.2 Primary Care**

Refer to separate report – Primary Care Quarterly report.

## **2.3 Maori Health Gain**

### *Ethnicity Audit rollout*

This is a key activity in the 2013-2014 Maori Health Plan. Work has now begun with the PHOs across Auckland and Waitemata to determine a process, timeline and monitoring framework. This work is being done in partnership with the DHB's Maori Health Gain team, Primary Care team and representatives from each of the PHOs. It is a two year project and early indications of engagement and commitment to the roll out are positive. Waitemata DHB is the North Island lead for this project.

### *Maori Provider Development & Support*

We are continuing to work on an integrated contract for each of the providers. It is still in the early stages of development, however we have a completion date of 31 December 2013. There has also been a focus on providing support to Maori providers in participating in national RFP processes which has been received favourably and has resulted in the production of some very good work.

Work continues on identifying opportunities for new service modelling, co-location of services and a reinvestment of funding. It is also pleasing to note that all Maori providers have completed audits with good results.

### *Integration*

Finding opportunities to raise the level of understanding and then consequent commitment to addressing the inequalities faced by Maori in access and outcome has been sometimes challenging, however this work is gaining momentum and a range of joint projects (Maori Health and other internal departments) have begun analysing current utilisation, current processes of engagement and potential opportunities for gain. The areas currently being worked on include Cancer, Cardiac Services, Diabetes and Womens Health. Community initiatives include exposure by internal services to Maori providers, referral processes to Maori providers and identifying opportunities for Maori workforce growth across community based organisations.

### *Whanau engagement*

Work has begun on exploring the link between Health Literacy and access and utilisation of secondary care ambulatory services. This includes the identification of best practice opportunities for service development focussing on the processes of clinic placement, time and patient/client engagement and the development on a pilot project focussing on Whanau ora models to support best practice model development and implementation. This will be informed by an evaluation project that is currently looking at DNA's rates in a Long Term Conditions clinic and Child Health.

### **3. Waitemata DHB Update**

#### **3.1 Funder Finance**

The July 2013 consolidated core result for the Waitemata Funder was \$30k adverse to budget for the month and the year to date.

##### *Funder NGOs*

The July 2013 core result for Funder NGO was \$7k favourable to budget for the month and the year to date.

The favourable net position includes an adverse variance of \$233k in Oral Health. This is not of concern as it is a demand service and often subject to variances resulting from claims not being presented on a regular basis.

##### *Funder IDFs*

The July 2013 core result for Funder IDF was \$37k adverse to budget for the month and the year to date.

This position is the result of a delay in an IDF service change being authorised. This has now been actioned and the variance will reverse in August 2013. The impact of the inpatient wash-up position receivable/payable through the MOH process has not yet been accounted for because of the lead time required for discharges to be coded and submitted.

### **4. Auckland DHB Update**

#### **4.1 Immunisation**

Auckland DHB continues to exceed the 85% national target for 2012/13 for immunisation of 8 month old babies with coverage at 1 August at 91% overall (Maori 80%, Pacific 89%, Asian 96%, Other 90% and NZE 92%). Coverage at age 2 as at 1 August increased to 94% (Maori 90% - a 2% increase over June, Pacific 96% - a 3% increase over June, Asian 96%, Other 92% and NZE 95% - a 3% increase over June).

#### **4.2 Rheumatic Fever**

The School based sore throat swabbing programme is now underway. Public health nurses and community health workers visit schools three times per week and swab any child who identifies as having a sore throat. Children with a positive Group A streptococcal (GAS) result will receive antibiotic treatment.

Nurses visit children receiving antibiotics at home and will use this opportunity to note any housing issues, particularly crowding and provide health promotion information, and information and referrals for free home insulation.

DHBs are awaiting service specifications and funding for a primary care led 'Rapid Response' programme, targeting throat swabbing for those not in school or during school holidays. The programme will be in place by 1 October.

### **4.3 Funder Finance**

For the month of July 2013, the funding accounts show a deficit of \$1.4m compared to a budget deficit of \$3.1m, a favourable variance of \$1.7m. The variance is split between a favourable variance for the 'funder' of \$1.6m combined with a 'provider' favourable variance of \$0.1m.

The main features for the YTD result are:

- A favourable budget variance in Personal Health and Med/Surg of 1.1m
- Mental Health favourable to budget by \$0.4m
- Health of Older People favourable to budget by \$0.1m
- A favourable variance of \$0.1m in Provider Services.

## 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><b>1. Minutes of the Auckland and Waitemata DHBs Community and Public Health Advisory Committees Meeting with Public Excluded 24/07/13</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Confirmation of Minutes</b></p> <p>As per resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act.</p>
<p><b>2. Cash Balances</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Commercial Activities</b></p> <p>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><b>Negotiations</b></p> <p>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>