



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

**Wednesday 20 April 2011**

**2:00pm**

**Marie Hosking Room  
Level 7, Building 14  
Greenlane Clinical Centre  
Greenlane**

*Hei Oranga Tika Mo Te Iti Me Te Rahi  
Healthy Communities, Quality Healthcare*





# Community and Public Health Advisory Committee

## For discussion with Board

|                        |  |
|------------------------|--|
| CPHAC Meeting Date:    |  |
| Feedback By:           |  |
| <b>DAP</b>             |  |
| <b>RECOMMENDATIONS</b> |  |
| 1.                     |  |
| 2.                     |  |
| <b>NOTING</b>          |  |
| 1.                     |  |
| 2.                     |  |
| <b>KPIs</b>            |  |
| <b>RECOMMENDATIONS</b> |  |
| 1.                     |  |
| 2.                     |  |
| <b>NOTING</b>          |  |
| 1.                     |  |
| 2.                     |  |
| <b>RISKS</b>           |  |
| <b>RECOMMENDATIONS</b> |  |
| 1.                     |  |
| 2.                     |  |
| <b>NOTING</b>          |  |
| 1.                     |  |
| 2.                     |  |
| 3.                     |  |







**KARAKIA**



## **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.



**ATTENDANCE AND APOLOGIES**



**CONFLICTS OF INTEREST**



## Conflicts of Interest Quick Reference Guide

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Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction.
- Having a financial interest in another party to a transaction.
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it.
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction.
- Being otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

### IMPORTANT

If in doubt – declare.

Ensure the full nature of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at [www.legislation.govt.nz](http://www.legislation.govt.nz)) and “Managing Conflicts of Interest – Guidance for Public Entities” ([www.oag.govt.nz](http://www.oag.govt.nz)).



## ADHB BOARD AND COMMITTEE (CPHAC) INTERESTS REGISTER

| NAME OF BOARD MEMBER       | ORGANISATION                                                                                                                                                               | ROLE                                                                                                       | FINANCIAL INTEREST   | NATURE OF INTEREST                            | DATE OF LATEST DISCLOSURE |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|---------------------------|
| <b>Lester LEVY (Chair)</b> | 1. University of Auckland Business School<br>2. New Zealand Leadership Institute<br>3. Health Benefits Limited<br>4. Tonkin & Taylor<br>5. Waitemata District Health Board | Professor of Leadership<br><br>Chief Executive<br><br>Deputy Chair<br><br>Independent Chairman<br>Chairman |                      |                                               | 1 February 2011           |
| <b>Jo AGNEW</b>            | 1. Senior Lecturer Nursing, Auckland University<br>2. Casual Staff Nurse ADHB                                                                                              |                                                                                                            | Salary<br><br>Salary |                                               | 21 April 2010             |
| <b>Peter AITKEN</b>        | 1. Pharmacist<br>2. Pharmacy Care Systems Ltd                                                                                                                              | Pharmacy Locum<br>Shareholder/Director,<br>Consultant                                                      | Hourly Fee           | Medical Centre development and pharmacy lease | 10 December 2010          |
| <b>Judith BASSETT</b>      | 1. Nil                                                                                                                                                                     |                                                                                                            |                      |                                               | 9 December 2010           |

| NAME OF BOARD MEMBER     | ORGANISATION                                                                                                                                                                                                                                                                                                                                                                                  | ROLE                                                                                                           | FINANCIAL INTEREST                              | NATURE OF INTEREST                                                                                                                                                                                                               | DATE OF LATEST DISCLOSURE |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>Susan BUCKLAND</b>    | <ol style="list-style-type: none"> <li>1. Writing, editing and public relations services</li> <li>2. Medical Council of NZ</li> <li>3. Occupational Therapy Board</li> </ol>                                                                                                                                                                                                                  | <p>Self-employed</p> <p>Professional Conduct Committee member</p> <p>Professional Conduct Committee member</p> | <p>Fees</p> <p>Hourly fee</p> <p>Hourly fee</p> | <p>Writer, editor and public relations services</p> <p>Lay member of PCC set up to hear complaints brought to Medical Council and to determine outcomes</p> <p>Lay member of PCC to assess complaints and determine outcomes</p> | 7 August 2009             |
| <b>Dr Chris CHAMBERS</b> | <ol style="list-style-type: none"> <li>1. Employee, Auckland District Health Board</li> <li>2. Wife employed by Starship Trauma Service</li> <li>3. Clinical Senior Lecturer in Anaesthesia Auckland Clinical School</li> <li>4. Associate, Epsom Anaesthetic Group</li> <li>5. Member, ASMS</li> <li>6. Shareholder, Ormiston Surgical</li> <li>7. Surveyor Quality Healthcare NZ</li> </ol> |                                                                                                                |                                                 |                                                                                                                                                                                                                                  | 12 December 2010          |

| NAME OF BOARD MEMBER | ORGANISATION                                              | ROLE                              | FINANCIAL INTEREST               | NATURE OF INTEREST                                                                                          | DATE OF LATEST DISCLOSURE |
|----------------------|-----------------------------------------------------------|-----------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>Rob COOPER</b>    | 1. Ngati Hine Health Trust                                | Chief Executive                   | Salary                           | Management of a Health, Disabilities, Social & Education Services Trust                                     | 25 February 2011          |
|                      | 2. James Henare Research Centre, University of Auckland   | Board Member                      | No fee                           | Advisory                                                                                                    |                           |
|                      | 3. Whanau Ora Governance Group                            | Chair                             | Fee (to Ngati Hine Health Trust) | Assists in the development of Government's Whanau Ora policy                                                |                           |
|                      | 4. National Health Board                                  | Member                            | Fee (to Ngati Hine Health Trust) |                                                                                                             |                           |
|                      | 5. Waitemata District Health Board                        | Member                            | Fee (to Ngati Hine Health Trust) |                                                                                                             |                           |
| <b>Lee MATHIAS</b>   | 1. Lee Mathias Limited                                    | Managing Director                 | Fee                              | Shareholder, director, independent directorships and healthcare services consulting                         | 1 February 2011           |
|                      | 2. Iris Limited                                           | Director                          | Fee                              | Director, company provides services to people with multiple physical disabilities especially cerebral Palsy |                           |
|                      | 3. Midwifery and Maternity Providers Organisation Limited | Director                          | Fee paid to Lee Mathias Limited  | Provider of business and professional services to midwives and other maternity services providers           |                           |
|                      | 4. Pictor Limited                                         | Shareholder, Director<br>Director | Fee<br>No fee                    | Biotech start-up focussing on diagnostic products<br>Estate of late husband                                 |                           |
|                      | 5. John Seabrook Holdings Limited                         | Governance Advisor                | Fee                              | Provider of early childhood education services contracted to                                                |                           |

|                            |                                                          |                                                   |                  |                                                                                                                |                  |
|----------------------------|----------------------------------------------------------|---------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------|------------------|
|                            | 6. AuPairlink Limited                                    |                                                   |                  | the MoE.                                                                                                       |                  |
|                            | 7. NZ Council of Midwives                                | Council member                                    | Fee              | Statutory Authority                                                                                            |                  |
| <b>Robyn NORTHEY</b>       | 1. Self employed Contractor                              | Project management, service review, planning etc. | Fee              | Some clients are contractors to ADHB                                                                           | 16 December 2010 |
|                            | 2. Hope Foundation                                       | Board member                                      | Nil              | Research and Education into Aging in NZ, Deliver Seminars and awards scholarships                              |                  |
|                            | 3. Northern Region Ethics Committee                      | Member                                            | Fee              |                                                                                                                |                  |
| <b>Gwen TEPANIA-PALMER</b> | 1. Waitemata District Health Board                       | Board member                                      | Fee              |                                                                                                                | 2 February 2011  |
|                            | 2. Manaia PHO                                            | Board member                                      | Fee paid to NHHT |                                                                                                                |                  |
|                            | 3. Ngati Hine Health Trust                               | Chair                                             | Fee              |                                                                                                                |                  |
|                            | 4. Awanmarangi Waonangi                                  | Committee member                                  |                  |                                                                                                                |                  |
|                            | 5. Te TAitokerau Whanau Ora                              | Committee member                                  |                  |                                                                                                                |                  |
| <b>Ian WARD</b>            | 1. Chair, Advisory Board, Healthvision Limited           |                                                   | Fee              |                                                                                                                | 3 February 2010  |
|                            | 2. Principal/Director C -4 Consulting Limited            |                                                   |                  | Tender to National Shared Services                                                                             |                  |
| <b>Rev Alfred NGARO</b>    | 1. 4pm Group Ltd                                         | Consultant                                        | Salary           | Community Development                                                                                          | 11 May 2009      |
|                            | 2. Pacific Advisory Committee, PHAC                      | Chair                                             | Fee              | Pacific Advisory for ADHB                                                                                      |                  |
|                            | 3. National Task Force for Family Violence MSD           | Member                                            | Fee              | PHAC representative                                                                                            |                  |
|                            | 4. Family and Community Services national advisory group | Task Force member                                 | Fee              | Representative from Family and Community Services national advisory group                                      |                  |
|                            | 5. Auckland Safer                                        | Advisory Member                                   |                  | Development and implementation of a comprehensive social intervention logic for supporting families nationally |                  |
|                            |                                                          | Executive member                                  | Voluntary        | Development of Auckland Safer                                                                                  |                  |

| NAME OF BOARD MEMBER  | ORGANISATION                                                             | ROLE            | FINANCIAL INTEREST | NATURE OF INTEREST                                                                                      | DATE OF LATEST DISCLOSURE |
|-----------------------|--------------------------------------------------------------------------|-----------------|--------------------|---------------------------------------------------------------------------------------------------------|---------------------------|
|                       | 6. Communities<br>Tamaki Achievement Pathways Schooling improvement      | Chair           | Voluntary          | City plans<br>Chair management committee for cluster of 13 schools in management improvement initiative |                           |
|                       | 7. Tamaki College Board of Trustees                                      | Elected Trustee | Fee                | Disciplinary and property Committee                                                                     |                           |
|                       | 8. Tamaki Community Development Trust                                    | Member          | Voluntary          | NGO delivering social services within the Tamaki area                                                   |                           |
| <b>Farida SULTANA</b> | 1. Nil                                                                   |                 |                    |                                                                                                         | 6 August 2008             |
| <b>Lynda WILLIAMS</b> | 1. Maternity Services Consumer Council                                   | Employee        | Salary             |                                                                                                         | 4 August 2008             |
|                       | 2. Auckland Women's Health Council                                       | Employee        | Salary             |                                                                                                         |                           |
|                       | 3. Member National Antenatal HIV Screening Implementation Advisory Group |                 |                    |                                                                                                         |                           |
|                       | 4. Chair Postnatal Distress Support Network Trust Board                  |                 |                    |                                                                                                         |                           |
|                       | 5. ADHB Primary Maternity Services Steering Committee                    |                 |                    |                                                                                                         |                           |



**CONFIRMATION OF MINUTES**  
**- WEDNESDAY 16 MARCH 2011**



# Community and Public Health Advisory Committee Minutes

| <b>MEETING DETAILS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------|--------------|----------------|----------------|-------------------|----------------|---------------|---------------------|----------|------------------|--|
| Time and Date          | 2:00pm, Wednesday, 16 March 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
| Venue                  | Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
| <b>1</b>               | <b>KARAKIA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
|                        | The Chair declared the meeting open at 2:04 pm and introductions were made. Gwen Tepania-Palmer led the meeting with the Karakia.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
| <b>2</b>               | <b>ATTENDANCE AND APOLOGIES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
|                        | <p><b>Committee Members</b></p> <table> <tr> <td>Dr Lee Mathias (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Peter Aitken</td> <td>Judith Bassett</td> </tr> <tr> <td>Susan Buckland</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Dr Lester Levy</td> <td>Robyn Northey</td> </tr> <tr> <td>Gwen Tepania-Palmer</td> <td>Ian Ward</td> </tr> <tr> <td>Rev Alfred Ngaro</td> <td></td> </tr> </table> <p><b>In Attendance</b></p> <p>Ian Scott – Auckland PHO<br/>Barbara Stevens – Auckland PHO<br/>Lynda Williams</p> <p><b>Management in Attendance</b></p> <p>Garry Smith – Chief Executive<br/>Dr Denis Jury – Chief Planning &amp; Funding Officer<br/>Taima Campbell – Executive Director Nursing<br/>Hilda Fa’asalele – General Manager Pacific Health<br/>Keri Hiini – Planning and Funding Manager<br/>Janice Mueller – Director Allied Health<br/>Dr Andrew Old – Public Health Physician<br/>Ian Bell – Board Administrator</p> <p><b>Apologies</b></p> <p>Apologies had been received from Rob Cooper and Naida Glavish.</p> | Dr Lee Mathias (Chair) | Jo Agnew | Peter Aitken | Judith Bassett | Susan Buckland | Dr Chris Chambers | Dr Lester Levy | Robyn Northey | Gwen Tepania-Palmer | Ian Ward | Rev Alfred Ngaro |  |
| Dr Lee Mathias (Chair) | Jo Agnew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
| Peter Aitken           | Judith Bassett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
| Susan Buckland         | Dr Chris Chambers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
| Dr Lester Levy         | Robyn Northey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
| Gwen Tepania-Palmer    | Ian Ward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
| Rev Alfred Ngaro       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
| <b>3</b>               | <b>CONFLICTS OF INTEREST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |          |              |                |                |                   |                |               |                     |          |                  |  |
|                        | There were no declarations of conflicts of interest with any item on the agenda.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |          |              |                |                |                   |                |               |                     |          |                  |  |

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| 4   | <b>CONFIRMATION OF MINUTES 16 FEBRUARY 2011</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|     | <p><u>Moved Lee Mathias, seconded Gwen Tepania-Palmer</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 16 February 2011 be confirmed as a true and correct record with the amendment that Ian Ward moved the adoption of the minutes of 17 November 2010.</i></p> <p><u>Carried</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 5   | <b>ACTION POINTS 16 FEBRUARY 2010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|     | <p><b>Children</b><br/>The children's' strategy would be provided in April.</p> <p><b>Options for Weight Management</b><br/>This would be brought forward in May.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6.1 | <b>Planning and Funding Summary Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | <p>The draft Annual Plan was work in progress. The Minister's message to keep it simple was noted. Immunisation rates were at 88% with a tidy up of data bases in practices and a review of processes to get data onto the National Immunisation Register. Any question of incentivisation would be discussed with the Board.</p> <p>RFP has been issued for After Hours and POAC. Progress on the Oral Health implementation was provided although there was a comment on the quality of care and the need with children to show positive reward.</p> <p>The three DHBs had been supportive in giving both dollars and staff time to GAIHN however they had a perception that ADHB was not supportive. Counties Manukau were the lead DHB and were therefore more visible. There was a workshop planned for the end of the month which should go a long way to correct the perceptions. It was noted that GAIHN was very large and there was a need to focus on short term deliverables. It was important that partnership was exercised.</p> <p>Access to diagnostics/radiology was under remedial action including Waitemata staff having reservations due to a lack of clinical engagement which was being addressed through the CMOs. ADHB had piloted the project for 2 years on behalf of the MoH when Waitemata had an in-house triage system that they could continue to use. There was a need to standardise across the region.</p> <p>Contracts were in place for skin lesion treatment and there was confidence that the target would be met. The After Hours working group consisted of the current providers which gave rise to conflicts and probity issues on whether to just continue with those providers or open the RFP to other providers. The After Hours consultation document had been issued. The after hours service providers could access POAC.</p> <p>There was an intention to undertake more regional standardisation of clinical pathways but it was important to implement the ones already developed rather than developing new ones. They did go through a prioritisation process. The target was to implement 1 of the pathways this year with the process being to first get clinical agreement and consistency across the region and also across the whole health continuum.</p> <p>The affect of the Christchurch earthquake was expected to be on elective services rather than acute services and there may be some services that would not be sustainable in Christchurch. The electives needed to be a sector response.</p> <p>The report was received.</p> |

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| <b>6.2</b> | <b>Planning and Funding Indicators Exception Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|            | <p>The Pacific smoking cessation project had reached the target which was accounted year to date and was a successful collaboration between Auckland and Waitemata. It was noted that future funding for smoking cessation was unsure and the Committee is to be kept informed. While it is expected that there would be funding, the quantum was unknown.</p> <p>Reporting on KPIs for ethnicities was tabled showing trends over time and relativity to Other population. As with the Maori Health Advisory Committee and the Pacific Health Advisory Committee the report was supported with a need for an interpretative narrative and a preference for the graphs to be in colour.</p>                                                                                                                                                                                                                                                                                                                                                                             |
| <b>6.3</b> | <b>National Targets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|            | <p>The targets related to public health being diabetes, cardiovascular risk assessment and immunisation.</p> <p>To achieve improvement in the self-management of diabetes more resources were being put in through PHOs. This is being managed for all PHOs by Auckland PHO through a 100 day plan. The plan was explained by Auckland PHO CEO Barbara Stevens. Initially This project was focused on seeing what was being done and reviewing data and barriers i.e. retinal screening with the diabetes governance working with coordinators. It was thought that the work was being done but it was a matter of recording the action. Self management is a partnership and concern was expressed at some of the language and attitudes expressed by DHB staff. The Committee noted the Board's zero tolerance for disrespect.</p> <p>It was noted that Pacific nurse graduates often wished to work in primary care although 13 had applied for new graduate positions at ADHB this year.</p> <p>Immunisation rates for 2 year olds had reached 88% up from 87%.</p> |
| <b>7.1</b> | <b>DAP Projects Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|            | <p>The retinal screening contract had now been signed. There was some resistance to the palliative care redesign from present services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>8</b>   | <b>FEEDBACK FROM COMMITTEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|            | <p><b>Maori Health Advisory Committee</b></p> <p>There would be a meeting the next week concerning the amalgamation of the Auckland and Waitemata committees and the priority of work. The MHA Committee had had discussions about Whanau Ora and ADHB's responsibility.</p> <p><b>Pacific Health Advisory Committee</b></p> <p>There was discussion on workforce development issues including HR processes and barriers to reach a target of reflecting ADHB's population in its workforce. There was discussion on the Mental Health Strategy and workforce issues although there was some capacity in Lotofala.</p> <p>Healthy Homes and Warm and Snug were targeted to Pacific homes although there may be a question of funding with a decrease of charitable funding available. The Committee had asked for some visibility of Pacific in the Annual Plan.</p>                                                                                                                                                                                                    |

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| 9.1  | <b>Annual Plan 2011-12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|      | <p>Tony O'Connor was in attendance.</p> <p>The Plan was still in a relatively raw state with more specificity to be made in some areas and tidy up of action measures. The Board Chair sought more narrative rather than tables. With module 4, the SOI, there was an attempt to get consistency across the region and only have outputs that are measurable. The first draft was due on Friday 25 March signed by the Chair and CEO going to the National Health Board. A number of small points were raised and there would be a discussion on contracting in the Finance Committee.</p> <p>Management had a responsibility to operationlise the Plan.</p> <p>Alfred Ngaro left the meeting at 3:52 pm.</p> <p>The investment in healthAlliance was to be included.</p> <p>The Committee received the draft noting the strong alignment with the Minister's and Board's priorities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 10.1 | <b>Community Dialysis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|      | <p>Dr Ian Dittmer, Clinical Director Renal, presented to the Committee outlining the previous hospital based units and home dialysis and now the move to satellite units. The ideal future is home dialysis satellite community dialysis with a mixture of independent and nurse/technician assisted with medical care provided by the GP. Hospital based dialysis would be only for the most co-morbidly ill. The benefits to the patient of satellite community dialysis were location, being closer to home, and better liaison and integration with primary healthcare providers. There was action to provide prevention or slowing of progress of chronic kidney disease including blood pressure management, diabetes management, smoking cessation, dietary intervention and close liaison with primary healthcare providers. Pre dialysis management was by nurse specialists monitoring blood pressure, providing education and dieticians providing information as well as social workers.</p> <p><u>Moved Lee Mathias; seconded Gwen Tepania-Palmer</u></p> <p><i>That CPHAC recommends to the Board to:</i></p> <ol style="list-style-type: none"> <li>1. <i>Approve ADHB Renal Services to work in partnership with primary care to design, devolve, and deliver Adult Haemodialysis (HD) services in community settings.</i></li> <li>2. <i>Approve ADHB Renal Services to design, develop and deliver in partnership with primary care, integrated kidney disease prevention, early intervention, and chronic kidney disease management services.</i></li> </ol> <p><u>Carried</u></p> <p>Details of partnerships, financial and infrastructure arrangements would be provided to the May Finance Committee.</p> <p>Gwen Tepania-Palmer left the meeting at 4:10pm.</p> <p>It was noted that the initiative could be linked to Better Sooner More Convenient and integrated health clinics.</p> |

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>10.2</b> | <b>Mental Health and Addictions Strategic Plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|             | <p>Clive Bensemman, Clinical Director Mental Health Services, Fionnagh Dougan, General Manager Mental Health and Julie Armstrong, Assistant Planning and Funding Manager Mental Health were in attendance.</p> <p>The Plan was aligned with national and regional plans. Mental Health had been funded through the “Blueprint” on inputs, FTE, beds etc. for a notional 3% of the population. However there was a shift to the concept of applying the spend across the continuum of care for a population greater than 3% recognising people move up and down that care continuum. The existing services had been mapped and then gaps identified and strategies developed to address those gaps. The Committee asked that the funding “bubble” diagram be sent by self copy.</p> <p>There was collaboration and integration with CAD services.</p> <p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p><i>That the CPHAC endorses the strategic direction of the Mental Health and Addictions Strategic Plan.</i></p> <p><u>Carried</u></p> |
| <b>11.1</b> | <b>Current Consultation Proposals – PHARMAC and 20 DHBS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|             | <p>The DHBS supported the proposal and this was provided for information. Auckland and Waitemata had made joint submission. It was noted that Pharmac only took into account the cost of drugs and did not include dispensing fees.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>12.2</b> | <b>CPHAC Feedback to Board</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|             | <p>Feedback to the Board would be on renal, Pacific Island workforce and the endorsement of the Mental Health Strategy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>13</b>   | <b>GENERAL BUSINESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|             | <p>There was some discussion on the recent publicity relating to a couple of children.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|             | <b>NEXT MEETING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|             | <p>The meeting closed at 4:34pm</p> <p>The next scheduled meeting is for<br/>2:00pm, Wednesday, 20 April 2011<br/>Marie Hosking Room<br/>Level 7, Building 14<br/>Greenlane Clinical Centre<br/>Epsom</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|             | <p><b>CONFIRMED</b></p> <p><b>CHAIR:</b> <span style="float: right;"><b>DATE:</b></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |



**ACTION POINTS****- WEDNESDAY 16 MARCH 2011****5.1 DHB Level Option for Weight Management**



**Community and Public Health Advisory Committee  
Action Points from the meeting on Wednesday 16 March 2011**

| <b>Item</b>     | <b>Detail</b>                                                       | <b>Designated</b> | <b>Action</b>                                               |
|-----------------|---------------------------------------------------------------------|-------------------|-------------------------------------------------------------|
| Carried forward | A paper on strategies for children to be provided                   | Denis Jury        | Discussion paper will be prepared for May CPHAC             |
| Carried forward | DHB level options for weight management                             | Denis Jury        | See Action Point 5.1                                        |
| 6.2             | The Committee is to be kept informed on smoking cessation funding   | Denis Jury        | Noted                                                       |
| 9.1             | There is to be a discussion on contracting at the Finance Committee | Denis Jury        | Discussion paper will be prepared for May Finance Committee |



# Community and Public Health Advisory Committee

## Briefing Paper

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date             | Wednesday 20 April 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| To               | Community and Public Health Advisory Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| From             | Dr Denis Jury<br>Chief Planning and Funding Officer<br>Greenlane Clinical Centre, Building 13, Level 8<br>Phone: (09) 630 9943 ext 8071<br>DenisJ@adhb.govt.nz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Author           | Kate Sladden<br>Healthy Eating Healthy Action Manager<br>Planning and Funding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Functional Group | Planning and Funding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Subject          | <b>Weight Management</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>1</b>         | <p><b>Purpose</b></p> <p>This paper is in response to a CPHAC request for options to address weight management and builds on a previous paper (October 2010) outlining healthy eating and physical activity programmes being delivered in the ADHB. The paper highlights the viability of implementing effective weight management programmes at a DHB level in the current environment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>2</b>         | <p><b>Recommendations</b></p> <p>It is recommended that CPHAC:</p> <ol style="list-style-type: none"> <li>1. notes the complex obesity promoting environment and the lack of a national strategy to address this area</li> <li>2. requires incorporation of a prevention view (encompassing healthy weight) in HSG planning and functions; particularly for child health, diabetes, cancer and heart disease services</li> <li>3. advocates for a prevention strategy (encompassing healthy weight) in regional planning</li> <li>4. approves a focus on supporting primary care to better meet the needs of overweight and obese patients.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>3</b>         | <p><b>Description of Solution</b></p> <p>In the current environment a feasible strategy at a district level is for ADHB to work with primary care to better meet the needs of overweight and obese patients through provision of tools and training. In particular providing support so that overweight patients at risk of becoming obese receive early intervention; this group includes people giving up smoking, pregnant women and children or adolescents with obese parents.</p> <p>To this end, work has already been undertaken to develop weight management tools that facilitate the process of brief assessment of, and provision of realistic advice to patients. The tools aim to overcome common barriers to weight management support in primary care including lack of time and resources as well as aligning with the MoH Clinical Guidelines for Weight Management. 1FTE Community Liaison Dietitian is available to work with primary care and deliver training packages. Prioritising this area of work and integrating it with other planning and activity in</p> |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <p>primary care would assist with uptake.</p> <p>The programme aim is that patients receive timely, appropriate and consistent advice on nutrition, physical activity and behaviour change.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>4</b> | <p><b>Background</b></p> <p>The likely causes of the obesity epidemic are many and varied and relate to each other in complex ways. These causes come together to create an obesity-promoting environment, which overrides many of the programmes that are viable for DHBs to implement. Strategies to ameliorate the underlying environmental influences need to be addressed at a national, or possibly regional, level. Currently there is no national strategy for weight management; the Healthy Eating Healthy Action Strategy expired in June 2010.</p> <p>In line with the rest of New Zealand there is a high prevalence of overweight and obesity in the ADHB population; 34.9% and 21.3% respectively. As with other conditions there are population groups that are disproportionately affected. ADHB has a responsibility to resource weight management support although at present the effectiveness of interventions is likely to be diminished without concurrent and multi faceted environmental strategies.</p> |
| <b>5</b> | <p><b>Options Considered</b></p> <p>Currently options for effective weight management at a DHB level are limited for the reasons previously stated. Building capacity and capability in primary care appears to be a viable approach at a district level and provides a platform for future initiatives.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> | <p><b>Issues and Risks for Chosen Option</b></p> <p>There is a lot of activity in primary care and weight management may not be a priority. However, practice nurses in particular have identified a need for weight management support and tools and a willingness to work in this area. A Healthy Eating Healthy Action PHO Group for ADHB was established in 2008 and has practice nurse representation; this group has overseen the work to date on weight management.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>7</b> | <p><b>Budget Implications</b></p> <p>CFA funding received for Healthy Eating Healthy Action and tagged to “provision of information” would be used to enhance weight management support in primary care. This CFA expires in June 2012.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8</b> | <p><b>Regional / National Implications</b></p> <p>At regional Physical Activity and Nutrition (PAN) Planning and Funding Group meetings comprising the Metro Auckland DHBs and the MoH weight management in primary care is a consistent focus for the three DHBs.</p> <p>Supporting primary care would also align with, and enhance, implementation of the MoH Clinical Guidelines for Weight Management.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## **PLANNING AND FUNDING PERFORMANCE**

- 6.1 Planning and Funding Summary Report**
- 6.2 Planning and Funding Indicators List and Exception Report**
- 6.3 National Targets**



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## **Planning and Funding Functional Group**

### **Summary Report**

#### **1. Lifting the Health of people in Auckland City**

##### **Planning**

The Annual Plan for 2011-12 has now been submitted to the National Health Board for their review. Formal feedback is expected late April. In the meantime, we will continue to make further changes: re-formatting module 3 content, firming up some of the measures in modules 3 and 4, checking to see if the Northern Region's Health Plan is adequately covered in the Annual Plan.

The National Health Board will be notified of any changes made to our Plan during the month of April. The final, Board-approved, Annual Plan (which incorporates our Statement of Intent) is due with the Ministry of Health on 20 May 2011.

Auckland DHB remains connected with planners from the other DHBs in the region to ensure that our work is closely aligned.

##### **Child and Youth Health**

###### ***Immunisation***

Provisional data as at 1 April shows coverage remaining at 88% of 2 year olds fully immunised for all ethnicities (Maori 79%, Pacific 88%, NZE 88%, Asian 93% and Other 84%). This reflects an increase in Maori coverage of 4% in the last month.

As reported previously a number of initiatives have recently been undertaken to improve coverage. A data quality improvement project has entailed auditing practice data and as of 4 April 2011 NIR data from 92 general practice clinics in ADHB have been audited. This has identified 2426 missing doses on the NIR that have been manually entered including 214 children who will turn 2 years within the next 3 months so will be reflected in the end of year target result. Thus far approximately 2/3rds of general practice clinics have been audited. The audits are followed up with training for practice nurses on identified issues.

A second initiative underway entails 'automatic' referral to the Outreach Immunisation Service of all ADHB children turning 2 in the next 3 months who are currently overdue for an immunisation. As of 1 April 63 children had been referred.

The final initiative has been 554 'courtesy' letters sent from the NIR to parents who had been noted as having declined immunisation for their child to check that they had in fact intended to decline. Of 95 (17%) responses received 59 only were a genuine decline with 29 children to be followed up to ensure these children are immunised.

It can be expected that these initiatives will together result in at least a 2-3% increase in coverage at 2 years by 30 June 2011, and thus meet target by financial year end.

###### ***A New Child Health Improvement Plan for ADHB***

A successful child health planning day for ADHB was held on 1 April with good engagement from a diverse group of stakeholders including representation from both Waitemata DHB and Counties Manukau DHB as well as intersectoral representation. The ADHB planning process takes account of the wider regional and national child health initiatives and planning processes.

### ***Youth Health***

An ADHB intersectoral steering group is currently developing an implementation plan for the ADHB Youth Health Improvement Plan 2010-2016. The focus for the immediate future will be on low cost/no cost initiatives. Waitemata DHB is currently requesting Expressions of Interest in establishing a one stop shop model of care for young people and has indicated a wish to work in collaboration with ADHB where this makes sense.

### **Women's Health**

#### ***Fertility Services***

The RFP process being led by Waitemata DHB for a private fertility provider as reported on last month has had the timeframe extended until 30 September 2010. The RFP is likely to be issued on 18 April. An independent clinical advisor to the process has now been confirmed.

#### ***Cervical Screening***

The National Screening Unit, Ministry of Health has approved one-off non sustainable funding of \$200,000 to improve cervical screening rates of ADHB high priority women (Maori, Pacific and unscreened and under-screened women) over the next 3 months. Free cervical smears for this group will be offered through primary care during April, May and June. Of note, ADHB currently has the lowest cervical screening rates in the country at 70% overall (3 year coverage – hysterectomy adjusted, women aged 20 -69 years) including 44% Asian, 51% Maori and 62% Pacific coverage (December 2010).

#### ***Maternal Mental Health***

Discussions have begun between Women's Health Services and Mental Health Services to better meet the needs of women with maternal mental health issues in particular those with post partum psychosis. Two beds in Women's Health are able to be used for this group of women and it has been decided to establish a governance group with representation from both services to oversee utilisation of this resource.

## **2. Performance Improvement**

### **Primary Care**

#### **Regional Progress to Date**

The Metro Auckland DHBs collectively continue to make progress with implementation of the regional components of Government's Better Sooner More Convenient Primary Health Care (BSMC). Discussions on locality service planning and delivery frameworks and how these fit within a regional approach are being progressed within DHBs and escalated through primary care business cases and GAIHN activity.

- **Contracting Framework**

Payments have continued to PHOs under the contracting arrangements as planned.

- **Business Cases**

Active involvement continues to support the three Business Cases in development and rollout of their respective Implementation Plans. GAIHN ALT continues to

develop, taking accountability for a range of projects and outcomes. A GAIHN ALT retreat was held on for 31 March & 1 April.

- **Progress with PHO Consolidation**

The National Maori Coalition is working through a process to become a single national PHO. DHBs are supporting this development and have agreed that CMDHB will be the host DHB of the new entity. It is likely that the metro-Auckland DHB collaborative arrangements will be utilised. Total Healthcare Otara PHO's practices joining Te Hononga PHO for the next quarter and HealthWest PHO joining ProCare. These moves will be verified on 1 April 2011.

- **Progress with the ADHB Primary Care Plan**

Discussions are underway with the 4 ADHB PHOs toward developing a District Alliance to operationalise for the ADHB population the BSMC Strategy as described by the ADHB Primary Care Plan 2008 - 2020

The membership of the District Alliance, and its terms and conditions were finalised at its February meeting. The District Alliance using the ADHB approved Locality Plan (approved 15 September 2010) which aligns to the wards of Auckland Super City will be the ADHB vehicle for achieving:

- Consolidation and operationalisation of the three Business Cases
- Devolution of services
- Development of locality based approaches for health services
- Functional and functioning IFHC / Whanau Ora Centres

### **Improve Primary – Secondary System Efficiency: The Regional Annual Plan projects**

#### ***Access to Diagnostics-Radiology***

By 20 March, 110 general practices across ADHB and 3 in CMDHB (who are trialling the ADHB version) have the ProExtra Radiology tool installed.

The current focus across ADHB is encouraging GPs to use ProExtra Radiology; of those not using it the rate of inappropriate referrals to ADHB Radiology is around 35% of total GP referrals, which is creating waste in the system and causing patients to experience unnecessary waiting times. Two of the ADHB GP Liaisons are manually triaging all GP referrals on 'old forms' and sending a rejection letter to the respective referring GPs. This peer review process is resulting in GPs increased use of ProExtra Radiology.

During early March 2011 Waitemata DHB confirmed it will not rollout the ProExtra Radiology interim solution across its practices, instead it will wait for the long-term solution. However, WDHB Radiology have been manually triaging all GP referrals against the Clinical Triage Criteria for several months, and contacting GPs to discuss inappropriate referrals; they anecdotally report a progressively decreasing volume of inappropriate GP referrals.

CMDHB has elected to rollout ProExtra across 100 of its practices and during March 2011 ProCare have been customising ProExtra Radiology to achieve this. With confirmation of CMDHB roll out and WDHB confirmation of manual triage of all GP referrals the relevant DHB volumes have been added and the project is on track to achieve target.

### ***Minor Surgery - Skin Lesions***

Provider selection across the region has now been completed and contracts are currently being prepared for the successful respondents. This project is now proceeding to plan and there is confidence that the target will be met. This is supported with;

- Actively advertising to GPs
- Increase DHB assessments and referrals to contracted providers
- Supporting contracted providers to deliver increased volumes

### ***Regional Clinical Pathways***

The Dyspepsia and Iron Deficiency Anaemia (IDA) pathways have been signed off and are now being utilised. The pathways are accessible to primary and secondary care via Health Point. Progress is being made on other clinical pathways and the Annual Plan target of having five pathways fully developed and implementable by the end of June is on track to be achieved.

A request-for-proposals process is underway to establish/develop an electronic platform for this work.

Unlikely to meet 30% reduction in FSA for dyspepsia, but should achieve 20% across all five pathways.

### ***Acute Demand / POAC***

This project is tracking to plan and there is confidence that the target will be met. There are however some risks, particularly associated with a tender process and the likely number of respondents and the ability to achieve efficiencies compared to the present price. These are being mitigated through the design of the RFP process.

### ***After Hours***

The issues relating to this project have been previously reported, and are being actively managed. A consultation document on the provision of an Auckland Regional After-Hours Network has been prepared and is currently out with interested parties. Feedback is due 12 April 2011.

### ***Pharmaceuticals CMDHB & ADHB Project***

Although delayed there is confidence that the establishment costs will be recovered (\$600k) and further analysis is being undertaken to determine the return above this. There has been a shift in the focus of this project from financial returns to making changes and improvements in pharmaceutical utilisation.

### ***Maori Service Development***

As previously reported these projects have progressed more slowly than anticipated and did not meet the original target of 31 December 2011. Metro-Auckland DHBs are meeting regularly to manage the slippage issues and get the project back on track and completion by the financial year end.

| Initiative                           |                                                                                                                                                                                                                    | Regional Volumes                                                                                                                                                                                                                                                                                                                                                                  |               | Target to end June 2011                                                                                                                                                                                                                                                |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                      |                                                                                                                                                                                                                    | Month                                                                                                                                                                                                                                                                                                                                                                             | YTD           |                                                                                                                                                                                                                                                                        |
| Acute Demand / POAC                  |                                                                                                                                                                                                                    | 1,318                                                                                                                                                                                                                                                                                                                                                                             | 10,526        | 15,000 cases<br>Tracking to plan, (risks noted above)                                                                                                                                                                                                                  |
| Access to Diagnostics                | <b>DAP Target 1</b><br><i>Measures elective plain x-ray and ultrasound referrals by GPs for diagnostic radiology to Non DHB Providers (N.B. GP's cannot refer CT Scans and MRI to Private Radiology Providers)</i> | 61                                                                                                                                                                                                                                                                                                                                                                                | 1,139         | 4,500<br>With CMDHB rollout commencing from March 2011, and acceptance by Ministry of Health that WDHB manual triage of all GP radiology referrals can be included, has enabled regional volumes to be added to the previous ADHB only volumes                         |
|                                      | <b>DAP Target 2</b><br><i>Measures elective referrals by GPs to DHB Radiology Services for diagnostic radiology</i>                                                                                                | 474<br>(referred via Clinical Triage Criteria)<br><br>1,284<br>(referred via "old" forms)                                                                                                                                                                                                                                                                                         | 14,585        | 16,000+<br>With CMDHB rollout commencing from March 2011, and acceptance by Ministry of Health that WDHB manual triage of all GP radiology referrals can be included, has enabled regional volumes to be added to the previous ADHB only volumes                       |
| Skin Lesions                         |                                                                                                                                                                                                                    | Monthly data unavailable                                                                                                                                                                                                                                                                                                                                                          | 463 to Feb 11 | 1,200 community based skin lesion procedures over 2010/11.<br>Tracking to plan<br><br>Volumes of procedures to date are up to 28 February for WDHB & CMDHB. As the volumes are only processed through invoice generation there is a delay on the reporting of volumes. |
| Regional Clinical Pathways           |                                                                                                                                                                                                                    | Not tracking to plan. All 5 pathways will be fully developed and implementable by 30.06.11 but it is estimated there will be variance in the target for FSA reduction in Dyspepsia (as noted above)                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                        |
| After Hours                          |                                                                                                                                                                                                                    | Tracking to plan (risks noted separately)                                                                                                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                                        |
| Pharmaceuticals CMDHB & ADHB Project |                                                                                                                                                                                                                    | Tracking to plan (risks noted separately)                                                                                                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                                        |
| Pharmaceuticals WDHB Project         |                                                                                                                                                                                                                    | Tracking to plan (risks noted separately)                                                                                                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                                        |
| Maori Service Development            |                                                                                                                                                                                                                    | Not tracking to plan. The original 31.12.10 targets are unlikely to be met due to the complexity and volume of work involved. Three regional leads are managing the process collectively. (risks noted separately)                                                                                                                                                                |               |                                                                                                                                                                                                                                                                        |
| Health Targets.                      |                                                                                                                                                                                                                    | Not tracking to plan (risks noted separately) for immunisation and diabetes management.<br><br>Data for the month of February 2011 <ul style="list-style-type: none"> <li>• 87% Immunisation – target 90%</li> <li>• 56% Diabetes Detection (Get Checked) – target 55%</li> <li>• 65% Diabetes Management – target 70%</li> <li>• 80% CVD Risk Assessment – target 80%</li> </ul> |               |                                                                                                                                                                                                                                                                        |

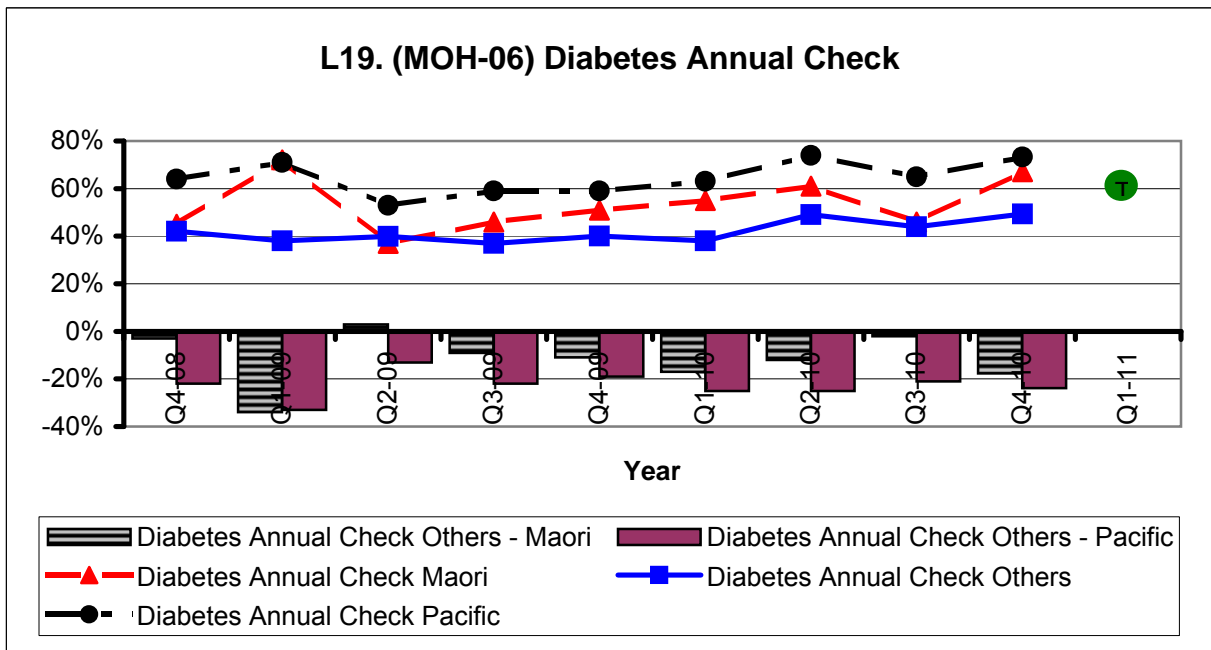
**3. Live Within Our Means**

***Month's Funding Issues***

A verbal update on any developing funding issues will be given.

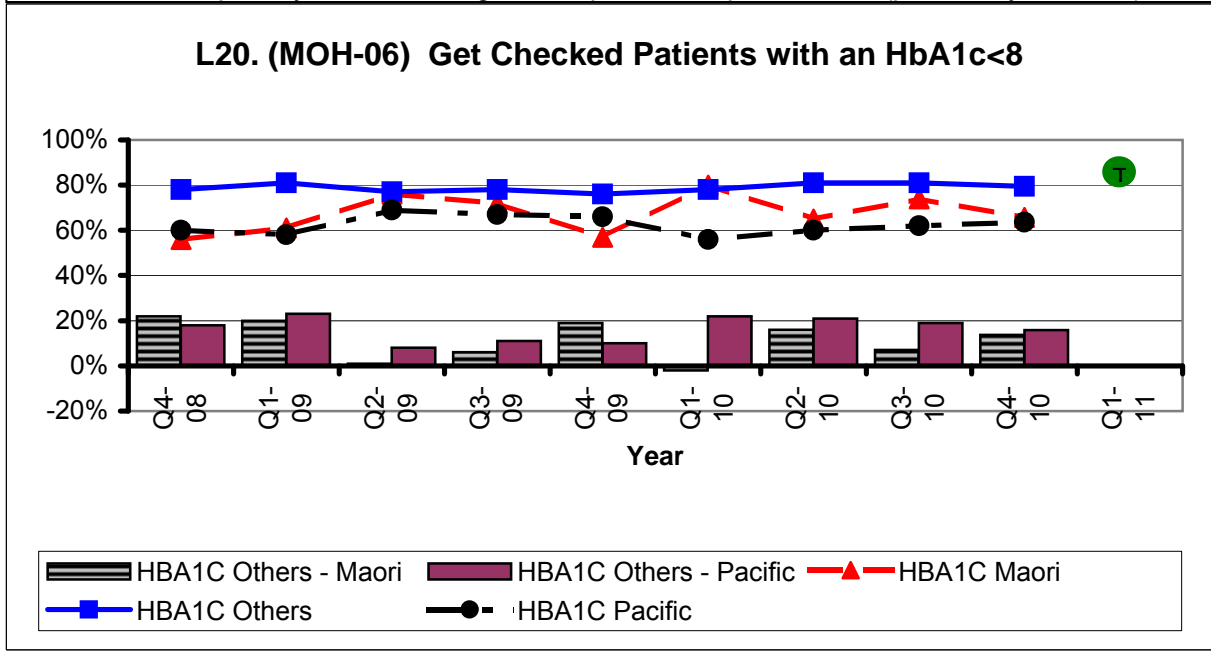
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At end of 2010, ADHB was 1% below target of 57% of people with diabetes receiving their free Diabetes Annual Review (by ethnicity: 73% of Pacific population, 67% of Maori and 42% Other). Key initiatives underway to improve performance include:

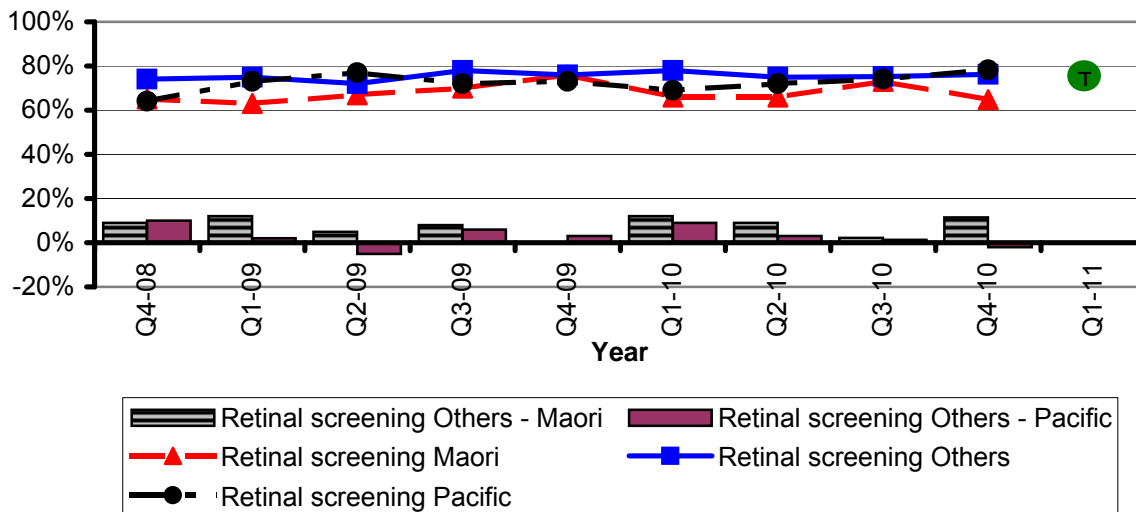
- A two year contract for three diabetes quality improvement coordinators to work with practices across ADHB to better identify their population with diabetes, establish and maintain diabetes registers, support set up of recall systems.
- Funding of a population audit tool for practices, enabling better identification of patients with LTC's
- Discussion with primary care on strategies to improve DAR performance (particularly for Other)



Performance at end of 2010 shows we are under target overall; 73% against target of 84%. Targets for Maori and Pacific populations have not been met, 66% and 64% respectively. The following initiatives underway:

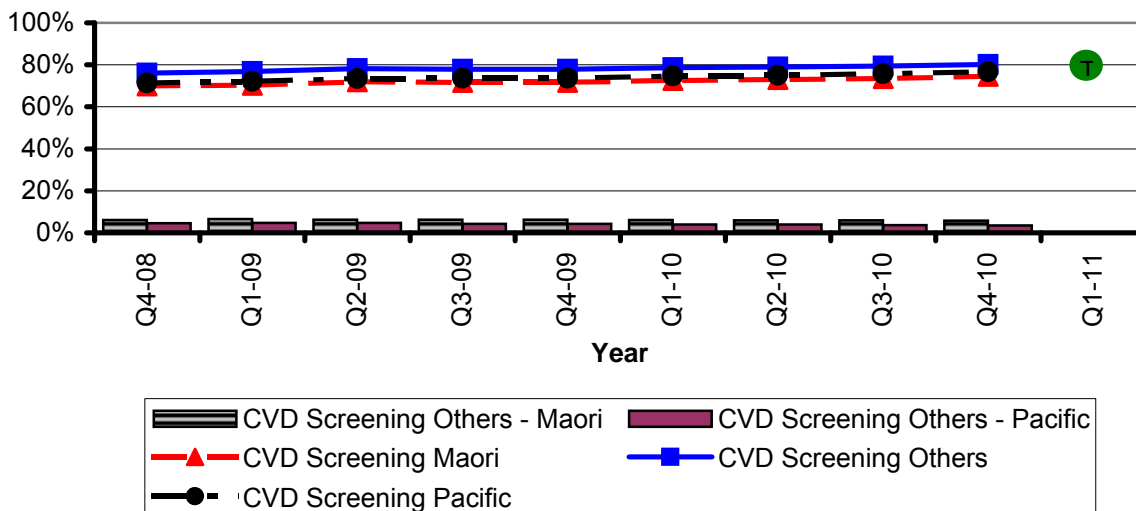
- 0.5 FTE facilitator to deliver generic and diabetes focused self management to Pacific peoples
- Diabetes Self Management contract recently started with Te Hononga O Tamaki Me Hoturoa to provide DSME services across the ADHB area, focusing on ensuring services are appropriate and accessible to our high needs populations
- Diabetes coordinators will support and enable practices to provide better diabetic management

### L21. Diabetic Retinal Screening for people with diabetes

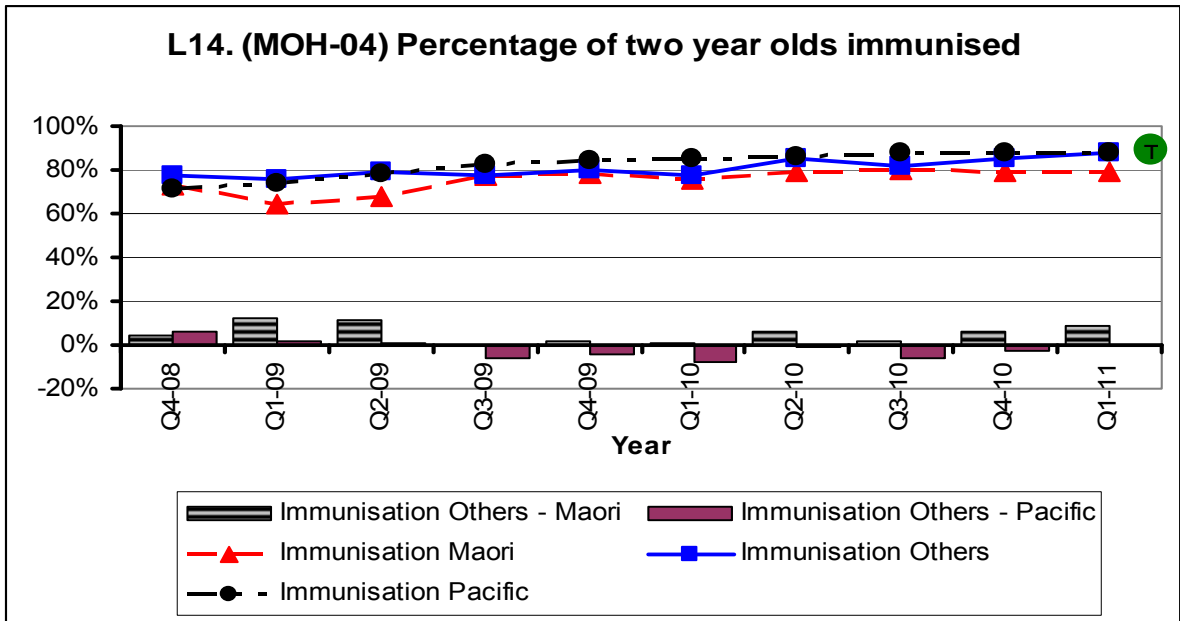


Activity towards improving retinal screening continues, and a community retinal screening programme will be launched during 2011, which will increase capacity for retinal screening in community settings. This project will improve capacity and enable easier access for all populations, including for our high needs groups through the placement of community screening in high needs localities.

### L22. (MOH-06) Cardiovascular risk screening

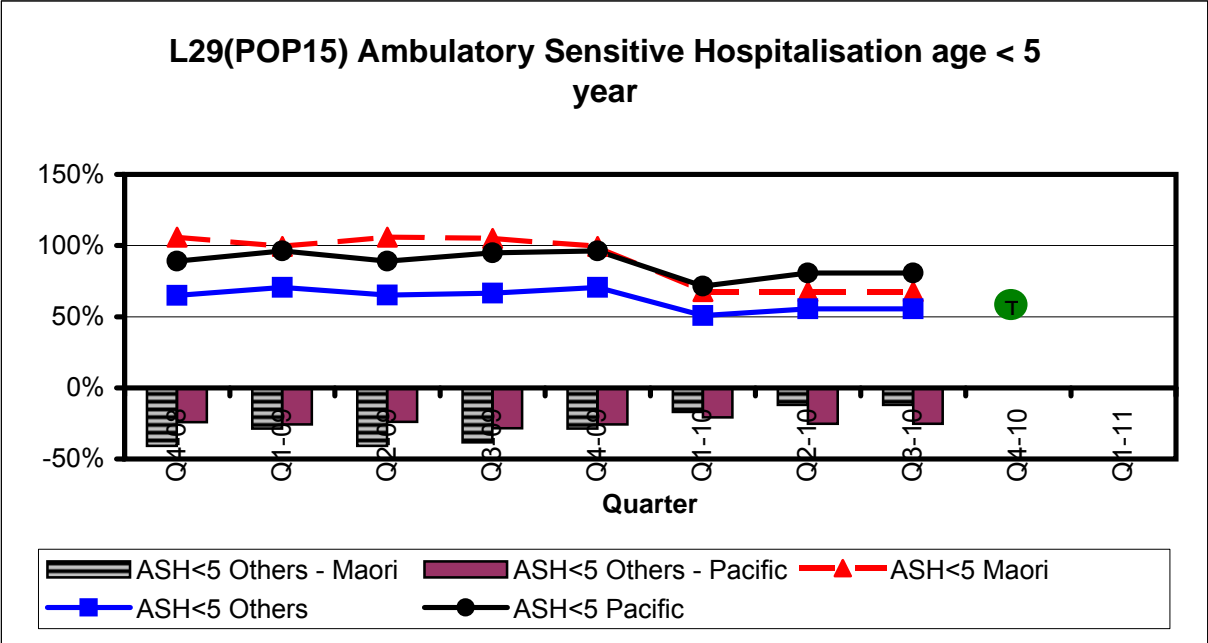


Performance at end of 2010 for CVD (from the MOH) shows that we have now met this target (79.4% against a target of 79%). Individual targets for each ethnicity have also been met, however we do acknowledge the variance between the target for Other and Maori and Pacific and are working to close this gap through initiatives examining the effectiveness of workplace screening, which is linked to occupational health activity and particularly focuses on Maori and Pacific men.

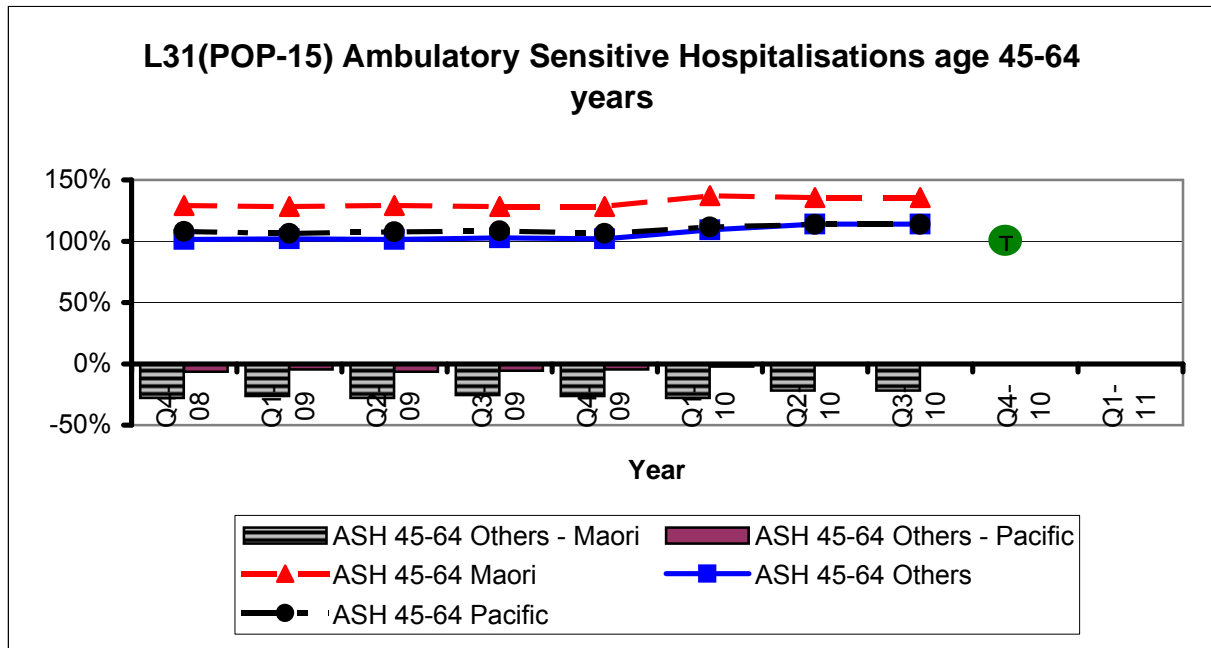


Provisional data as at 1 April 2011 shows 88% fully immunised; 79% Maori, 88% Pacific, 93% Asian, 88% NZ European and 84% Other. Maori coverage has increased 4% in the last month. Key initiatives are currently underway expected to increase coverage by at least 2-3% by 30/06/11;

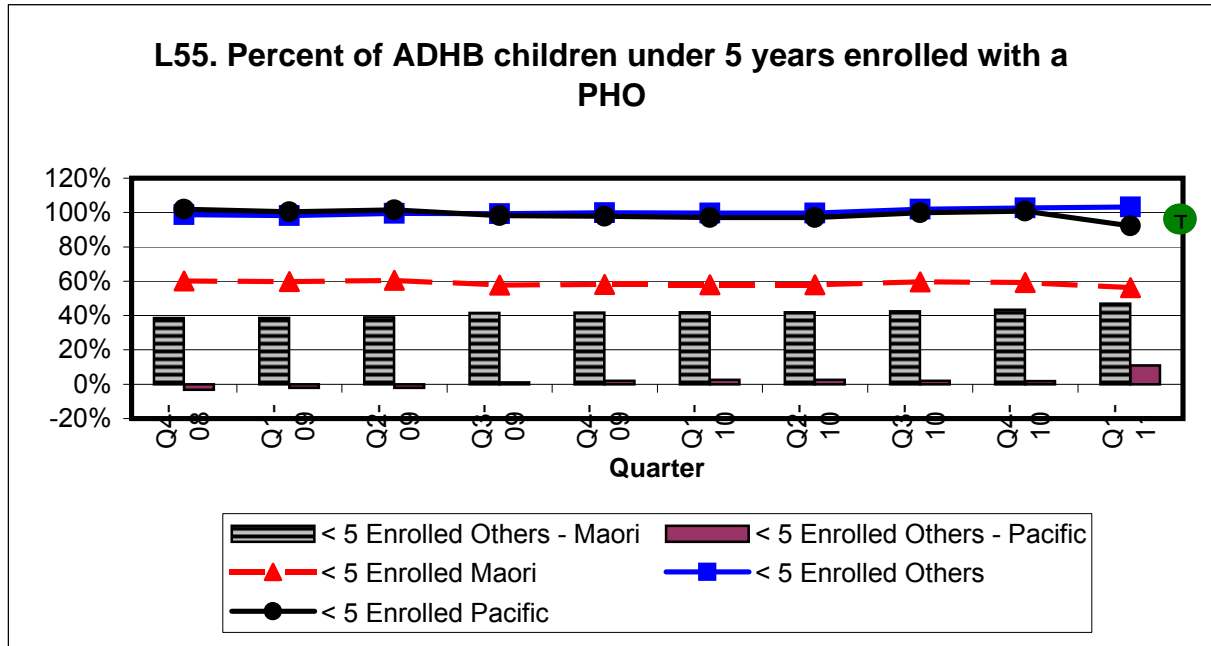
- a data quality improvement project.
- automatic referral to the immunisation outreach service of all children currently overdue for an immunisation who turn 2 in the next 3 months; and
- 'courtesy' letters sent to parents of all children currently noted on the NIR to have declined immunisation to check that this is correct.
- a project to promote immunisation being undertaken with other sectors.



- ASH rate in ADHB is below the national rate (the lower the better)
- Maori and Pacific People are still higher than the Others
- Many projects will have impact on ASH rates are;
  - Improve access to diagnostics (running)
  - Increase POAK utilisation (running)
  - Clinical pathways (running)



- In age group 45 to 64 Auckland DHB haven't achieved the target rates for all the ethnic groups
  - Cellulitis, diabetes, chest pain, pneumonia and congestive heart failure were the major causes
- To address the issue;
- Improve access to diagnostics (running)
  - Increase POAK utilisation (running)
  - Tamaki PHO, high utilisation case manager, pilot (running)
  - Heart Failure project (running)
  - Clinical pathways (running)



A project is underway that intends to identify the disparity between actual patient's information and the enrollment registers. This may help to identify some of the causes of the apparent disparity in the number of Maori under 5s that are enrolled with a PHO. This figure has dropped from the last quarter to under 60% of all Maori under 5s are enrolled with a PHO. The results of this project will be presented to the board shortly. Once potential issues are known they can be discussed with ADHB's PHO coalition to agree a way forward.



\* " BU]cbU`HUf[ Yhg



## Project: Diabetes

51

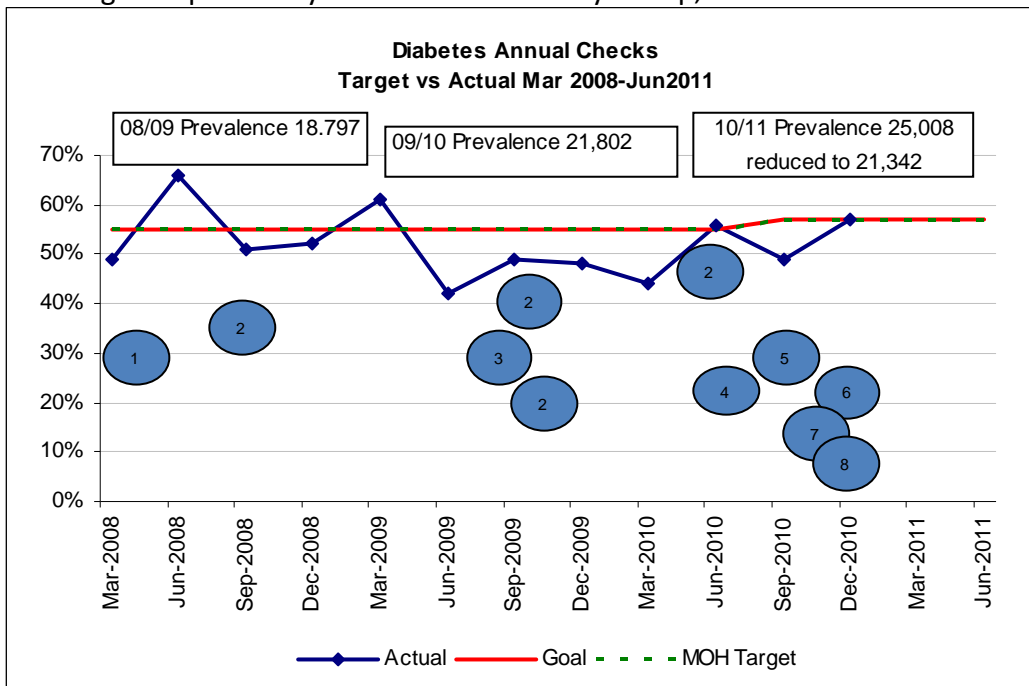
Primary Objectives: Increase the percentage of people with diabetes accessing and attending their free annual diabetes get check

Date of Delivery: 55% June 2011

Clinical Lead: Gayl Humphrey

Project Sponsor: Dr Denis Jury

Steering Group: Primary Care Clinical Advisory Group, Auckland Diabetes Advisory Team



### Recent and Current activities:

- 1) Increase awareness project with PHOs driving information share
- 2) Practise based data (results) feedback
- 2a) Increase other feedback options
- 3) Improved understanding of IT linkages in Practice systems
- 4) Paper from the Auckland Diabetes Advisory Team to CPHAC requesting funding to implement improvements in diabetes care and management that will impact on National Health Targets.
- 5) Routine reports to clinical advisory leadership meetings
- 6) CPHAC initiatives for long term conditions quality improvement coordinators and population audit tool beginning to be implemented.
- 7) Regional shared care pathway work
- 8) Regional shared target setting and service outcomes

### Project Risks / Comments:

Q2 shows we are now meeting target for DGC, however this is primarily due to the MOH decreasing the denominator for the expected number of people with diabetes. The number of Diabetes Annual Reviews for the Pacific and Indian populations are performing over 20% above target, with reviews for Maori now also above target under the revised prevalence. However, the performance for the Other group continues to underperform against target (42% against a target of 58%). In order to improve performance, the DHB is working with primary care to implement a comprehensive range of activities to improve DGC numbers and initiate an overall quality improvement framework. One initiative is a contract with the PHO's (through Auckland PHO) to employ long term condition quality improvement coordinators to work with all our priority practices to improve get checked performance. The first two coordinators start in February 2011. Another initiative is the funding of a Population audit tool for each practice to enable them to better interrogate their practice management system to identify and manage their population with long term conditions. This contract will be signed shortly. [Please note that the activity from Tongan Health Society has been estimated due to their data not being received in time for this report].

## Project: Diabetes

52

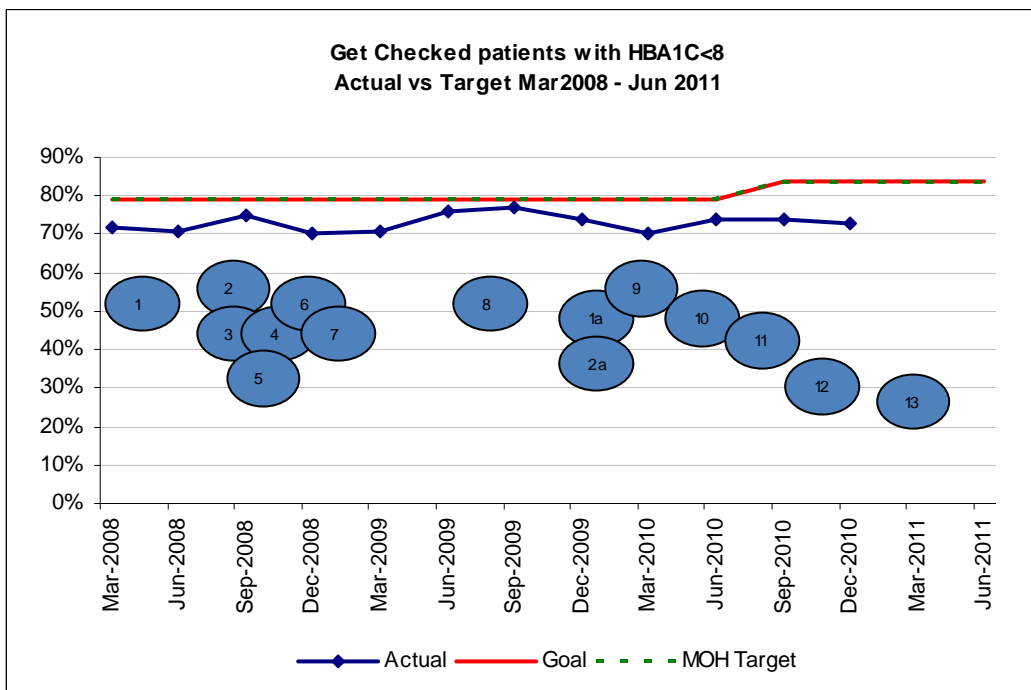
Primary Objectives: Increase the percentage of people with diabetes having satisfactory or better diabetes management

Date of Delivery: 79% of people with diabetes will have a HbA1c  $\leq$ 8%

Clinical Lead: Gayl Humphrey

Project Sponsor: Dr Denis Jury

Steering Group: Primary Care Clinical Advisory Group, Auckland Diabetes Advisory Team



### Recent and Current activities:

- 1) Increase awareness project with PHOs driving information share
  - 1a) reinforce awareness
- 2) Practise based data (results) feedback via various mediums including Health point
  - 2a) increase feedback processes
- 3) Direct Secondary Service phone support for GPs
- 4) Increased community shared clinics with secondary care
- 5) Increased SEAsian Nurse Specialist access
- 6) Widened opportunity for self management to include greater than 2 year or less diagnosed people with diabetes
- 7) Improved culturally appropriate self management courses
- 8) Improved understanding of IT linkages in Practice systems (linking PPP)
- 9) Auckland Diabetes Advisory Team – structured agreed district plan of action
- 10) Redesign the supported self management to meet needs of population
- 11) Developing shared care pathway for Diabetes
- 12) Regional shared care pathway work including clinical workshop
- 13) Implementation plan being developed for diabetes coordinators (quality improvement roles) and population audit tools for each practice.

### Project Risks / Comments:

Q2 of 2010/11 performance continues in the same trend as the previous quarter, and we have only achieved 73% against a target of 84% of people having an HbA1C  $<$ 8. The main areas of underperformance are in our diabetic management of Maori and Pacific populations. As noted in the DGC report, the activities currently being put in place to improve the DGC targets should impact on management in the long term. Additionally a new contract is being signed with Te Hononga O Tamaki Me Hoturoa to provide Diabetes Self Management Education for the ADHB region. With their focus on providing to our high needs populations, we look to see improvement in the self management capacity of our high needs populations with diabetes.

## Project: Cardiovascular Risk Assessment

Primary Objectives: Increase the percentage of our eligible population who have had their CVD risk, assessed in the last five years

Date of Delivery: Overall goal is to have 80% of eligible population CVD risk assessed every five years.

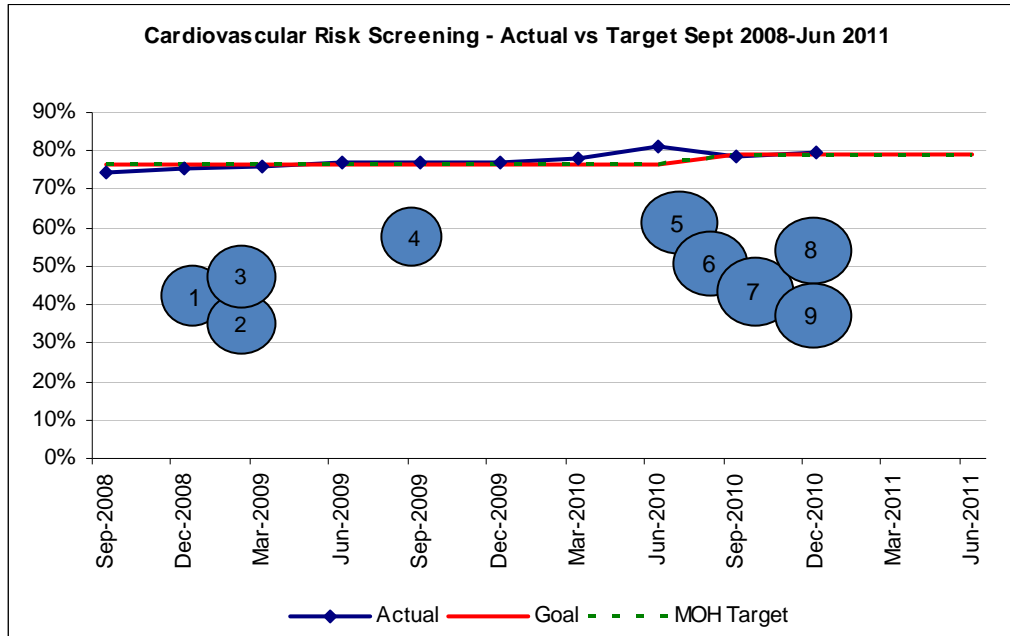
Clinical Lead: Gayl Humphrey

Project Sponsor: Dr Denis Jury

Steering Group: Primary Care Clinical Advisory Team

### Recent and Current activities:

- 1) Support the uptake of an electronic CVD tool
- 2) Training and information system support for electronic tool
- 3) IT help line for GPs for risk assessment tool
- 4) Increase the cumulative incentive payments for achieving both good assessment and good management together
- 5) Review and reshape incentives to link with PPP targets
- 6) Enhance links to Green Rx and maximise primary care uptake
- 7) Continue to work in various workplaces to enhance CVD risk assessment for men
- 8) Link in with research looking at ways to optimise Pacific males participation in health self management
- 9) Work regionally to have similar focus on incentive goals



### Project Risks / Comments:

The Q2 CVD data from the MOH shows that we have now meet this target (79.4% against a target of 79%). Individual targets for each ethnicity have also been meet.

We continue to support primary care in CVD screening and management through funding the license of the Predict tool and an incentive based contract, which we will be reviewing in the coming months to ensure that incentives are properly aligned.

**Project: Increased Immunisation**

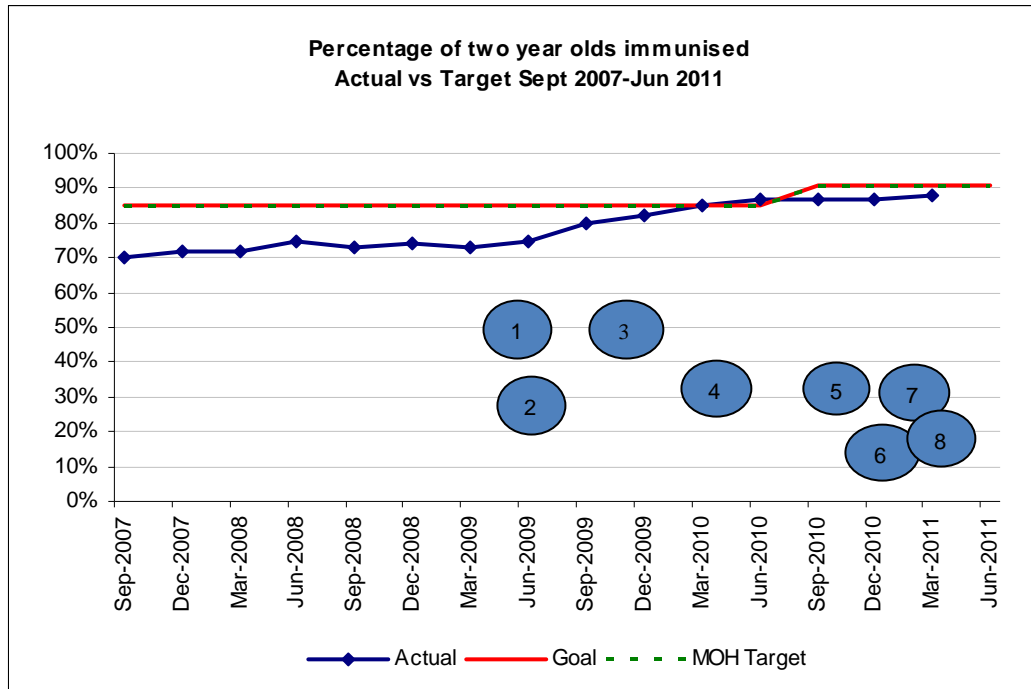
Primary goal: That 85% of two-year olds will be fully immunised by July 2010, 91% by July 2011 and 95% by July 2012

Date of Delivery: 1 July 2010, 1 July 2011 and 1 July 2012

Clinical Lead: Richard Aickin

Project Sponsor: Richard Aickin

Steering Group: Richard Aickin, Carol Stott, Aroha Haggie, Hilda Faasalele, Ruth Bijl, Alison Leversha, IMAC, Auckland PHO, Public Health, Plunket, Commissioner for Children Office, Ministry of Health

**Current activities**

1. Practice level reporting available
2. Primary care Immunisation Co-ordinators funded - ongoing
3. ADHB Immunisation Strategy approved
4. Funding application made to Starship Foundation to fund social marketing programme
5. Data cleansing project in primary care approved and funded
6. Scoping project for multi-agency engagement in promoting immunisation to high needs families
7. Data cleansing and practice nurse education project by NIR team and Immunisation Coordinators in all practices begins with final results expected by June 2011.
8. Letters sent to all parents who are noted on the NIR as having declined immunisation for their child to check that this is correct.

**Project Risks / Comments:**

Coverage for Quarter 3, 2010/11 (2 years olds full immunised all ethnicities) is 88% (regional target 90%, ADHB target 91%). Maori coverage at 18 months increased by 4% in February. The data quality and practice nurse education project targeting systems issues is well underway with so far 2426 missing doses entered manually on the NIR including 214 children who will turn 2 in the next 3 months. In addition, all children turning 2 in the next 3 months who are currently overdue for a scheduled immunisation are being automatically referred to the Outreach Service for follow up and as of 1 April 63 children had been referred. 'Courtesy' letters to check 'decline' status on the NIR have been sent 554 parents to check that they had intended to decline immunisation. Of 95 responses received so far 31% did not intend to decline immunisation and these children will be followed up. Together, it is expected that these initiatives will result in at least a 2-3% increase in coverage by 30 June 2011.

# **IMPROVEMENT ACTIVITIES**

## **7.1 CPHAC DAP Projects Report**



**District Annual Plan Implementation**

Good progress across a wide range of projects supporting District Annual Plan goals. It is pleasing to see the immunisation rates increasing to 88% in as a number of initiatives at practice level have been implemented and there is a growing confidence that ADHB's year end target will be met.

Over the last month there has been considerable effort in primary care regarding the development of their business case implementation plans which have been included in the Auckland metro DHBs' annual plans. In the case of GAIHN there is a increasing willingness to take accountability for the delivery of the DAP projects and the result of a facilitated two day workshop has seen the development of far greater focus on what GAIHN can achieve, and definition of purpose.



# Group Pack Report

Group/Committee: Community and Public Health Advisory Committees



## Goal Level Summary

DAP Projects - total projects: 26

| Goal                                             | Number      | Started     | Current Phase |            |           |            |           |           | On Time    |            |           | On Budget  |           |           | Expected Outcome |            |           | Post Implementation Benefits |           |           |           |
|--------------------------------------------------|-------------|-------------|---------------|------------|-----------|------------|-----------|-----------|------------|------------|-----------|------------|-----------|-----------|------------------|------------|-----------|------------------------------|-----------|-----------|-----------|
|                                                  |             |             | Plan          |            |           | Do/Check   | Act       | Cancelled | Green      | Orange     | Red       | Green      | Orange    | Red       | Green            | Orange     | Red       | Finished                     | Green     | Orange    | Red       |
|                                                  |             |             | Define        | Measure    | Analyse   | Improve    | Control   |           |            |            |           |            |           |           |                  |            |           |                              |           |           |           |
| 1 Lift the Health of the people in Auckland City | 19          | 19          | 5             | 3          | 2         | 6          | 2         | 0         | 14         | 3          | 1         | 18         | 0         | 0         | 18               | 0          | 0         | 1                            | 1         | 0         | 0         |
| 2 Performance improvement                        | 7           | 7           | 0             | 1          | 0         | 6          | 0         | 0         | 5          | 2          | 0         | 7          | 0         | 0         | 4                | 3          | 0         | 0                            | 0         | 0         | 0         |
| 3 Live within our means                          | 0           | 0           | 0             | 0          | 0         | 0          | 0         | 0         | 0          | 0          | 0         | 0          | 0         | 0         | 0                | 0          | 0         | 0                            | 0         | 0         | 0         |
| <b>Total #</b>                                   | <b>26</b>   | <b>26</b>   | <b>5</b>      | <b>4</b>   | <b>2</b>  | <b>12</b>  | <b>2</b>  | <b>0</b>  | <b>19</b>  | <b>5</b>   | <b>1</b>  | <b>25</b>  | <b>0</b>  | <b>0</b>  | <b>22</b>        | <b>3</b>   | <b>0</b>  | <b>1</b>                     | <b>1</b>  | <b>0</b>  | <b>0</b>  |
| <b>Total %</b>                                   | <b>100%</b> | <b>100%</b> | <b>19%</b>    | <b>15%</b> | <b>8%</b> | <b>46%</b> | <b>8%</b> | <b>0%</b> | <b>73%</b> | <b>19%</b> | <b>4%</b> | <b>96%</b> | <b>0%</b> | <b>0%</b> | <b>85%</b>       | <b>12%</b> | <b>0%</b> | <b>4%</b>                    | <b>4%</b> | <b>0%</b> | <b>0%</b> |

## Goal: 1 Lift the Health of the people in Auckland City

### High Level Summary - total projects: 19

|                                                        | Number      | Started     | Current Phase |            |              |            |            |           | On Time    |            |           | On Budget  |           |           | Expected Outcome |           |           | Post Implementation Benefits |           |           |           |         |
|--------------------------------------------------------|-------------|-------------|---------------|------------|--------------|------------|------------|-----------|------------|------------|-----------|------------|-----------|-----------|------------------|-----------|-----------|------------------------------|-----------|-----------|-----------|---------|
|                                                        |             |             | Plan          |            | Do/<br>Check | Act        | Cancelled  | Green     | Orange     | Red        | Green     | Orange     | Red       | Green     | Orange           | Red       | Finished  | Green                        | Orange    | Red       |           |         |
|                                                        |             |             | Define        | Measure    |              |            |            |           |            |            |           |            |           |           |                  |           |           |                              |           |           | Analyse   | Improve |
| <b>High Level Strategy</b>                             |             |             |               |            |              |            |            |           |            |            |           |            |           |           |                  |           |           |                              |           |           |           |         |
| 1.1 Reduce inequalities in health status               | 7           | 7           | 4             | 1          | 0            | 2          | 0          | 0         | 6          | 1          | 0         | 7          | 0         | 0         | 7                | 0         | 0         | 0                            | 0         | 0         | 0         | 0       |
| 1.2a Improve outcomes for children and young people    | 2           | 2           | 0             | 1          | 0            | 0          | 1          | 0         | 2          | 0          | 0         | 2          | 0         | 0         | 2                | 0         | 0         | 0                            | 0         | 0         | 0         | 0       |
| 1.2b Improve outcomes for older people                 | 0           | 0           | 0             | 0          | 0            | 0          | 0          | 0         | 0          | 0          | 0         | 0          | 0         | 0         | 0                | 0         | 0         | 0                            | 0         | 0         | 0         | 0       |
| 1.2c Improve outcomes for mental health and addictions | 3           | 3           | 0             | 0          | 0            | 2          | 0          | 0         | 2          | 0          | 0         | 2          | 0         | 0         | 2                | 0         | 0         | 1                            | 1         | 0         | 0         | 0       |
| 1.2d Improve outcomes for long term conditions         | 5           | 5           | 1             | 1          | 1            | 2          | 0          | 0         | 3          | 1          | 1         | 5          | 0         | 0         | 5                | 0         | 0         | 0                            | 0         | 0         | 0         | 0       |
| 1.2e Improve outcomes for Palliative care              | 2           | 2           | 0             | 0          | 1            | 0          | 1          | 0         | 1          | 1          | 0         | 2          | 0         | 0         | 2                | 0         | 0         | 0                            | 0         | 0         | 0         | 0       |
| <b>Total #</b>                                         | <b>19</b>   | <b>19</b>   | <b>5</b>      | <b>3</b>   | <b>2</b>     | <b>6</b>   | <b>2</b>   | <b>0</b>  | <b>14</b>  | <b>3</b>   | <b>1</b>  | <b>18</b>  | <b>0</b>  | <b>0</b>  | <b>18</b>        | <b>0</b>  | <b>0</b>  | <b>1</b>                     | <b>1</b>  | <b>0</b>  | <b>0</b>  |         |
| <b>Total %</b>                                         | <b>100%</b> | <b>100%</b> | <b>26%</b>    | <b>16%</b> | <b>11%</b>   | <b>32%</b> | <b>11%</b> | <b>0%</b> | <b>74%</b> | <b>16%</b> | <b>5%</b> | <b>95%</b> | <b>0%</b> | <b>0%</b> | <b>95%</b>       | <b>0%</b> | <b>0%</b> | <b>5%</b>                    | <b>5%</b> | <b>0%</b> | <b>0%</b> |         |




### Objectives










| Objective                                                                                                                 | Objective Owner                        | Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1.1 Increase local access to culturally appropriate services for Maori, respecting their status as an indigenous people | <a href="#">Aroha Haggie (ADHB)</a>    | Projects under this objective are progressing as expected. Significant support is being provided to these activities especially in the BSMC space to support the implementation of whanau ora and activities focused on reducing inequalities. Whanau Ora Outcomes Framework - We are experiencing some delays in the development of outcomes for the framework however we are seeking to align DHB:MAPO outcomes with those recently development in the primary care and BSMC business case space.                                                                                                                                                                                                                                                                                                                                                                                       |
| 1.1.2 Increase local access to culturally appropriate services for Pacific and other high needs groups                    | <a href="#">Hilda Faasalele (ADHB)</a> | HVAZ work and evaluation with Pacific churches/communities continues. PHO Parish Community Nurses and health workers have agreed on Action Plan and who holds primary responsibility for each objective. Activities/objectives related to Health targets. Pacific Nurse SME Co-ordinator has started within HVAZ and is engaging with key churches to begin programme with samoan speaking churches. Strong interest following successful implementation at CMDHB. Community Leaders meeting held with good support and interest for ongoing health initiatives. Pacific Best Practice education session delivered to CYFS/ADHB Liaison programme for senior staff across ADHB. Awaiting evaluation and reports from combined workshops held with Le Va. ADHB Pasefika Week commences March 7th - ADHB services, external agencies and Pacific providers/NGO's to profile their services. |
| 1.1.3 Increase access to services for culturally and linguistically diverse populations                                   | <a href="#">Denis Jury (ADHB)</a>      | Utilisation of online cultural competency training modules and interpreters by both primary and secondary care continues. Also increasing use by NGOs has been noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1.1.4 Support disabled people and improve their                                                                           | <a href="#">Denis Jury (ADHB)</a>      | Disability Responsiveness Audit recommendations currently being reviewed and prioritised for a staged implementation. Regional work underway to manage deolement of the IFP by Jult 2011.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## 61

|                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| access to health care and support services                                                                  |                     |                                                                                                                                                                                                                                                                                                                                                                     |
| 1.2a.1 Achieve immunisation targets                                                                         | Denis Jury (ADHB)   | We have seen a slight increase in immunisation rates to 88% overall at the end of March and believe that the initiatives we are doing at practice level to improve data management. Based on this experience we believe that there will be a more substantial increase over the next two months, and there is confidence that the target will be met by year end.   |
| 1.2a.2 Improve the oral health of children                                                                  | Denis Jury (ADHB)   | Construction of clinics and service development continues according to plan.                                                                                                                                                                                                                                                                                        |
| 1.2b.1 Home-based support services and restorative homecare initiatives                                     | Denis Jury (ADHB)   | Development of the packages of care pilot and case mix funding models undergoing final development for implementation by financial year end.                                                                                                                                                                                                                        |
| 1.2b.2 Quality improvement in residential care                                                              | Denis Jury (ADHB)   | Development of the process for introduction of the EDEN programme continues with support of the relevant providers.                                                                                                                                                                                                                                                 |
| 1.2c.1 Increase effectiveness across primary, secondary, tertiary services for mental health and addictions | Denis Jury (ADHB)   | All projects progressing satisfactorily.                                                                                                                                                                                                                                                                                                                            |
| 1.2d.1 Strengthen community participation and action for long term conditions                               | Denis Jury (ADHB)   | Baby Friendly Community Initiative agreement signed with Auckland Plunket                                                                                                                                                                                                                                                                                           |
| 1.2d.2 Integration of services across primary and secondary care for long term conditions                   | Andrew Coe (ADHB)   | Regional work continues on the establishment of an Auckland Region diabetes network. BSMC DAP targets for clinical pathways are progressing satisfactorily                                                                                                                                                                                                          |
| 1.2d.3 Support and facilitate primary care teams to take a greater role in managing long term conditions    | Andrew Coe (ADHB)   | The interim community provider continues to work through patients on the wait list, and software development to support the new community provider is expected to be complete by July 2011.                                                                                                                                                                         |
| 1.2d.4 Support whanau and self resilience for long term conditions                                          | Aroha Haggie (ADHB) | The Diabetes Self Management Education service is established. Te Hononga O Tamaki Me Hoturoa was awarded the contract at competitive tender. Two training courses are underway with more planned over the six months. The wider communication and raising awareness about the service has commenced. The diabetes self management project progressing as expected. |
| 1.2e.1 Enhance primary care approach to palliative care including more flexibility to meet patient needs    | Andrew Coe (ADHB)   | All projects progressing well, with clients in the primary care programme now at the planned levels and implementation of Liverpool pathway ahead of schedule. Palliative care service redesign has now been reworked with smaller and more discrete objectives, and is now making steady progress.                                                                 |

## Exceptions

| Project                   | Coverage | Phase  | On Time                                                                             | On Budget                                                                           | Expected Outcome                                                                    | Sponsor Review                                                                                                        |
|---------------------------|----------|--------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Develop Care Pathways for | National | Define |  |  |  | Good to hear about other discussions on alternate mechanisms for improving information sharing and role integration . |

|                                                                  |          |         |                                                                                   |                                                                                   |                                                                                   |                                                                                                                                                                                                                         |
|------------------------------------------------------------------|----------|---------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| people with Long Term Conditions                                 |          |         |                                                                                   |                                                                                   |                                                                                   | The regional clinical advisory teams will also add value to this work and many of the team are part of those groups which is laudable. Teh draft HP shuld also help influence this work                                 |
| Increase access and capacity to community diabetic eye screening | National | Analyse |  |  |  | Loads of activity happening. Good progress on volumes etc. ,Need to keep aware of the timelines and the implications of them being delayed.                                                                             |
| Māori Service Development                                        | Regional | Define  |  |  |  | Merger activity to date has been complex and time consuming. Progress has been made although slow. A project framework is under consideration. Additional activity is planned to ensure the project gets back on track. |
| Palliative Care Redesign                                         | ADHB     | Analyse |  |  |  | Delays - clarity around the way forward expected from steering group meeting scheduled for the end of March.                                                                                                            |

Legend: Red - , Orange - , Green - 

## Goal: 2 Performance improvement




### High Level Summary - total projects: 7




|                                                                    | Number      | Started     | Current Phase |            |           |                         |                |           | On Time    |            |           | On Budget   |           |           | Expected Outcome |            |           | Post Implementation Benefits |           |           |           |
|--------------------------------------------------------------------|-------------|-------------|---------------|------------|-----------|-------------------------|----------------|-----------|------------|------------|-----------|-------------|-----------|-----------|------------------|------------|-----------|------------------------------|-----------|-----------|-----------|
|                                                                    |             |             | Define        | Measure    | Analyse   | Do/<br>Check<br>Improve | Act<br>Control | Cancelled | Green      | Orange     | Red       | Green       | Orange    | Red       | Green            | Orange     | Red       | Finished                     | Green     | Orange    | Red       |
|                                                                    |             |             |               |            |           |                         |                |           |            |            |           |             |           |           |                  |            |           |                              |           |           |           |
| <b>High Level Strategy</b>                                         |             |             |               |            |           |                         |                |           |            |            |           |             |           |           |                  |            |           |                              |           |           |           |
| 2.1a Efficient and effective Primary health care                   | 2           | 2           | 0             | 0          | 0         | 2                       | 0              | 0         | 2          | 0          | 0         | 2           | 0         | 0         | 1                | 1          | 0         | 0                            | 0         | 0         | 0         |
| 2.1b Improve primary–secondary system efficiency                   | 4           | 4           | 0             | 1          | 0         | 3                       | 0              | 0         | 2          | 2          | 0         | 4           | 0         | 0         | 2                | 2          | 0         | 0                            | 0         | 0         | 0         |
| 2.1c Improve quality of hospital care while improving productivity | 1           | 1           | 0             | 0          | 0         | 1                       | 0              | 0         | 1          | 0          | 0         | 1           | 0         | 0         | 1                | 0          | 0         | 0                            | 0         | 0         | 0         |
| 2.2 Improve leadership capability                                  | 0           | 0           | 0             | 0          | 0         | 0                       | 0              | 0         | 0          | 0          | 0         | 0           | 0         | 0         | 0                | 0          | 0         | 0                            | 0         | 0         | 0         |
| 2.3 Improve Clinical Quality and Professional Governance           | 0           | 0           | 0             | 0          | 0         | 0                       | 0              | 0         | 0          | 0          | 0         | 0           | 0         | 0         | 0                | 0          | 0         | 0                            | 0         | 0         | 0         |
| 2.4 Strengthen the health workforce                                | 0           | 0           | 0             | 0          | 0         | 0                       | 0              | 0         | 0          | 0          | 0         | 0           | 0         | 0         | 0                | 0          | 0         | 0                            | 0         | 0         | 0         |
| 2.5 Information management                                         | 0           | 0           | 0             | 0          | 0         | 0                       | 0              | 0         | 0          | 0          | 0         | 0           | 0         | 0         | 0                | 0          | 0         | 0                            | 0         | 0         | 0         |
| 2.6 Planning                                                       | 0           | 0           | 0             | 0          | 0         | 0                       | 0              | 0         | 0          | 0          | 0         | 0           | 0         | 0         | 0                | 0          | 0         | 0                            | 0         | 0         | 0         |
| <b>Total #</b>                                                     | <b>7</b>    | <b>7</b>    | <b>0</b>      | <b>1</b>   | <b>0</b>  | <b>6</b>                | <b>0</b>       | <b>0</b>  | <b>5</b>   | <b>2</b>   | <b>0</b>  | <b>7</b>    | <b>0</b>  | <b>0</b>  | <b>4</b>         | <b>3</b>   | <b>0</b>  | <b>0</b>                     | <b>0</b>  | <b>0</b>  | <b>0</b>  |
| <b>Total %</b>                                                     | <b>100%</b> | <b>100%</b> | <b>0%</b>     | <b>14%</b> | <b>0%</b> | <b>86%</b>              | <b>0%</b>      | <b>0%</b> | <b>71%</b> | <b>29%</b> | <b>0%</b> | <b>100%</b> | <b>0%</b> | <b>0%</b> | <b>57%</b>       | <b>43%</b> | <b>0%</b> | <b>0%</b>                    | <b>0%</b> | <b>0%</b> | <b>0%</b> |

### Objectives

| Objective                                                                             | Objective Owner                   | Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1a.1 Provide efficient and effective co-ordinated care in the neighbourhood         | <a href="#">Andrew Coe (ADHB)</a> | ADHB continues participation at national, regional and local level regarding primary care planning and implementation. A number of RFPs are currently being prepared and complexities around these with regard to conflicts of interest and public law requirements are being worked through with all stakeholders.                                                                                                                                                                 |
| 2.1b.1 Improve access and efficiency of service delivery for primary–secondary system | <a href="#">Andrew Coe (ADHB)</a> | The primary care DAP projects progressing to varying degrees, access to diagnostic radiology is progressing well with regard and there is now increasing confidence that the target can be met. The rest of the projects are progressing well and there is confidence that the targets can be met apart from the savings target for the pharmaceutical utilisation project where although there have been demonstrable changes in utilisation the calculation of cost is difficult. |
| 2.1b.2 Reduce acute demand                                                            | <a href="#">Andrew Coe (ADHB)</a> | RFP process underway for the provision of regional extended POAC services.                                                                                                                                                                                                                                                                                                                                                                                                          |

### Exceptions

| Project      | Coverage | Phase   | On Time                                                                             | On Budget                                                                           | Expected Outcome                                                                    | Sponsor Review                                                                        |
|--------------|----------|---------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Skin Lesions | Regional | Improve |  |  |  | Project is now back on track. Contracting arrangements are currently being finalised. |

|                 |          |         |                                                                                   |                                                                                   |                                                                                   |                                                                                                                                            |
|-----------------|----------|---------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Pharmaceuticals | Regional | Measure |  |  |  | Original benefits identified may not be delivered although work is underway to forecast benefits likely for the end of the financial year. |
|-----------------|----------|---------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

Legend: Red - , Orange - , Green - 

**FEEDBACK FROM  
MAORI HEALTH  
ADVISORY COMMITTEE  
AND  
PACIFIC HEALTH  
ADVISORY COMMITTEE**



## **PAPERS**

**9.1 Social Sector Engagement**

**9.2 Consumer and Community Engagement Framework**



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# Community and Public Health Advisory Committee Paper

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date     | Wednesday 20 April 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| To       | Community and Public Health Advisory Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| From     | Garry Smith, Chief Executive, ADHB<br>Geraint Martin, Chief Executive, CMDHB<br>Dave Davies, Chief Executive, WDHB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Author   | Tony O'Connor, Engagement and Planning Manager, ADHB,<br>with input from representatives of CMDHB, WDHB and ARPHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Subject  | <b>Social Sector and Auckland Council Local Board Engagement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>1</b> | <p><b>Purpose</b></p> <p>Endorsement of an approach to the engagement of a key social sector forum and Auckland Council Local Boards.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>2</b> | <p><b>Recommendations</b></p> <p><b>That the Committee endorse the;</b></p> <ul style="list-style-type: none"> <li>• Auckland metro-DHBs' continued engagement with the Auckland Social Sector Leaders Group</li> <li>• Auckland metro-DHB's continued engagement with the Auckland Council and its Local Boards</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>3</b> | <p><b>Description of Solution (Option)</b></p> <p>In addition to the individual behaviors that influence health, there are a range of social and environmental factors that impact health status and demand for health services<sup>1</sup>. Many of these factors are directly influenced by a variety of social sector agencies and government, including local government.</p> <p>It is recommended that the Auckland-metro DHBs influence and work with the Auckland Social Sector Leaders Group and the Auckland Council's Local Boards to improve the health of their populations and reduce inequalities.</p>                                                                                                                                                                                   |
| <b>4</b> | <p><b>Background</b></p> <p>This paper provides information about the Auckland Social Sector Leaders Group (ASSLG) and the Auckland Council's Local Boards focusing on information relevant to the approach begin taken to engaging them on health improvement matters.</p> <p><b>Auckland Social Sector Leaders Group</b></p> <p>The ASSLG is a region-wide forum of senior managers and executives representing government social sector agencies. As such, the members of the ASSLG have mandate to commit an organisation's resources which allows for efficient and effective inter-sectoral decision-making.</p> <p>The agencies represented on the group are the Auckland metro-DHBs (represented by Garry Smith CEO, ADHB on behalf of the Auckland-metro DHBs), Education, Police, Social</p> |

<sup>1</sup> Carruthers et al., *Improving Health Improvement Programmes: The Early Lessons*, Research Report 35, School of Public Policy, University of Birmingham, cited in *Effective Strategies for Tackling the Wider Causes of Ill-Health*, 1999

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|   | <p>Development (including Child Youth and Family), Pacific Island Affairs, Corrections, Te Puni Kokiri, Justice, Housing NZ,. Other agencies attend on occasional basis. Auckland Council is an invited attendee and is currently engaging with the Forum to gather social-sector input into, amongst other matters, its Spatial Plan.</p> <p><b>Local Boards</b></p> <p>The Auckland Council consists of the governing body (or Council), taking primarily regional decisions and controlling finance, 21 Local Boards taking primarily local decisions and CCOs delivering most services. Local Boards can be delegated decision-making across a number of urban planning and service delivery areas. They oversee local projects, activities and assets and will have responsibility for community engagement to inform such activity. They are also responsible for preparing three yearly local board plans which will guide local planning as well as Board input into development of (Auckland Council) regional strategies, policies and plans.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5 | <p><b>Activity</b></p> <p><b>Auckland Social Sector Leaders Group</b></p> <p>ADHB is representing and coordinating the Auckland-metro DHBs engagement with the ASSLG. The ASSLG has agreed a programme of work focusing on areas where the ASSLG partner agencies see benefit for communities in working intersectorally. Each area of work will have an Action Plan being prepared by the agency leading it. Health is leading work to boost immunisation rates and engagement with primary care. Where health is not the lead agency, health will respond where it can to support the lead agency's aspirations.</p> <p><b>Auckland Council's Local Boards</b></p> <p>The Auckland metro-DHBs' "Localities Approach" to health care planning and service delivery involves engaging people usually resident in a locality via (but not only through) its community leaders to ensure the DHB has a thorough and comprehensive understanding of health service and wellbeing issues and opportunities in the relevant locality. Engagement with Local Boards will be an important part of these processes. The health locality approach meshes well with Local Board activities and responsibilities and there may be benefits to both health and local government from acknowledging and potentially exploiting synergies and mutual issues of interest. A subsequent paper will address in more detail Auckland metro-DHBs wider engagement with Auckland Council.</p>                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6 | <p><b>Issues and Risks</b></p> <p><b>Auckland Social Sector Leaders Group</b></p> <p>There are resourcing issues associated with DHB involvement in the Auckland Social Sector Leaders Group, namely staff time and contributing resource toward other agencies' priorities which may be a relatively lower priority for DHBs. The ASSLG does not make decisions about how each partner agency participates in the forum or what it participates in, but it does look for each partner agency to contribute toward the group's success. Therefore an approach needs to be developed to ensure on-going DHB involvement in the ASSLG makes best use of DHB resource, this is particularly important as historically health has not had a high profile within regional inter-agency planning (e.g. the One Plan, the predecessor to the Auckland Spatial Plan).</p> <p>At the current time informal horizontal and vertical links have been established to support the DHB representative on ASSLG (currently the CEO of ADHB) to ensure that each of the DHBs and ARPHS has an overview of ASSLG activities and that issues coming out of ASSLG are brought to the attention of the right people within each organisation. This arrangement is adequate to support current ASSLG activity, but may need to be re-visited should the magnitude and complexity of involvement in the ASSLG grow in the future.</p> <p>Going forward a selection and prioritisation process, including consideration of alignment to regional workplans, will be important to ensure that the most appropriate health issues are put to the ASSLG for a coordinated cross-sector response.</p> <p><b>Local Boards</b></p> <p>Local Boards comprise elected representatives. As such, they are being engaged via Auckland Council staff in the first instance and on the basis that their input will inform (rather than</p> |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|          | determine) the DHB's decisions about publicly-funded health services delivered in their area. The health sector should expect equal consideration from local boards for issues it may wish to raise with the Boards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> | <p><b>Budget Implications</b></p> <p>ASSLG and Local Board engagement will take place within current budgets.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>8</b> | <p><b>Regional / National Implications</b></p> <p><b>Auckland Social Sector Leaders Group</b></p> <p>The health sector is the only participant in the ASSLG represented at CEO level and the only participant that has 3 sovereign entities operating across the metro-area. It means that there may be tensions between other agencies' nationally mandated approach and programmes and the more localised approach that the health sector structure enables and supports.</p> <p><b>Local Boards</b></p> <p>Each DHB will independently engage with the Local Boards in their respective district but some degree of consistency of approach is desirable. The approach that needs to be taken for engaging the Local Boards that cross between ADHB and WDHB (Whau) and ADHB and CMDHB (Mangere-Otahuhu) is being considered.</p> |



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# Community and Public Health Advisory Committee Paper

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|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date     | Wednesday 20 April 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| To       | Community and Public Health Advisory Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| From     | Janice Mueller, Director Allied Health - Scientific & Technical<br><a href="mailto:JM Mueller@adhb.govt.nz">JM Mueller@adhb.govt.nz</a><br>Ext 23941                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Author   | Tony O'Connor, Engagement and Planning Manager<br><a href="mailto:Tony.oconnor@adhb.govt.nz">Tony.oconnor@adhb.govt.nz</a><br>Ext 26765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Subject  | <b>Consumer and Community Engagement Framework</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>1</b> | <p><b>Purpose</b></p> <p>To introduce the concept of an ADHB Community and Consumer Engagement Framework and seek the new Board's support for the proposed format.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>2</b> | <p><b>Recommendations</b></p> <ol style="list-style-type: none"> <li><b>Note</b> the detail emerging in the proposed Online Community, Consumer Council and Consumer Representatives format; and recommend that the Board;</li> <li><b>Endorses</b> the continued development of the three components of the Community and Consumer Engagement Framework.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>3</b> | <p><b>Description of Solution</b></p> <p>The Consumer and Community Engagement Framework will provide planners and service improvement managers across the DHB with a range of "tools" that can be used to source reliable and comprehensive knowledge about consumers' views on service quality, planning and health matters.</p> <ol style="list-style-type: none"> <li>The Consumer Council will receive aggregated information from the online community and cohort of consumer representatives. The Council will draw on that research and design based information to highlight consumer experience matters to the DHB's senior leadership and governance.</li> <li>The online community will provide an on-going flexible communication channel across a large number of people delivering statistically reliable and demographically representative information to the DHB.</li> <li>Trained consumer representatives will allow for on-going involvement of consumers in service improvement and planning teams.</li> </ol> <p>Taken together, the three options provide a comprehensive, integrated set of consumer and community engagement mechanisms which will thereby enable greater community and patient centeredness in decision-making as required by the Health Excellence Framework.</p> <p>Existing community engagement mechanisms (e.g. HVAZ) will remain in place. How best to make linkages to such existing community engagement mechanisms will be considered.</p> |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 4 | <p><b>Background</b></p> <p>An organization and environmental scan in mid-2009 showed that there were clear opportunities to improve the way Auckland DHB engages its community and patients. On 29 March 2010 the DHB's Quality, Risk and Audit Committee endorsed the development of a community and consumer engagement framework as described in more detail here.</p> <p>Completing the Framework's development and moving through to implementation over 2011-12 (as proposed in the draft Annual Plan) will help the DHB's journey toward Healthcare Excellence, which will involve keeping patients at the centre of our planning and service improvement activity.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5 | <p><b>Activity</b></p> <p>A Steering Group chaired by the Director of Allied Health, Scientific &amp; Technical and includes clinical, Maori, Pacific, Consumer and Planning and Funding members oversees the project. The Senior Leadership Team was introduced to project last year and will be briefed in detail about progress and proposed developments in April.</p> <p><b>Online community:</b> An RFP process was issued to three respected local providers. The successful respondent progressed to contract negotiation and has subsequently signed-up for the delivery of on-line technology and research and engagement expertise. The online community is being tested (via the Child Health Improvement Plan engagement).</p> <p><b>Consumer Council:</b> The composition of the Council's membership and its Terms of Reference are being finalised, aiming for a June 2011 launch. Consumer Council models adopted elsewhere (both regionally and nationally) have been considered. It is proposed that the Council's first (12 month) term will involve considering our proposed model and formulate a recommendation back to ADHB about how the Council should operate as an on-going concern.</p> <p>The proposed membership for the first term is 15 Members in total:</p> <p>4 Members from the ADHB Level 1 Partnership;<br/> 4 Auckland Council Local Board members;<br/> 4 Consumer Representative Members;<br/> 2 Maori Members; and,<br/> 1 Pacific Member.</p> <p>How Consumer Council members will be nominated and appointed from Local Board's is to be determined, but the suggestion is that Local Boards that represent priority populations will be approached. The Office of the Health and Disability Commissioner will be approached to nominate consumer representative members. GM's Maori and Pacific will nominate Maori and Pacific members.</p> <p><b>Consumer Representatives:</b> Options for training consumers to serve as consumer reps are being considered.</p> <p><b>Ensuring responsiveness to priority populations</b></p> <p>The project team is considering equity issues, for example how to accommodate those within our population who have high health needs, poorer health status and/or do not have the ability or resources to speak for themselves. Some solutions identified to date are:</p> <ol style="list-style-type: none"> <li>1. ensure the Consumer Council includes members with strong links throughout the Maori and Pacific communities;</li> <li>2. ensure that the provider of the technology underpinning the online community meets the highest accessibility standards;</li> <li>3. ensure one-off engagement activities consider the equity and accessibility issues particular to that activity and where appropriate engage with disadvantaged people on terms that suit them.</li> </ol> |
| 6 | <p><b>Issues and Risks</b></p> <p>Currently our understanding of consumer and stakeholder views (e.g. consumer/interest groups) is partial and fragmented across the organisation and the input collected is not well coordinated</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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|   | <p>in terms of flowing through to planning for the future, service improvement or the development of an in-depth and comprehensive knowledge-base about community and consumer views. These complications lead to a weakness in the organisation's ability to respond to growing focus on patient-centred quality improvement and service development.</p> <p>There is growing interest in and excitement about the potential of this framework. When it is launched, staff will need to manage other staff's expectations about how much activity can be accommodated across the framework. In addition to internally managing expectations, the DHB will need to demonstrate responsiveness to (or valid, comprehensible reasons why it can not meet) consumers' demands for change.</p>                                                                                                                                                                                                                          |
| 7 | <p><b>Budget Implications</b></p> <p>Planning and Funding and Quality Department have budgeted funds to meet costs through to the end of 2010-11.</p> <p>For 2011-12, the Quality Department is reallocating funds from the current patient satisfaction survey (which is to be discontinued) to meet the base costs of maintaining the online community.</p> <p>Costs of running one-off engagement activity through the online community will be met through project budgets (as is current practice).</p> <p>Budget to meet the costs of the Consumer Council and training Consumer Representatives has been budgeted within the Quality Department's proposed budget for 2011-12.</p> <p>Hosting Consumer Representatives on a project team will be met through each "host" project's budget.</p>                                                                                                                                                                                                               |
| 8 | <p><b>Regional / National Implications</b></p> <p>Counties Manukau DHB has a Community Panel which was formally evaluated during 2010 and found to have both strengths and weaknesses.</p> <p>The metro-DHBs are unsure of the benefits of a regional Consumer Council at this stage.</p> <p>Waitemata DHB has a formal relationship with "Health Links", which works well to distribute information from the DHB to community representatives across the district and feed information back to the DHB.</p> <p>Health Links also trains consumer representatives WDHB and it is an option that they be paid to train consumer representatives for ADHB too (but we may undertake to train consumer representatives so we are able to tailor the training package and save on costs).</p> <p>Both WDHB &amp; CMDHB are interested in developments at ADHB, particularly the online community and its potential to be expanded across the region once it gets up and running (the online community is scalable).</p> |
| 9 | <p><b>Appendices available on request</b></p> <p>Steering Group minutes and project team progress reports</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



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## **FOR INFORMATION**

**10.1 MoH Devolution of Interim Funding Pool**

**10.2 Tender for Assisted Reproduction Services**



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# Community and Public Health Advisory Committee Paper

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| <b>Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Wednesday 20 April 2011                                                                                                                                                                                         |
| <b>To</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Community and Public Health Advisory Committee                                                                                                                                                                  |
| <b>From</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Dr Denis Jury<br>Chief Planning and Funding Officer<br>Greenlane Clinical Centre, Building 13, Level 8<br>Phone: (09) 630 9943 ext 8071<br>DenisJ@adhb.govt.nz                                                  |
| <b>Author</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lisa Gestro<br>Planning and Funding Manager Health of Older People, Disability and Palliative Care<br>Greenlane Clinical Centre, Building 13, Level 8<br>Phone: (09) 630 9943 ext 26097<br>lgestro@adhb.govt.nz |
| <b>Functional Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Planning and Funding                                                                                                                                                                                            |
| <b>Subject</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Devolution of Interim Funding Pool Clients 1 July 2011</b>                                                                                                                                                   |
| <p><b>Recommendation</b></p> <p>It is recommended that the Committee</p> <ul style="list-style-type: none"> <li>• Notes that funding responsibility for the Long Term Support for people with Chronic Health Conditions under the age of 65 (known as Interim Funding pool clients) will transfer to DHBs from 1 July 2011</li> <li>• Notes the proposed regional implementation plan that identifies the three key work streams comprising the plan are as outlined below</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                 |
| <p><b>Background</b></p> <p>In October 2006 an interim funding pool was created to fund a service gap for people under the aged of 65 years who have chronic health conditions and require ongoing support. An 'in principle' decision was taken in July 2007 to allocate this funding responsibility to DHBs, subject to DHB capacity and capability. Work has been undertaken since this date to determine how best to effect this transfer of responsibility.</p> <p>On 5 November 2010, the Ministry advised the DHBs that:</p> <ul style="list-style-type: none"> <li>• From 1 July 2011, DHBs will assume funding responsibility for the long term support services for people under the age of 65 years who have chronic conditions. Funds will be transferred initially on an expenditure basis and will subsequently be integrated with PDF allocations.</li> <li>• The Minister has expressed a preference for a regional approach to the management of the interim funding pool and of the services that it funds in order to: <ul style="list-style-type: none"> <li>• Achieve consistency in the operation of the services</li> <li>• Mitigate financial risk to smaller DHBS</li> <li>• Provide a consistent structure for managing high cost and/or high profile individual situations</li> <li>• Encourage a regional approach to service planning.</li> </ul> </li> </ul> <p>Available service provision with this funding is currently limited to community support packages via Residential Care – YPD providers, Home Based Support Service contract [including advanced personal care], and Respite/ Carer Support allocations.</p> <p>As at March 2011 there are 1871 people receiving services from the pool, at a total cost of \$27.155m (excluding funds for Environmental Support Services). In the Northern Region there are 512 people</p> |                                                                                                                                                                                                                 |

receiving services, as compared to 450 in March 2010.

### Update

The Northern Region DHBs accept that devolution will occur on 1 July 2011.

The Northern region DHBs are proposing to put in place appropriate regional arrangements to manage the devolution process and the transition period, but in time envision that this service can be integrated with other similar DHB activity. Hence we will be aiming to minimise the extent to which we put in place additional infrastructure to achieve this.

The DHBs are committed to working regionally to:

- Ensure there is a smooth transition from the Ministry, particularly for existing clients.
- Appropriately manage funding risks across the Northern region.
- Ensure that there is consistency in assessment and access to services, noting that the DHBs will set this alongside similar clients aged over 65 years and will as time progresses integrate service prioritisation in to wider DHB processes.
- Develop appropriate protocols for managing these clients and related service provision on an ongoing basis.

### Proposed work plan for devolution of IFP July 1 2011

Following a meeting with the MOH in Wellington on 10 March 10 it is clear there a number of actual/potential challenges to be overcome prior to the devolution of funds in July. Some of this is dependent on work the Ministry will be carrying out, but DHBs have a need for to ensure this happens within the time frame, and to give confidence to Boards that implementation is in control.

The first challenge is to identify a regional vehicle that will manage the sharing of risk across the region to ensure that no DHB is disproportionately burdened by the receipt of the fund. This assumes that either the NDSA or a lead regional DHB need to take the coordination or banker function in this process, for which there are several similar examples such as the regional cancer network.

To date, discussions have centered around the following options, or combination of options:

- Option 1: MOH devolve funds to each of the four DHBs to manage own payment and contract functions with NDSA providing centralised reporting and monitoring roles.
- Option 2: MOH devolves funds to a lead DHB with a back-to-back agreement with NDSA to 'manage' payment and contract functions on behalf of region, with individual DHBs paying providers
- Option 3 MOH devolves funds to a lead DHB that itself manages the regional payment and contract functions on behalf of region.

A further component of the regional work underway is concerned with the management of funds from the initial cost level in July 2011 to the regions PBF share in July 2013, which is 25% less for the region, but disproportionately weighted to burden ADHB as outlined below.

|                                                             | Northern Region | ADHB      |
|-------------------------------------------------------------|-----------------|-----------|
| Current Cost Commitment (will be devolved for 1 July start) | 12,512,499      | 4,521,246 |
| PBF share (revenue for 1 July 2013)                         | 9,618,750       | 2,511,436 |

The final work stream is concerned with the operational management of the group of clients, which is spread across the region, and contains a mix of adults and high needs children.

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# Community and Public Health Advisory Committee Paper



|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date             | Wednesday 20 April 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| To               | Community and Public Health Advisory Committee (CPHAC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| From             | Dr Denis Jury<br>Chief Planning and Funding Officer<br>Greenlane Clinical Centre, Building 13, Level 8<br>Phone: (09) 630 9943 ext 8071<br>DenisJ@adhb.govt.nz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Author           | Ruth Bijl, Associate Strategy and Planning Manager, Child, Youth and Women<br>Carol Stott, Strategy and Planning Manager, Child, Youth and Women                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Functional Group | Planning and Funding Functional Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Subject          | <b>Tender for Assisted Reproduction Services – Fertility Services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>1</b>         | <p><b>Purpose</b></p> <p>This paper informs the Board of the tender process for Assisted Reproduction Services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>2</b>         | <p><b>Recommendations</b></p> <p>It is recommended that CPHAC:</p> <ol style="list-style-type: none"> <li>1. <b>Note</b> that Waitemata DHB is leading a regional request for proposal process for supply of Medical Treatment for Biological Infertility Services (Fertility Services) on behalf of the northern region DHBs.</li> <li>2. <b>Note</b> that the process may be contested due to private providers' interests.</li> <li>3. <b>Note</b> that the Board will need to approve the final decision in line with delegations.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                          |
| <b>3</b>         | <p><b>Description of Solution (Option)</b></p> <p>Waitemata is the lead DHB for the contract currently held by Fertility Associates to provide Fertility Services to the northern DHB regions' populations. The current contract is due to expire and has an annual contract value of c. \$2.4m. As a new provider is now in the market it was determined that the contract should be put out to contestable tender in line with legal advice and to establish whether improved service delivery and/or value for money could be obtained. Request for proposal (RFP) documentation is due to be released this month with a timeframe for selection and engagement of new provider/s of 1 October 2011 for a term of three years. A separate service for the same region is managed by ADHB and provided by ADHB provider arm. This service does not have a specified expiry term and is outside the scope of the RFP.</p> |
| <b>4</b>         | <p><b>Background</b></p> <p>The northern region DHBs contract for Fertility Services has been held by Fertility Associates since 1996 and was entered into by the Northern Regional Health Authority. The service is one of two that provides publicly funded Fertility Services in the region. The other is delivered by ADHB provider arm. Since the establishment of the service a new provider, Repromed, has entered the New Zealand market and provides publicly funded services in the South Island.</p> <p>During 2010, consideration was given by the Northern DHB Support Agency (NDSA) as to</p>                                                                                                                                                                                                                                                                                                                |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | <p>whether it was necessary to tender the service. The conclusions drawn by the authors of the paper for the GMs Planning and Funding were that:</p> <ul style="list-style-type: none"> <li>- the National Health Board was unlikely to take on national responsibility for Fertility Services</li> <li>- a 'one provider model' was unlikely to be supported</li> <li>- there were no major service issues or compelling reasons to change the current model</li> <li>- there was merit in retaining at least one public provider (for public confidence reasons and for training and retention of both medical and technical workforces)</li> <li>- there were risks associated with tendering for a service exhibiting no cause for concern on quality grounds or obvious opportunities to achieve better value for money.</li> </ul> <p>The paper concluded that there were, however, compelling reasons to undertake a contestable tender process due to risks of legal challenge by the new provider (Repromed), based on legal advice provided to WDHB and the review undertaken by NDSA.</p> <p>Since these conclusions were accepted by the Regional Funding Forum, WDHB has initiated processes to request proposals. RFP documentation is nearly complete and due to be released on 21 April 2011. The evaluation panel has been confirmed and includes: a representative from ADHB and from the other metro Auckland DHBs, a consumer representative, and an independent clinical expert, Dr Oswald Petrucco, Associate Professor, University Department of Obstetrics and Gynaecology, University of Adelaide. (Obtaining independent clinical input has been a challenge). The panel will work under the usual protocols for RFPs and is aware that the process will be subject to scrutiny. The RFP process is being observed to ensure probity by the audit manager from healthAlliance.</p> |
| 5 | <p><b>Options considered</b></p> <p>Options considered by the NDSA review in 2010 included:</p> <ul style="list-style-type: none"> <li>- shifting all DHB Fertility Service contracts to the NHB</li> <li>- roll over of Fertility Associates contract (status quo)</li> <li>- tendering both privately and publicly delivered services in the region</li> <li>- tendering only the privately provided contract component</li> <li>- tendering only the privately provided contract component, but excluding the public provider from tendering (selected option).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6 | <p><b>Issues and Risks for Chosen Option</b></p> <p>There are risks with each of the options, however given the value of the contract and changes in the potential provider market WDHB considered they were obliged to put the Fertility Services contract managed by them on behalf of the northern region DHBs out to tender. Risks with this approach include:</p> <ul style="list-style-type: none"> <li>- legal challenge to the process by either Fertility Associates, Repromed or other potential proposer (highly likely; mitigation – indisputable process; potential for one or more providers to be selected)</li> <li>- destabilisation of current workforce as uncertainty introduced (likely; mitigation – no decrease in volume of privately provided services to be purchased)</li> <li>- lobbying resulting in 'noise' which takes time to manage (likely; mitigation – informing Board)</li> <li>- transition risks such as service disruption or increased waiting times (possible; mitigation – consideration of transition impact and mitigation strategies in evaluation of proposals)</li> <li>- increased cost of service if proposals are costed at a higher rate than currently paid (possible but unlikely due to competitive tender process; mitigation - none).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|          |                                                                                                                               |
|----------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>7</b> | <b>Budget Implications</b><br>No new implications expected.                                                                   |
| <b>8</b> | <b>Regional / National Implications</b><br>No national implications.<br>Regional contract with all DHBs involved in decision. |
| <b>9</b> | <b>Appendices available on request</b><br>None.                                                                               |



# ***11***

## **CONFIRM**

**11.1 Action Points for next CPHAC Meeting**

**11.2 CPHAC Feedback to Board**

**Use Forms at beginning of Meeting Pack**

# *12*

## **GENERAL BUSINESS**



**APPENDICES**

**No Appendices**



# Community and Public Health Advisory Committee Agenda

| <b>MEETING DETAILS</b>     |                                                                                                                                                                              |                |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Time and Date              | 2:00 p.m. – 5:00 p.m., Wednesday, 20 April 2011                                                                                                                              |                |
| Venue                      | Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre                                                                                                          |                |
| Members                    | Dr Lee Mathias (Chair), Jo Agnew, Peter Aitken, Judith Bassett, Susan Buckland, Dr Chris Chambers, Rob Cooper, Dr Lester Levy, Robyn Northey, Gwen Tepania-Palmer, Ian Ward. |                |
| Apologies                  | Judith Bassett                                                                                                                                                               |                |
| On Leave                   | Rob Cooper                                                                                                                                                                   |                |
| In Attendance              | Garry Smith, Dr Denis Jury, Taima Campbell, Hilda Fa'asalele, Naida Glavish, Janice Mueller, Ian Bell.                                                                       |                |
|                            | <b>Item</b>                                                                                                                                                                  | <b>Page No</b> |
| <b>1</b><br>5m to 2:05 pm  | <b>Karakia</b>                                                                                                                                                               | <b>001</b>     |
| <b>2</b><br>5m to 2:10 pm  | <b>Attendance and Apologies</b>                                                                                                                                              | <b>005</b>     |
| <b>3</b><br>5m to 2:15 pm  | <b>Conflicts of Interest</b>                                                                                                                                                 | <b>007</b>     |
| <b>4</b><br>10m to 2:25 pm | <b>Confirmation of Minutes - Wednesday 16 March 2011</b>                                                                                                                     | <b>017</b>     |
| <b>5</b><br>15m to 2:40 pm | <b>Action Points - Wednesday 16 March 2011</b><br>5.1 DHB level options for weight management                                                                                | <b>025</b>     |
| <b>6</b><br>30m to 3:10 pm | <b>Planning and Funding Performance</b><br>6.1 Planning and Funding Summary Report<br>6.2 Planning and Funding Indicators List and Exception Report<br>6.3 National Targets  | <b>031</b>     |
| <b>7</b><br>10m to 3:20 pm | <b>Improvement Activities</b><br>7.1 DAP Projects Report                                                                                                                     | <b>055</b>     |
| <b>8</b><br>10m to 3:30 pm | <b>Feedback from Maori Health Advisory Committee and Pacific Health Advisory Committee</b>                                                                                   | <b>065</b>     |



# Community and Public Health Advisory Committee A g e n d a

|                             | Item                                                                                                                                                   | Page No    |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>9</b><br>40m to 4:10 pm  | <b>Papers</b><br>9.1 Social Sector Engagement<br>9.2 Consumer and Community Engagement Framework                                                       | <b>067</b> |
| <b>10</b><br>20m 4:30 pm    | <b>For Information</b><br>10.1 MoH Devolution of Interim Funding Pool<br>10.2 Tender for Assisted Reproduction Services                                | <b>081</b> |
| <b>11</b><br>10m to 4:40 pm | <b>Confirm</b><br>11.1 Actions Points for next CPHAC Meeting<br>11.2 CPHAC Feedback to Board                                                           | <b>093</b> |
| <b>12</b><br>20m to 5:0 pm  | <b>General Business</b>                                                                                                                                | <b>095</b> |
| <b>13</b><br>5:00 pm        | <b>Appendices</b><br>There are no appendices                                                                                                           | <b>097</b> |
| <b>NEXT MEETING</b>         |                                                                                                                                                        |            |
|                             | <b>Date and Time:</b> 2:00 p.m. – 5:00 p.m. Wednesday 18 May 2011<br><b>Venue:</b> Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre |            |

*Hei Oranga Tika Mo Te Iti Me Te Rahi*  
Healthy Communities, Quality Healthcare