HUTT VALLEY DISTRICT HEALTH BOARD

PUBLIC MEETING

Pilmuir House, Board Room, Lower Hutt
Friday, 4 October 2013 at 9:00 am

	Item	Action	Presenter	Min	Time	Pg
PROCEDURAL				5	9:00 am	
1.1	Karakia					
1.2	Apologies	RECORD	Virginia Hope			
1.3	Conflicts of Interest	RECORD	Virginia Hope			
1.4	Confirmation of Minutes	APPROVE	Virginia Hope			
1.5	Matters Arising	NOTE	Graham Dyer			
DISCUSSION PAPERS						
3	Chair Report	NOTE	Virginia Hope	10	9:05 am	
4	Chief Executive Report	NOTE	Graham Dyer	20	9:15 am	
DECISION PAPER						
5	Amendment to Delegated Authority Levels	NOTE	Richard Schmidt	9	9:35 am	
6	**COMMITTEE REPORT BACKS**					
6.1	CPHAC	NOTE	Ashley Bloomfield	5	9:40 am	
6.2	HAC	NOTE	Pete Chandler	5	9:45 am	
OTHER						
7	General Business			5	10:50 am	
8	Resolution to Exclude the Public	APPROVE	Wayne Guppy			
Close				9:55 am		

HUTT VALLEY DISTRICT HEALTH BOARD
Interest Register

2 MAY 2013

Name	Interest
Dr Virginia Hope *Chairperson*	• Chair, Hutt Valley District Health Board • Member, Capital & Coast, Hutt Valley and Wairarapa DHBs Community Public Health Advisory Committee and Disability Support Advisory Committee • Ex Officio, Finance Risk & Audit Committee, Hutt Valley District Health Board • Ex Officio, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Chair, Capital & Coast District Health Board • Health Programme Leader, Institute of Environmental Science & Research • Director & Shareholder, Jacaranda Limited • Fellow, Royal Australasian College of Medical Administration • Fellow and New Zealand Committee Member, Australasian Faculty of Public Health Medicine • Fellow, New Zealand College of Public Health Medicine • Member, Territorial Forces Employer Support Council • Member, National Roundtable to Strengthen Pathology & Laboratory Services • Member, Regional Governance Group, Central Region DHBs • Member, Laboratory Round Table
Mr Wayne Guppy *Deputy Chairperson*	• Deputy Chair, Hutt Valley District Health Board • Member, Finance Risk & Audit Committee, Hutt Valley District Health Board • Member, Capital & Coast, Hutt Valley and Wairarapa DHBs Community Public Health Advisory Committee and Disability Support Advisory Committee • Wife employed by various community pharmacies in the Hutt Valley • Trustee - Orongomai Marae • Upper Hutt City Council Mayor • Director MedicAlert • Substitute Member, Regional Governance Group, Central Region DHBs
Mr Peter Douglas *Member*	• Member Hutt Valley District Health Board • Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Member, Capital & Coast District Health Board • Deputy Chair, Hospital Advisory Committee, Capital & Coast District Health Board • Member, Finance Risk & Audit Committee, Capital & Coast District Health Board • Chair, Hato Paora College Board of Trustees • Chair, Hato Paora College Proprietors Trust Board • Director, Te Ohu Kaimoana Custodian Limited • Director, Charisma Developments Limited • Chief Executive, Te Ohu Kaimoana, Māori Fisheries Trust • Member, Age Concern Board
Ms Katy Austin *Member*	• Member, Hutt Valley District Health Board • Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Fergusson Home (Upper Hutt) – Voluntary input

Mr Peter Glensor	• Member, Hutt Valley District Health Board • Deputy Chair, Finance Risk & Audit Committee, Hutt Valley District Health Board • Chair, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Deputy Chair, Capital & Coast District Health Board • Chair, Hospital Advisory Committee, Capital & Coast District Health Board • Deputy Chair, Greater Wellington Regional Council • Acting Chair, Wesley Community Action • Director & Shareholder, Common Life Limited • Director, Greater Wellington Rail Limited • Director, Greater Wellington Infrastructure Limited • Director, Greater Wellington Transport Limited • Director, W R C Holdings Limited • Director, Pringle House Limited • Director, Port Investments Limited • Trustee, Gillies McIndoe Foundation • Son casual employee of Capital & Coast DHB • Wife, Dr Joan Skinner, employed as a senior lecturer at Victoria University of Wellington Graduate School of Nursing & Midwifery • Substitute Member, Regional Governance Group, Central Region DHBs
Mr David Bassett *Member*	• Member, Hutt Valley District Health Board • Member, Finance Risk & Audit Committee, Hutt Valley District Health Board • Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Deputy Mayor Hutt City Council • Son owns Hutt City Auto Services, which has an automotive contract for the DHB • Director, Capacity Infrastructure Services Ltd
Mr Ken Laban *Member*	• Member, Hutt Valley District Health Board • Member, Capital & Coast, Hutt Valley and Wairarapa DHBs Community Public Health Advisory Committee and Disability Support Advisory Committee • Councillor, Hutt City Council • Trustee, Hutt Mana Charitable Trust • Trustee, Te Omanga Hospice • Member, Ulalei Wellington • Member, Hutt City Sports Awards Committee
Mr David Ogden *Member*	• Member, Hutt Valley District Health Board • Member, Finance Risk & Audit Committee, Hutt Valley District Health Board • Employee – Simple Accounting Services Limited, and indirectly its subsidiary, Five Plus Accounting Limited. Both companies have various clients involved in the Health Sector. • Presiding Member – Lotteries Commission Wellington and Wairarapa Communities Committee. The Funding Committee shares some applicants with regional health board providers.

Mr Keith Hindle *Member*	• Member, Hutt Valley District Health Board • Chair, Finance Risk & Audit Committee, Hutt Valley District Health Board • Member, Capital & Coast, Hutt Valley and Wairarapa DHBs Community Public Health Advisory Committee and Disability Support Advisory Committee • Member, Capital & Coast District Health Board • Chair, Finance, Risk & Audit Committee, Capital & Coast District Health Board • Director & Shareholder, Hindle Investments Limited • Director, Metlifecare Palmerston North Limited • Director & Shareholder, Bowland Wellington Limited • Director & Shareholder, Bowland Holdings Limited • Director & Shareholder, Laser Strike Limited • Director & Shareholder, Strike Limited • Director, Lowry Bay Section One Limited • Director & Shareholder, Dabo Limited • Director & Shareholder, Little Stream Limited • Consultant, Wellington Tenths Trust • Member, Regional Governance Group, Central Region DHBs
Ms Iris Pahau *Member*	• Member, Hutt Valley District Health Board • Member, Capital & Coast, Hutt Valley and Wairarapa DHBs Community Public Health Advisory Committee and Disability Support Advisory Committee • Director, AWE Consultants Limited • Member, NZ Coalition to End Homelessness • Member, Rimutaka Maori Women's Welfare League • President, IKaroa Regional, Maori Women's Welfare League • Treasurer, Wellington District Maori Council • Member, Te Mangungu Marae Komiti • Tikanga Advisor, Te Paepae Arahi • Tikanga Advisor, Wesley Community Action • Member, Wellington Regional Housing Coalition
Mr John Terris *Member*	• Member, Hutt Valley District Health Board • Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards

WAIRARAPA & HUTT VALLEY DHB EXECUTIVE LEADERSHIP TEAM

Interest Register

MAY 2013

Name	Interest
Graham Dyer *Chief Executive*	• Trustee, Bossley Dyer Family Trust • Wife is a Director of i-Management which does consulting and audit work in the Health Sector • Trustee, Hutt Hospital Foundation Trust • Member, Health Workforce New Zealand
Ashley Bloomfield *Director Service Integration and Development*	• Trustee, AR and EL Bloomfield Trusts • Fellow, NZ College of Public Health Medicine • Sister is a nurse at Hutt DHB • Wife was employed at Hutt Family Planning Association clinic during 2009-10
Pete Chandler *Chief Operating Officer*	• No interests declared.
Carolyn Cooper	• Sister in-law is an independent member of the Community Labs Group
Tania Harris *(Acting) General Manager Corporate*	• No interests declared.
Helen Pocknall *Executive Director Nursing and Midwifery*	• Board Member, Health Workforce New Zealand
Kuini Puketapu *Maori Health Advisor*	• Chair of Board of Trustees, Pukeatua Te Kohanga Reo • Board Member, Te Runanganui o Taranaki Whanui ki te Upoko o te Ika a Maui who has contracts with Hutt Valley DHB to provide health services in the Hutt Valley area and is an approved Whanau Ora provider • Member, Wainuiomata Community Governance Group • Chair, Waiwhetu Medical Group which is a limited liability company affiliated to Te Awakairangi Health PHO • Member, Whanau Ora Regional Leadership Group Whanganui a Tara
Richard Schmidt *Strategic Development Manager*	• No interests declared.
Russell Simpson *Executive Director Allied Health, Scientific and Technical*	• Director, Allied Health Wairarapa DHB • Chair, Central Region Directors of Allied Health • Member, Regional Leadership Committee
Iwona Stolarek *Chief Medical Officer*	• Member, ASMS JCC • Husband Andrew Simpson: - Executive Director for Medicine Cancer & Community CCDHB - Executive Member of the Cancer Society Wellington Division - National Clinical Director Cancer Programme – Ministry of Health
Cate Tryer *General Manager Quality and Risk*	• Shareholder and Director of Framework For Compliance Ltd (FFC) • Husband is an employee of Hutt Valley DHB
Stephanie Turner *Director Maori Health*	• Represent Rangitane Iwi on the Wairarapa Cultural Trust (Aratoi) • Establishing member of Pasifika Wairarapa Trust • Director Waingawa Ltd • Director Aroha Ki Te Whanau Trust • Member Cameron Community House Governance Group

Jill Stringer *Communications Manager*	• No interests declared
Nadine Mackintosh *Board Secretary*	• No interests declared.

HUTT VALLEY DISTRICT HEALTH BOARD

PUBLIC MEETING

DRAFT Minutes of meeting held on 6 September 2013
Board Room, Pilmuir House, Hutt Valley District Health Board, Lower Hutt

Commencing at 9.00am

PRESENT

Wayne Guppy	Deputy Chair
Katy Austin	Member
Peter Glensor	Member
Peter Douglas	Member
Ken Laban	Member
David Ogden	Member
Iris Pahau	Member
John Terris	Member

ATTENDANCE

Graham Dyer	Chief Executive
Pete Chandler	Chief Operating Officer
Judith Parkinson	Financial Controller
Helen Pocknall	Director of Nursing and Midwifery
Russell Simpson	Executive Director of Allied Health and Scientific
Ashley Bloomfield	Director of SIDU
Nadine Mackintosh	Board Secretary

APOLOGIES

Virginia Hope	Chair
Debbie Chin	Crown Monitor
Keith Hindle	Member
David Bassett	Member (departing at 9.30am)

1.0 PROCEDURAL BUSINESS

The meeting was opened with a Karakia from Peter Douglas.

1.1 APOLOGIES

Apologies were received and recorded as above, noting the resignation of the Crown Monitor as at 2 September 2013.

1.2 CONTINUOUS DISCLOSURE

CONFIRMED The Board confirmed that it was not aware of any matters (including matters reported to, and decisions made, by the Board at this meeting) which require disclosure.

1.3 CONFIRMATION OF MINUTES

The minutes of the meeting held on 2 August 2013 were to be amended to record the single attendance of Iris Pahau.

RESOLVED The Board resolved to move resolutions as recorded in the minutes of the members' (Public) meeting held on 2 August 2013 as a true and accurate record of the meeting subject to the amended received above.

MOVED: Wayne Guppy **SECONDED**: David Bassett **CARRIED**

1.4 MATTERS ARISING

The Board requested that the Central Regional Workforce Maori Health Plan to be circulated.

2.0 ALLIED HEALTH TECHNICAL AND SCIENTIFIC AWARDS

The Executive Director Allied Health Scientific and Technical led discussion noting the purpose of the awards are to celebrate and acknowledge the achievements and contribution of the staff in improving the health and wellbeing for individuals, whanau and the wider community.

Katy Austin participated as a judge at the awards and noted the success of the evening and was pleased to report full occupancy at the awards.

The Hand Therapies Service which received an award provided a presentation to the Board to highlight removal of clinical barriers in order to provide the service in the Wairarapa, which required collaboration between management and clinicians for the two DHBs.

The service addresses post operative care with a provision of five hours per week, once per week in the Wairarapa, removing the travel requirements for some patients based in the Wairarapa.

The service is provided in the Wairarapa outpatient area and fully supplied, serviced and administered by Hutt hospital staff.

There is pressure on the capacity and engagement with physiotherapists and the service is working with GPs/PHOs to provide transparency with the patients on the criteria required to be placed on the list.

3.0 CHAIR REPORT

The Chair reported on the inaugural Allied Health, Technical and Scientific Awards and initiated by the Executive Director Allied Health Technical and Scientific and his counterpart at Capital & Coast DHB. The event was a great success with all but two seats in the Horne Lecture Theatre occupied. Presentations were given by a number of invited guests with Allied Health Technical and Scientific backgrounds. The awards were very competitive with numerous examples of excellent individual and collaborative work.

The Ministry Chairs and CEs meeting will be convening on Monday 9 September 2013.

4.0 CHIEF EXECUTIVE'S REPORT

The Chief Executive opened the discussion welcoming Judith Parkinson to the organisation as the Financial Controller.

The details of the report were covered by the Chief Executive highlighting the positive achievements on the health targets and acknowledgment provided to the staff for this result.

The Board resolved to **MOVE** that communications to congratulate the staff on their efforts on the health target results be prepared and released.

It was reported that eReferrals are easier to track and monitor wait times and there are no issues with referrals being lost in the post.

David Bassett left the meeting at 9.25am

The eReferral package that the DHB is using is an early version noting that through the CRISP programme provisions for a later version will enable better collaboration across the sub-region.

Management were comfortable with the financial results for July reporting a break-even result. August results were not available to report at the time.

Management were pleased with the announcement of Tofa Gush as Director of Pacific noting her experience with the PHO and previous role for the DHB.

The Population Health business unit has been managed by the Director of SIDU acknowledging the synergies with this business unit and this interim functional reporting has provided integrated benefits and a staff consultation proposal has been enacted and further updates will be provided to the Board.

There was a discussion on the functionality of the Regional Public Health. The Chief Executive reported that the regional public health has been setup since the inception of the DHB and has resided in the Hutt and will continue in this form. This is a regulatory and health promotion function. Largely the unit provide a service across a population that overlaps on the Ministry requirements with sensible alignments and functionality that management can use.

The Board discussed the recent appointment programme acknowledging changes to appointed roles and requested advice on whether this will have implications for the DHB or staff competencies.

The Chief Executive reported that executive staff are of the understanding that we are working in a fluid environment as the structures and mechanisms are being set up and accept that there will be variations to the roles. Individuals still have support from the accountabilities of the DHB as a good employer. The role of 3DHB Facilities Manager was discussed and acknowledged that that is an example of the fluid environment and moving to a 3DHB role which supports that practice to review all appointments in a 3DHB context.

ICT has a single leadership and will now focus on the capabilities and synergies whilst preserving the functional components of each DHB. System capability for staff working across the DHBs has been established and has improvements to provide a seamless solution for all staff.

Critical care across the sub-region has commenced a workstream to review opportunities that exist for the 3DHBs.

The following appendices were noted:

a. Ministry of Health letter congratulating the DHB for meeting the goal for reducing waiting times for elective services
b. 3DHB Health Service Development Programme Report
c. Communications Update
d. OIAs

Discussion ensued on a request for headlines on reporting on the round table of areas and benchmarking received from this forum. The COO reported that the health round table will be part of a dataset used to provide benchmarking for the DHB and should be available in the next couple of months.

The Board resolved to **NOTE** the contents of this report

5.0 COMMITTEE REPORT BACKS

5.1 CPHAC

The report was taken as read providing highlights from the Child and Youth presentation in particular the campaigns around tobacco and improvement that has been achieved.

It was noted that the Hutt Valley Board has been successful on supporting the child and youth programmes in particular the use of VIBE and this has a powerful philosophy of child and youth and with connections with external agencies.

The Government have recognised the results through VIBE and will support this model of care and the cross culture infrastructure.

The new area of concern that emerged from the survey was the parents worry and concern for funding food.

Improvement was received in the aspects of school life.

It is recommended that the Board **NOTE** the contents of this report

5.2 HAC

The Chair of HAC reported that the committee is pleased with the work being undertaken on the balanced scorecards and highlighting of trends.

The storm and earthquakes raised a number of areas to address around communications across the sub-region with not only staff but management of key external stakeholders and Board on updates.

The staff thanked the Rotary Clubs, in particular Eastern Hutt for their donations toward the second cochlear implant for a patient.

AP A letter on behalf of the Board to be provided to the Rotary Clubs thanking them for their support.

The HAC Chair reported that the HAC committee is now well established and starting view the service as a single provider arm.

It is recommended that the Board **NOTE** the contents of this report

6.0 GENERAL BUSINESS

Nil

7.0 RESOLUTION TO EXCLUDE THE PUBLIC

It is recommended that the Public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Board is considering subject matter in the following table.

The grounds for the resolution is the Committee, relying on Clause 32(a) of Schedule 3 of the Act believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists under the Official Information Act 1982 (OIA), in particular:

Agenda Item	NZ Public Health & Disability Act
The Sustainability Plan	Section 9 (2)(j) to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, negotiations
DRAFT Maori Leadership Structure	
OAG Audit Report on Regional Planning	
MRI Scanner Upgrade	
Chief Executive Report	9(2)(a), 9(2)(i) Protect the privacy of natural persons and to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities
The Sustainability Plan	
Funder Commitment List	Section 9(2)(i) to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities
HBL	
Community Lab Paper	
CRISP	

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting.

DATED this day of 2013

WAYNE GUPPY
DEPUTY CHAIR HUTT VALLEY DISTRICT HEALTH BOARD

SCHEDULE OF ACTION POINTS FOR PUBLIC BOARD

Original Meeting Date	Ref	Topic	Action	Resp	How Dealt with	Delivery date	Completed Date
6 September 2013	AP65	Committee Report Backs	A letter on behalf of the board to be provided to the Rotary Clubs thanking them for their support.	Peter Glensor	Letter	September	Completed
2 August 2013	AP64	Regional Service Plan and Annual Plan	Management to ensure that we address in the next Regional Service Plan and Annual Planning cycle process, sustainability of Residential Care. - Models of Care for our older people.	Director of SIDU	Planning Cycle	November DRAFT	
	AP63	Committee Report Backs	A local update on diabetes to be reported on progress with pre-primary care level, noting this is where the focus is.	Director of SIDU	CPHAC		
	AP62	SIDU	Management to provide an overview of the services provided by the Service Intergration Development Unit	Director of SIDU	Report	November	
7 June 2013	AP61	PHO Presentation	The PHO to share their mechanisms for retaining skills and sucession planning in primary care	Bridget Allan	PHO Quarterly Updates with Chair and CE	October	
	AP60	PHO Presentation	The PHO to hold a briefing with Whitireia on future workforce opportunities	Bridget Allan	PHO Quarterly Updates with Chair and CE	October	
	AP59	PHO Presentation	The PHO to provide information on programmes for addressing the aging workforce	Bridget Allan	PHO Quarterly Updates with Chair and CE	October	
1 March 2013	AP49	Free Under 6 GPs	Management are to report back to the Board on promotion of free under six access at GPs, requesting the possibility of a survey on what parents know about under sixes at the June Board meeting.	Director SIDU		June	

HUTT VALLEY DHB	**INFORMATION PAPER**
	Date: 27 September 2013
Author	Graham Dyer, Chief Executive
Subject	**Chief Executive's Report**

RECOMMENDATION

It is recommended that the Board **note** the contents of this report.

1 GOVERNMENT PRIORITIES AND HEALTH TARGETS

1.1 Quarter Four 2012/13 Health Target Results

Attached as Appendix One is feedback from the Ministry of Health (MOH) on national progress on the 2012/13 Quarter Four Health Target results along with feedback from the Target Champions on Wairarapa DHB specific progress against the Health Targets.

Also attached as Appendix Two are the Quarter Four results for the three Primary Care Health Targets.

Hutt Valley DHB has shot up in the latest National Health Target rankings for better help for smokers to quit, from 34% in the last quarter to 51%. This target has been widened from just a hospital measure last year, which we met, to measure what happens in general practice and in the community.

Our figures for the number of heart and diabetes checks, another new target measuring what happens outside the hospitals, also rose from 42% in the last quarter to 49%.

The DHB has also exceeded the target for shorter stays in Emergency Departments, achieving 97% of people seen within six hours to rank fifth out of 20 DHBs in New Zealand.

These improvements are a reflection of the hard work by staff of Te Awakairangi Health Network (PHO), Cosine PHO (covering Ropata Medical Centre in the Hutt Valley) and Hutt Hospital to improve the health of our communities. Te Awakairangi Health Network improved by 18% on the Better help for smokers indicator, and by 10% up on the More heart and diabetes checks indicator. Ropata Medical Centre has improved on both these two indicators by 28%.

Te Awakairangi Health Network is working with general practices to ensure they do heart checks and give brief advice about smoking whenever they can. The Network is providing subsidies for Maori, Pacific and low income people to have these checks. They have implemented a Patient Dashboard that pops up on the computer screen when the patient is with a GP or nurse, so that the GPs and nurses are reminded to undertake various checks. This will assist with continued improvements in the rates for the Health Targets.

Te Awakairangi Health Network is also taking an innovative approach to encouraging people to call their practices and get the heart checks. The recent visit to the Hutt Valley by Buck Shelford inspired several businesses and many individuals to take action. The Network is now following up with local workplaces and community groups to encourage them to support their employees and members to get the checks.

2 FINANCIAL SUSTAINABILITY

2.1 Financial Result August 2013

A favourable variance to budget for the first two months of the financial year of $14k has been reported. The bottom line result at the end of August was a deficit of ($938k) compared to a budget deficit of ($952k).

3 WORKING WITH OUR NEIGHBOURS

3.1 3DHB Health Services Development (HSD) Programme

Attached as Appendix Three is an update on work undertaken under the 3DHB Health Services Development (HSD) Programme in the month of August 2013, outlining programme highlights, key planned activities and emerging priorities.

3.2 3DHB Facilities Management

In August 2013 a Consultation Document was released proposing to implement a shared 3DHB Facilities Management Function between Wairarapa, Hutt Valley and Capital & Coast.

17 submissions were received on the proposal. While there were a range of views submitted, there is a high degree of commonality amongst the views.

On the basis of feedback, we have decided to proceed with the proposal for a single 3DHB Facilities Management service over several sites, with changes in four principle areas:

- retention of the Administration Coordinator role on the Hutt site until the Health Benefits Limited Finance, Supply Chain and Procurement processes have been implemented
- changes to the 3DHB Facilities Manager Role Description
- establishment of a 0.6FTE Maintenance Manager position in the Wairarapa
- a change to the commencement date to 1 October.

The proposal that the two existing Administration roles at Wellington provide the BEIMS (Building and Engineering Information Maintenance System) helpdesk for HVDHB and CCDHB will be reviewed when the BEIMS system is rolled out sub-regionally.

The new 3DHB team structure will allow better sharing of support and expertise in the sub-region, particularly around compliance, strategy, asset management and procurement activity. There will be opportunities to reduce overall outsourcing costs and make other savings through consolidation of activity and contracts, for example bringing together lift maintenance contracts across the three DHBs. We can learn from each other, for example in energy management and standardise our approach in compliance based activities and planned maintenance.

We are confident that the confirmed structure once implemented will provide a solid base for the Facilities Management function for all three DHBs. This will put us in a good position to meet the increasing facilities management demands across the sub-region.

3.3 Population Health Group Review

The Population Health Group Review for Wairarapa and Hutt Valley DHBs Decision Document has been released.

The consultation period for the Proposal Document for staff and interested stakeholders spanned two weeks from 20 August to 3 September 2013. In total, more than 20 separate submissions were

received from individuals and groups. The feedback received has been very helpful in finalising the Decision Document.

The Decision Document sets out the confirmed future direction of the Wairarapa and Hutt Valley DHBs' Population Health Group (PHG), the leadership structure and working arrangements within PHG and also the relationship with the 3DHB Service Integration and Development Unit (SIDU). The Decision Document can be made available to Board members on request.

3.4 3DHB ICT Function

The establishment of the 3DHB ICT function across Wairarapa, Hutt and Capital & Coast is progressing well. As advised to the Boards in May, the ICT leadership roles have now been put in place with arrangements for the next 12 months to cover the anticipated convergence and change activity that will create the efficiencies that are sought for the sub-region.

There are five main areas of focus for the 3DHB ICT leadership team, namely:

- Driving convergence in the 3DHB's operational ICT. This work is underway and is focussing on creating a single approach to vendor relationships, implementation of common technologies, etc.
- Establishing a sub-regional project portfolio and common method of prioritising projects. This work has commenced with the collation of the projects from the three DHBs, and discussions have progressed in both grouping projects within a number of sensible workstreams, and on how project resourcing is optimised in the sub-region.
- Strengthening the sub region's relationship to the CRISP programme.
- Bringing together the 3DHB ICT teams to create a unified sub-regional ICT team. In the short term, the wider 3DHB leadership team has commenced meeting regularly. The teams are now working together more actively as they start to work on joint projects and convergence opportunities across the sub-region. During August leadership team workshops were held to determine how the unified team can be created.
- Delivering a common operating environment for the sub-region.

4. INTEGRATING HEALTH SERVICES INTO A MORE UNIFIED SYSTEM

4.1 Alliance Leadership Team

A key component of work in this area is being led by our Alliance leadership Team, Hutt INC.

Hutt INC has several workstreams underway, including working to reduce avoidable hospitalisations (cellulitis, respiratory, and gastroenteritis), improving how the Hutt Valley deals with acute demand, and developing agreed clinical pathways for particular conditions. Good progress is being made in a number of areas

Main points of note from the last month include:

a) Cellulitis discharges are the lowest in August 2013 compared to the previous 12 months, and Cellulitis Bed-days are lower than the previous two years, and Average Length of Stay continues to track downwards.

b) Our Respiratory COPD Project continues to focus on a range of strategies to address how we can reduce Bed-days, provide better management of COPD patients and improve the health of the population. In August this year 20 less patients were admitted than at the same time in 2012.

c) Clinical pathways are being promoted through our Hutt Health Pathways website, with GPs now able to access this information direct from their practice management system. This will

become part of a sub-regional piece of work, where Hutt Valley, Wairarapa, and Capital & Coast share a common ICT platform and a common approach to developing pathways. This will need to be closely linked with local clinicians to ensure accurate implementation and buy-in for the Hutt Valley.

d) Our Dental service is keen to adopt a dental pathway similar to the pathway used in Canterbury. They will provide a presentation about the current state, and opportunities to improve this, to Hutt INC at its next meeting.

e) We are working to identify options to improve our orthopaedics services, with primary and secondary clinicians including our Orthopaedics Clinical Head of Department, to meet and discuss clearer referral guidelines and criteria, and options for care where surgery is not an available option.

f) We will in the near future be able to roll out a IT solution where GPs in the Hutt Valley will be able to access their patient's information on the Wellington hospital patient information system in the same way as they can currently access information at Hutt Hospital.

g) Our acute demand workstream is working to identify a small group of high value activities to improve how we manage acute demand. Several key areas have emerged as requiring specific work. These include:

- under 6 care – this has been highlighted from a number of perspectives as driving significant demand across the sector, despite additional funding now being available. In the Hutt Valley under sixes comprise around 13% of ED visits and 53% of after hours visits while there is continued pressure on practices, particularly for same day appointments
- a need to both quantify and build daytime acute primary care capacity, and to begin the process of extending what primary care can do, by way of acute care.
- working to better understand and begin to influence our community's health seeking behaviours. This is likely to require some input around health literacy potentially running some focus groups with clients and linking with staff from across the system who are dealing with these issues on a daily basis. The intent behind this would be to provide people with better information with which to make good choices around where and when people seek care.

5. OTHER MATTERS OF INTEREST TO THE BOARD

5.1 State Sector and Public Finance Reform Bill

The State Sector and Public Finance Reform Bill has passed through all its Parliamentary stages and the amendments it makes to the Public Finance Act, Crown Entities Act, and the State Sector Act are now law. These changes are an important support and enabler in the efforts to transform New Zealand's State sector, as they are designed to remove rigidity in the system and to support agencies in focusing on achieving results.

Treasury has provided reference material to assist with the changes to Crown entity reporting requirements. Attached as Appendix Four is a high-level summary of the key changes to the Crown Entities Act:

- Board duties
- The use of directions to Crown entities
- The role of monitors and the Minister of State Services
- Reporting changes.

More detailed information on changes to Crown entity reporting requirements are at http://www.treasury.govt.nz/statesector/2013reform/.

5.2 Quality and Safety Markers (QSMs) for Surgical Site Infection

There has been a request from the Health Quality and Safety Commission (HQSC) to the Boards for consideration and feedback on the proposed Quality and Safety Markers (QSMs) for Surgical Site Infection which will be the next focus of the OPEN campaign. The work consists of three process measures and an outcome measure for surgical site infection post hip and knee surgery.

Hutt DHB were one of the pilot sites for the project, once the ICNet infrastructure was loaded it was relatively straightforward as they have an advanced form of Concerto which captures most of the required information.

The purpose of the project is that *"The outcome measure will be used, as is the case for other QSMs, to estimate the costs of harm from surgical site infection following hip and knee replacement procedures at a national level."*

5.3 Fluoridation Campaign

The Ministry of Health have been working with the Health Promotion Agency and Allen and Clark to develop a campaign of consistent messaging about the benefits of community water fluoridation. Primarily to be used by the three DHBs going to referendum later in the year (along with local government elections) Bay of Plenty, Hawkes Bay and Waikato, the campaign is likely to be rolled out as a national campaign following the local body elections.

The campaign currently consists of a website and a concurrent pamphlet drop to all affected households. Advertisements in local community papers and a media release by the Minister may also be involved in the first phase of the campaign but are yet to be confirmed.

NFIS has been involved by way of providing peer review for the content of the website and the pamphlet, on request from the Ministry. We have also been involved with the expert interviews used on the website. Emmeline Haymes has been videoed describing the role of NFIS and some of our key findings. The other people videoed for the website include Sir Peter Gluckman, Dr Jonathon Broadbent, Dr Pat Touhy, Dr Don Mackie and Dr Robyn Haisman-Welsh.

We are to receive a link to the final version of the website today and can forward it as soon as we have it.

5.4 Whānau Ora Update

I have attached as Appendix Five for the Board's information the 17th issue of Te Kete Hauora's newsletter which provides District Health Boards with Whānau Ora updates.

5.5 Communications Update

I have included as Appendix Six the projects and initiatives the DHB's Communications Team have been working on since the last Board meeting.

5.6 Official Information Act Requests

Attached as Appendix Seven are details of requests for information the DHB has received under the Official Information Act since the last Board meeting and our responses.

MINISTRY OF HEALTH
MANATŪ HAUORA

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Wellington 6145
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2 September 2013

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Mr Graham Dyer
Chief Executive Officer
Hutt Valley District Health Board
Corporate Office
Private Bag 31 907
LOWER HUTT 5040

Dear Graham

The 2012/13 year has seen the sector deliver positive health target results. The year began well with exceptional early progress against both the revised immunisation coverage target for eight-month-olds, and the new combined chemotherapy and radiotherapy Shorter waits for cancer treatment target. During the year the hospital component of the Better help for smokers to quit target was achieved for the first time. Now, for the second consecutive year, both the Improved access to elective surgery and Shorter waits for cancer treatment targets have been met by every DHB in quarter four. These are very significant achievements for our sector.

With this quarter's national result of 90 percent for the Increased immunisation target, we are well placed to reach our target goal of 95 percent of eight-month-olds fully immunised by 31 December 2014, and to deliver on this important target within the Government's Better Public Services programme.

The national result for the Shorter stays in emergency department health target is 93 percent with 12 DHBs achieving the target. As you will be aware, from next quarter, agreed level two emergency department facilities will be included in the target.

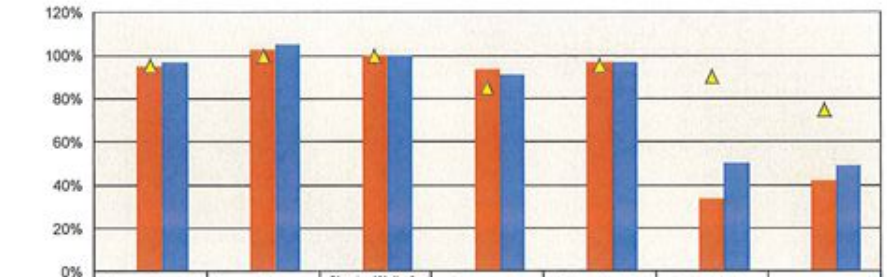
The hospital component of the Better help for smokers to quit has reached 96 percent. The primary care component of the target result is 57 percent, with the result up from 51 percent last quarter.

The national quarter four result for the More heart and diabetes checks target is 67 percent. Although the result is still some way off the national goal, this is a good improvement on the result of 49 percent in quarter four last year.

Early September, a letter will be sent with an update on PHO quarter four performance against the primary care focused health targets. This information will also be presented with wider health target results on the 'MyDHB' website www.health.govt.nz/mydhb

Your local DHB results for quarter four are summarised below.

Hutt Valley health targets quarter four 2012/13 results



	Shorter Stays in Emergency Departments	Improved Access to Elective Surgery	Shorter Waits for Cancer Treatment (radiotherapy and chemotherapy)	Increased Immunisation (8-month-olds)	Better Help for Smokers to Quit - Hospitals	Better Help for Smokers to Quit - Primary Care	More heart and diabetes checks
Ranking quarter four 2012/13	5	12	1	10	9	17	19
Quarter three 2012/13	95.1%	102.6%	100.0%	93.6%	97.1%	34.1%	42.3%
Quarter four 2012/13	96.5%	105.3%	100.0%	91.4%	96.7%	50.6%	49.1%
△ National goal	95.0%	100.0%	100.0%	85.0%	95.0%	90.0%	75.0%

The following feedback is provided by the Ministry's Target Champions on your quarter four results. I also encourage you to refer to the health targets material on the Ministry website for additional detail at www.health.govt.nz/healthtargets

Mike Ardagh, Target Champion, Shorter stays in Emergency Departments
It is pleasing that you have continued to achieve the Shorter Stays in Emergency Departments target in quarter four. I look forward to this continuing.

Clare Perry, Target Champion, Improved access to elective surgery
Hutt Valley DHB has continued to perform strongly during the last quarter of 2012/13, and has achieved its quarter four health target – Improved access to elective surgery. For the full year, 5208 people have been provided with elective surgery, which is 5 percent ahead of plan. This is a very good result – well done.

This is the second year in a row that all DHBs have reached their full year health target. Over the last five years the number of patients treated annually has lifted from around 118,000 to almost 158,500. Combined with the significant reduction in waiting times achieved, this represents a meaningful improvement in access for elective patients. Thank you for your local contribution to this.

Andrew Simpson, Target Champion, Shorter waits for cancer treatment
Congratulations on achieving the Shorter waits for cancer treatment target in quarter four of 2012/13. This quarter four result marks a year of achieving the cancer treatment target since chemotherapy wait times were included in target reporting. I have also been the Cancer Target Champion for a year now, and I would like to thank you for your continued commitment to achieving the cancer treatment target.

Pat Tuohy, Target Champion, Increased immunisation
Hutt Valley DHB ended the year with 91 percent of eight-month olds fully immunised. Congratulations.

While the DHB achieved excellent Pacific coverage of 94 percent, Māori and deprivation quintiles 9 and 10 coverage is much lower. This disparity will need to be addressed if the DHB is to achieve equity for vulnerable populations.

Your support of primary care is vital in the next 12 months to ensure timeliness of vaccinations and that decline rates remain low by maintaining public confidence in local services.

The DHB is in a very strong position to achieve the 95 percent target by the end of December next year. Well done to you and your teams and keep up the excellent work.

Karen Evison, Target Champion, Better help for smokers to quit
Good work, Hutt Valley DHB significantly improved its primary care result in quarter four. However, the DHB's result is still below the national result. Your report mentioned that the patient dashboard was installed in 25 practices during quarter four. Hopefully, this will improve the primary care results further in quarter one.

Well done for continuing to maintain the hospital target. You have consistently performed above 95 percent throughout 2012/13. Please pass on my thanks and congratulations to everyone involved.

Helen Rodenburg, Target Champion, More heart and diabetes checks
Your result, at 49.1 percent, remains well below the target however you have an increase of 6.8 percent on last quarter, so congratulations. A key to achieving the target is to gain and maintain support from primary practitioners for the CVD programme. The Ministry team and I look forward to working with you to achieve this.

To ensure sector consistency and clear accountability to our stakeholders, the health target results presented in your Annual Report should correspond with the results you have confirmed with the Ministry and referenced in this letter.

As you are aware, the health target set has remained stable for 2013/14 allowing us to build on the results from the 2012/13 year. Thank you for what you have achieved so far on the health targets and for your continuing commitment to further progress.

Yours sincerely

Kevin Woods
Director-General of Health

cc: Dr Virginia Hope, Chair, Hutt Valley District Health Board

MINISTRY OF HEALTH
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16 September 2013

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Dr Virginia Hope
Chair
Hutt Valley District Health Board
Private Bag 31 907
LOWER HUTT 5040

COPY

Dear Dr Hope

Primary Health Organisation (PHO) Health Target Performance Quarter Four 2012/13

Please find enclosed the quarter four results for the three Primary Care Health Targets.

Performance on the 'Better Help for Smokers to Quit' target has improved by 6 percent across all PHOs in the last quarter to 57 percent. Twenty five PHOs improved their performance, with four PHOs increasing their performance by more than 20 percent. Only one PHO reached the target however and total performance remains below the 90 percent target.

The national quarter four result for the 'More Heart and Diabetes Checks' target was 67 percent, an increase of 8 percent from the previous quarter. All but six PHOs improved their performance, and 13 PHOs have met the current target of 75 percent.

Performance on the 'Increased Immunisation' target continues to be excellent, with the average across all PHOs being 91 percent. A total of 32 PHOs reached the 85 percent target in quarter four for eight-month-olds. This is an excellent result.

The enclosed league table shows the quarter four performance of PHOs in the three Primary Care Health Targets. These results will be published in the New Zealand Doctor and released to the general media. Also attached is a table showing the percentage change from quarter four 2011/12 to this quarter (quarter four 2012/13) by DHBs and PHOs.

Thank you for the continuing work that is underway with your PHOs to ensure further improvements in the three Primary Care Health Targets, particularly the 'Better Help for Smokers to Quit' and the 'More Heart and Diabetes Checks' targets. These are important health interventions and we look forward to seeing continued progress.

Yours sincerely

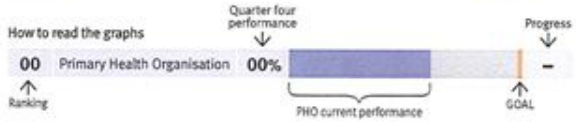
Kevin Woods
Director General of Health

Encls PHO League Table, table showing percentage change
Cc DHB CEOs, PHO CEOs, PHO Chairs

How is My PHO performing?

2012/13 QUARTER FOUR (APRIL TO JUNE) RESULTS

MINISTRY OF HEALTH
MANATŪ HAUORA



Increased Immunisation

Using PHO Performance Programme (PPP) Data

		Quarter four performance	85%	Change from previous quarter
1	Whanganui Regional PHO	97%		▲
2	Christchurch PHO Limited	96%		–
3	Compass Health – Wairarapa	96%		–
4	East Health Trust	96%		▲
5	Health Hawke's Bay Limited	95%		▲
6	Southern Primary Health Organisation	95%		▲
7	Rural Canterbury PHO	95%		▲
8	Midlands Health Network – Lakes	95%		▲
9	Well Health Trust	94%		–
10	Compass Health – Capital and Coast	94%		–
11	Cosine Primary Care Network Trust	94%		▼
12	Central Primary Health Organisation	94%		–
13	Pegasus Health (Charitable) Limited	93%		–
14	Alliance Health Plus Trust	93%		▲
15	West Coast PHO	92%		▲
16	Waitemata PHO Limited	92%		–
17	Western Bay of Plenty PHO Ltd	92%		–
18	Procare Networks Limited	92%		▲
19	Midlands Health Network – Taranaki	91%		▼
20	Primary and Community Services (Sth Cant)	91%		▼
21	Kimi Hauora Wairau (Marlborough PHO Trust)	91%		▲
22	Midlands Health Network – Waikato	90%		▲
23	Ora Toa PHO Limited	90%		–
24	Te Awakairangi Health Network	90%		▼
25	Eastern Bay Primary Health Alliance	90%		▼
26	Nga Mataapuna Oranga Limited	89%		–
27	Auckland PHO Limited	89%		–
28	Manaia Health PHO Limited	88%		–
29	Midlands Health Network – Tairawhiti	88%		▼
30	Total Healthcare Charitable Trust	88%		▲
31	Nelson Bays Primary Health	88%		▼
32	Health Rotorua Limited	85%		▼
33	National Hauora Coalition	83%		▼
34	Hauraki PHO	80%		▼
35	Te Tai Tokerau PHO Ltd	79%		▼
	All PHOs	91%		–

Increased immunisation

The national immunisation target is 85 percent of eight-month-olds will have their primary course of immunisation at six weeks, three months and five months on time by July 2013. This quarterly progress includes children who turned eight months between April and June 2013, are enrolled in a PHO and who were fully immunised at that stage. Consequently, the All PHOs percentage above (91%) will be different to the All DHBs percentage (90%).

Better Help for Smokers to Quit

Using PHO Performance Programme (PPP) Data

		Quarter four performance	90%	Change from previous quarter
1	Compass Health – Wairarapa	95%		▲
2	Alliance Health Plus Trust	82%		▲
3	Health Hawke's Bay Limited	80%		▼
4	Manaia Health PHO Limited	79%		▲
5	Western Bay of Plenty PHO Ltd	78%		▼
6	Primary and Community Services (Sth Cant)	76%		▼
7	East Health Trust	76%		▲
8	Nelson Bays Primary Health	74%		▲
9	Health Rotorua Limited	74%		▲
10	Compass Health – Capital and Coast	73%		▲
11	Eastern Bay Primary Health Alliance	71%		▼
12	Midlands Health Network – Waikato	69%		▲
13	Midlands Health Network – Taranaki	68%		▲
14	Central Primary Health Organisation	67%		▲
15	Whanganui Regional PHO	67%		▲
16	Christchurch PHO Limited	64%		▼
17	Te Tai Tokerau PHO Ltd	64%		▲
18	Nga Mataapuna Oranga Limited	57%		▼
19	Southern Primary Health Organisation	56%		▼
20	Hauraki PHO	55%		▲
21	West Coast PHO	55%		▲
22	Total Healthcare Charitable Trust	54%		▲
23	Midlands Health Network – Tairawhiti	52%		▲
24	Cosine Primary Care Network Trust	52%		▲
25	Well Health Trust	51%		▼
26	Te Awakairangi Health Network	50%		▲
27	Rural Canterbury PHO	48%		▲
28	Auckland PHO Limited	48%		▲
29	Procare Networks Limited	47%		▲
30	Midlands Health Network – Lakes	47%		▲
31	National Hauora Coalition	43%		▲
32	Waitemata PHO Limited	37%		▲
33	Kimi Hauora Wairau (Marlborough PHO Trust)	36%		▼
34	Ora Toa PHO Limited	35%		–
35	Pegasus Health (Charitable) Limited	29%		▲
	All PHOs	57%		▲

Better help for smokers to quit

The national target is that 90 percent of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking.

More Heart and Diabetes Checks

Using PHO Performance Programme (PPP) Data

		Quarter four performance	75%	Change from previous quarter
1	East Health Trust	83%		▲
2	Total Healthcare Charitable Trust	83%		▲
3	Manaia Health PHO Limited	82%		▲
4	Compass Health – Wairarapa	81%		▲
5	Procare Networks Limited	80%		▲
6	Western Bay of Plenty PHO Ltd	78%		▲
7	Auckland PHO Limited	77%		▲
8	Alliance Health Plus Trust	77%		▲
9	Compass Health – Capital and Coast	77%		▲
10	Cosine Primary Care Network Trust	76%		▲
11	Midlands Health Network – Lakes	76%		▲
12	Midlands Health Network – Waikato	75%		▲
13	Whanganui Regional PHO	75%		▲
14	Midlands Health Network – Taranaki	74%		▲
15	Midlands Health Network – Tairawhiti	74%		▲
16	Nga Mataapuna Oranga Limited	73%		▲
17	Health Hawke's Bay Limited	72%		▲
18	Ora Toa PHO Limited	71%		–
19	Hauraki PHO	70%		▲
20	Central Primary Health Organisation	68%		▲
21	Well Health Trust	68%		▲
22	Nelson Bays Primary Health	65%		–
23	Primary and Community Services (Sth Cant)	64%		▲
24	Te Tai Tokerau PHO Ltd	64%		▲
25	Waitemata PHO Limited	64%		▲
26	Southern Primary Health Organisation	63%		▲
27	Health Rotorua Limited	61%		▲
28	National Hauora Coalition	60%		▲
29	West Coast PHO	58%		–
30	Christchurch PHO Limited	58%		▲
31	Eastern Bay Primary Health Alliance	52%		▲
32	Rural Canterbury PHO	46%		▲
33	Te Awakairangi Health Network	44%		▲
34	Kimi Hauora Wairau (Marlborough PHO Trust)	42%		▲
35	Pegasus Health (Charitable) Limited	28%		▲
	All PHOs	67%		▲

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by July 2014. The first stage is to achieve 75 percent by July 2013.

Health Target results use information provided by the PHO Performance Programme (PPP) which is sourced from national collections and primary care organisations.

More information on the health targets can be found on www.health.govt.nz/healthtargets

New Zealand Government

Primary Care Health Target results for quarter four 2012/13 compared to quarter four 2011/12

DHB	PHO Name	Increased immunisation		Better help for smokers to quit		More heart and diabetes checks	
		Q4 12/13	Change from Q4 11/12*	Q4 12/13	Change from Q4 11/12	Q4 12/13	Change from Q4 11/12
Auckland	Alliance Health Plus - Auckland	91%	NA	85%	NA	75%	NA
	Auckland PHO Limited	89%	NA	48%	▲6.6%	77%	▲22.8%
	NHC - Auckland	91%	NA	41%	▲25.4%	65%	▲14.3%
	Procare Networks – Auckland	92%	NA	45%	▲16.3%	85%	▲38.6%
Bay of Plenty	Eastern Bay Primary Health Alliance	90%	NA	71%	▲35.5%	52%	▲16.9%
	Nga Mataapuna Oranga Limited	89%	NA	57%	▲18.7%	73%	▲17.0%
	Western Bay of Plenty PHO Ltd	92%	NA	78%	▲32.3%	78%	▲6.3%
Canterbury	Christchurch PHO Limited	96%	NA	64%	▲23.0%	58%	▲10.8%
	Pegasus Health (Charitable) Limited	93%	NA	29%	▲6.0%	28%	▲13.1%
	Rural Canterbury PHO	95%	NA	48%	▲21.3%	46%	▲10.5%
Capital and Coast	Compass Health - Capital & Coast	94%	NA	73%	▲16.9%	77%	▲24.3%
	Cosine Network - Capital & Coast	96%	NA	43%	▲2.3%	76%	▲21.5%
	Ora Toa PHO Limited	90%	NA	35%	▼12.5%	71%	▲2.5%
	Well Health Trust	94%	NA	51%	▲2.1%	68%	▲12.8%
Counties Manukau	Alliance Health Plus – Manukau	95%	NA	79%	NA	79%	NA
	East Health Trust	96%	NA	76%	▲49.4%	83%	▲27.1%
	NHC – Counties Manukau	68%	NA	64%	▲54.5%	46%	▼16.1%
	Procare Networks – Manukau	91%	NA	49%	▲14.9%	73%	▲25.2%
	Total Healthcare Charitable Trust	88%	NA	54%	NA	83%	NA
Hawkes Bay	Health Hawke's Bay Limited	95%	NA	80%	▲32.3%	72%	▲14.9%
Hutt Valley	Cosine Network – Hutt Valley	92%	NA	58%	▲28.2%	77%	▲28.0%
	Te Awakairangi Health Network	90%	NA	50%	▲17.8%	44%	▲10.0%
Lakes	Health Rotorua Limited	85%	NA	74%	▲25.7%	61%	▲9.6%
	Midlands Health Network - Lakes	95%	NA	47%	▲19.7%	76%	▲12.6%
	NHC - Lakes	100%	NA	37%	▲10.4%	64%	▲15.2%
MidCentral	Central Primary Health Organisation	94%	NA	67%	▲33.7%	68%	▲25.5%
Nelson Marlborough	Kimi Hauora Wairau (Marlborough PHO Trust)	91%	NA	36%	▲24.0%	42%	▲18.7%
Nelson Marlborough	Nelson Bays Primary Health	88%	NA	74%	▲18.9%	65%	▲2.0%
Northland	Manaia Health PHO Limited	88%	NA	79%	▲47.6%	82%	▲25.7%
	Te Tai Tokerau PHO Ltd	79%	NA	64%	▲35.5%	64%	▲12.3%
South Canterbury	Primary and Community Services	91%	NA	76%	▲40.5%	64%	▲21.7%
Southern	Southern Primary Health Organisation	95%	NA	56%	▲24.0%	63%	▲18.7%
Tairawhiti	Midlands Health Network - Tairawhiti	88%	NA	52%	▲14.6%	74%	▲17.2%
	NHC - Tairawhiti	NA	NA	56%	NA	61%	NA
Taranaki	Midlands Health Network - Taranaki	91%	NA	68%	▲22.3%	74%	▲14.9%
	NHC - Taranaki	80%	NA	42%	▲19.0%	56%	▲25.0%
Waikato	Hauraki PHO	80%	NA	55%	▲15.7%	70%	▲26.8%
	Midlands Health Network - Waikato	90%	NA	69%	▲31.8%	75%	▲16.9%
	NHC - Waikato	75%	NA	31%	▲12.5%	57%	▲14.5%
Wairarapa	Compass Health - Wairarapa	96%	NA	95%	▲39.7%	81%	▲14.3%
Waitemata	Procare Networks - North	93%	NA	48%	▲17.4%	80%	▲25.7%
	Waitemata PHO Limited	92%	NA	37%	▲3.5%	64%	▲5.4%
West Coast	West Coast PHO	92%	NA	55%	▲15.8%	58%	▲1.7%
Whanganui	NHC - Whanganui	90%	NA	29%	NA	44%	NA
	Whanganui Regional PHO	97%	NA	67%	▲29.8%	75%	▲13.5%
All PHOs		**91%**	**NA**	**57%**	**▲22.5%**	**67%**	**▲18.3%**

** The figures for increased immunisation are not comparable as the target group has changed from two year olds to eight-month-olds.*

3DHB Health Service Development Programme Report August 2013

Programme Highlights;

- *Child Health* - a workshop was held on the 30th August to agree the design principles and process to progress a single sub-regional general paediatric service for acute and ambulatory care. A strong response was received and approximately 60 people attended the workshop. We received a positive response to moving to a single service, with a sense of commitment to operating in a new paradigm of a single service. Design principles included some challenges to traditional terminology utilised in child health services and agreement was sought to focus on a whole of system approach, recognising the value of keeping children well in the community.
- *Sub Regional Clinical Pathways Proposal* -An RFP (Request for Proposal) process has been completed to select a preferred vendor for a sub regional clinical pathway tool. The clinical pathway work group reviewed responses and selected a tool based on the prioritised values identified in the business case. Discussions are progressing to secure funding to progress this work through the CEO forum and DHB Executive Teams.
- *Acute Demand* -a range of activities are underway through the Acute Demand Project being led by SIDU to progress an improved response to the management of frail elderly through a clinical pathway development. Initially this was a project within the Capital and Coast Integrated Care Collaborative (ICC) however discussions are now underway with the other two DHBs to look at how this work could be applied across the sub-region.
- *ENT* – further discussions with the steering group this month to consider a single service approach for the provision of ENT services across the three DHBs. Work continues on some of the enablers such as single booking form.
- *Mental Health and Addictions*-this is still in pre-project stage, as a range of activity is underway to progress a 3D strategic framework for Mental Health and Addiction Services. A workshop is planned for the 24th September, with representation from NGO, Community and the Provider Arm. A presentation will be provided to the October CLG meeting on proposed mandate and a project work plan for the coming year.
- *Laboratory Services* -a Laboratory Service Strategy has been developed over the past eight weeks looking at medium to long term options for laboratory services for the sub region. This strategy has provided a view of the current issues, challenges and opportunities facing laboratory services across the three DHBs and outlined a range of future configuration options that Boards could consider, including integration between community and hospital laboratory services. This strategy has recently been considered by the three Boards.

Benefits Tracking;

- CLG reviewed a comprehensive list of reporting that is available that could be utilised with the Benefit Realisation Driver Diagram. This is being fine tuned with first draft of a score care due to the October meeting.
- The 3D HSD Programme Team and SIDU analyst team are reviewing the Health Round Table information for the sub-region to support information used in the score card reporting**.**

Key Planned Activities/Emerging Priorities;

- *ENT*
  - Developing single booking form and implementation plan across the three DHBs
  - Developing clinical pathways for 4 common paediatric ear health issues
  - Uploading ENT Clinical Pathways to local PHO pathway websites across the sub-region and planning for CPD sessions on pathway implementation.
- *Gastro*
  - Implementing four work streams to progress to single sub-regional colonoscopy service model
  - Project plan to implement single waitlist to be agreed and work groups established.
- *Child Health*
  - Two work streams to be established focused on planned and unplanned child health care delivery as a sub-region. Membership sought from across the sub-region.
- *Orthopaedics*
  - Current profile of orthopaedic delivery in all three sites being developed to support further discussion and the development of an options paper
  - Clinical Leader of the project is meeting with Clinical Heads of Department across three DHBs. Final report on recommendations due in December.
- Optimal Facilities
  - Detailed analysis of theatre utilisation underway with linkages to medical model of care being progressed.
- Mental Health
  - A workshop is planned for the 24th September, with representation from NGO, Community and the Provider arm to discuss the development of a 3D Mental Health and Addictions Strategic Framework.
  -

Emerging Priorities - Ophthalmology, Dermatology, ICU/HDU, Anaesthetics, Secondary Obstetrics all emerging priorities.

New Risks/Concerns and Mitigation

N/A

Communication

- 3D staff newsletter for August was completed and circulated. This month has highlighted the sub-regional colonoscopy service design and profiled the development of a sub-regional clinical role.
- Meetings with Clinical Heads of Departments across the DHBs to discuss ways of delivering services in a more joined up way.
- 3D programme team meeting with 3 sub-regional integration work programme leaders monthly to share work programme commonalities and to align where appropriate.
- 3D update provided to PHOAG, Clinical Heads of Department meetings, HAC, CPHAC, 3 Alliance Leadership Teams.

Overview of the 2013 Amendments to the Crown Entities Act

The purpose of this guidance is to overview the July 2013 amendments to the Crown Entities Act 2004. Some of the Crown Entities Act provisions, and in particular the reporting ones, apply to agencies that are not Crown entities. It is up to each organistions to be clear on their legislative framework.

Changes to the Crown Entities Act (effective upon enactment)

Related links: For all amendments see:

Crown Entities Amendment Act 2013:
http://www.legislation.govt.nz/act/public/2013/0051/latest/DLM5326903.html?src=qs

Public Finance Amendment Act 2013:
http://www.legislation.govt.nz/act/public/2013/0050/latest/DLM5326005.html?src=qs

The changes to the Crown Entities Act:
support sector leadership by:

- strengthening the alignment of Crown entities through expanded Board duties for statutory Crown entities
- supporting functional leadership by expanding the scope for the use of directions to support a whole of government approach
- formalising the role of the monitor and the ability of the Minister of State Services to request information.

Changes to the Crown Entities Act (effective 1 July 2014)

In the 2014/15 financial year, the legislative changes streamline and improve the planning and reporting provisions to provide for more meaningful reporting with a results focus through:

- enabling strategic intentions to be captured in Statements of Intent that can last for up to three years
- reporting meaningfully on what is intended to be achieved and what was achieved
- the flexibility to table accountability documents together and/or present separately identifiable reports within a sector overview, providing the opportunity to tell a more meaningful and integrated performance story.

Changes for Crown entity groups

The Crown Entities Act was already based on group reporting to Parliament. The key changes for Crown entity groups are:

- The Minister of Finance has a new power whereby the Minister may require additional reporting from any member of the group (ie, the parent or the subsidiary) where it is necessary or desirable to enhance public accountability of the individual member of the group.

July 2013

THE TREASURY
Kaitohutohu Kaupapa Rawa

- The requirement for each subsidiary to prepare its own financial statements and have these audited has been removed which reduces compliance costs. These financial statements were never tabled in Parliament and were required even if the subsidiary was not active.

Public Finance Act 1989 (PFA) Schedule 4A Companies

The amendments to the Public Finance Act apply the governance and reporting requirements for Crown Entity Companies to PFA Schedule 4A companies. PFA Schedule 4A companies will also benefit from the amendments to the CEA reporting requirements.

Whānau Ora Update
for District Health Boards

Issue 17 – August 2013

MANATŪ HAUORA
MINISTRY OF HEALTH

The next steps for Whānau Ora

The Minister for Whānau Ora, Hon Tarianna Turia, announced several key changes to the Whānau Ora programme last month which are intended to shift the focus of Whānau Ora more directly towards strengthening the capability of families to manage their own dreams and aspirations.

Commissioning for results
To help enable this, Whānau Ora will move towards a '*Commissioning for results'* model. Three NGO commissioning agencies are being established (one for the North Island, one for the South Island, and one with a Pacific focus). These agencies will be responsible for commissioning local-level whānau-centred initiatives and services and ensuring these are available to all New Zealand families.

Te Puni Kokiri will lead this process, with support from other government agencies. Further information regarding the expected RFP process is expected later this month. The current indications are that the RFP decisions are expected to be confirmed by November this year, with the Commissioning Agencies operational by July 2014.

Note that the funding for the Commissioning Agencies will be coming from the Whānau Ora appropriations, rather than Vote Health or any other Vote. DHBs that have ongoing contracts with service providers out of their own funding appropriations should continue to fulfill these agreements as ongoing business-as-usual arrangements.

Other changes
The Minister also signaled a change to the governance arrangements for Whānau Ora. The current Whānau Ora governance group will end its work at the end of the 2013 calendar year, with its last tasks being the selection of NGO commissioning agencies. The Governance Group will be replaced by a Partnership Group that will be made up of relevant Ministers, Iwi leaders and Whānau Ora advisors and will oversee work from the start of 2014.

The establishment of the NGO
Commissioning Agency model also signals a winding down of the Regional Leadership Groups (at the end of December 2013) .

The Minister's press release included specific note of thanks for each of these groups and their contribution to establishing Whānau Ora so effectively from its initial conception.

Whānau Ora has progressed remarkably since its formal beginning in 2010. These changes reflect that and acknowledge we can now build on this success by focusing more directly on building the capability of families and whānau to increasingly self-manage their lives, goals and aspirations.

Ultimately Whānau Ora is about supporting families and whānau to carry their own responsibilities and obligations as they work to realise their own dreams and aspiration. Our role is to support this.

We will keep you informed with further developments and information as these changes are progressively implemented. In the meantime, further information about the changes to the Whānau Ora programme are available through the Te Puni Kōkiri website: www.tpk.govt.nz.

The Minister's initial announcement is available on the parliament website (http://www.beehive.govt.nz/minister/Tariana-Turia).

ISPP Request for Proposal now live

The Information System Procurement Project (ISPP) initiated its Request for Proposals (RFP) process at the beginning of this month.

The decision to procure a national solution or solutions was endorsed by the Whānau Ora Governance Group. A user requirements document was then develop based on a series of workshops that were held with collectives during March and April and this has formed the requirements outlined in the RFP documentation.

An evaluation panel featuring cross-agency, District Health Board, and Whānau Ora collective representatives has been established to evaluate the proposals received through the RFP process.

The RFP documents are currently available through the GETS website (www.gets.govt.nz). The deadline for responses is 1pm 12 September 2013.

We will keep you informed as this work progress.

Appendix Four – Communications Update – September 2013

1 External communications / Media

Health Highlights

Monthly column in Hutt News and Upper Hutt Leader: September focus on Pharmacist prescribers, Health targets, Care Capacity Demand management programme and DHB elections.

Community

CE presentation to Upper Hutt Probus group on DHB priorities.

Media releases/responses 25 August to 27 September 2013

Low-cost access / Petone clinic (x3)	Annual Suicide Report
DHB elections	Nursing hours
Delayed Breast Reconstruction	Audit of ARC facility
CREDS	Community Pharmacy prescriber
Social media	Meningococcal alert
Over supply of Junior Doctors	Newborn hearing screening
Taxi chit system	Health Targets Q4
Maternity unit renovations	Patient condition updates (multiple)

2 Hutt Inc

- Monthly advertising of the 'ED or GP' message, listing after-hours services and Healthline
- Compiling a communications strategy for Hutt Inc. including logo development.

3 Working with our neighbours

Sub-Regional

- Working with 3DHB Programme team to better align sub-regional communications
- Staff update newsletter issue 2 on 3DHB work distributed
- HDU services at Wairarapa Hospital, as part of the Critical Care workstream for the sub-region
- Operating Theatre services at Wairarapa Hospital, as part of the regional capacity workstream for the subregion
- Communications re: Regional Public Health and Facilities Management decision papers coordinated simultaneously across the three DHBs.

2DHB

- Focus of shared intranet project shifted to rapid development of shared workspaces based on Wairarapa's network as implementation of SharePoint 2013 reliant on the implementation the Common Operating Environment project, due for completion mid-2014.

- Next iteration of organisational structure diagram for release end September.

Regional

- Working with TAS to develop simple communications strategy for the Regional Services Plan 2013/14.

4 Internal communications

Intranet stories 25 August – 27 September 2013

Minister: Details of family carers policy released Social Workers praised Fire Drill reminder to wardens Symptom checker phone app released October Collabor8 programme Emergency preparedness Pharmacist prescribing Audiology bake sale Post Grad information day Open for Better Care Charter Social Workers day Radiology – PACS upgrade Carpooling Minister: video series aged care nursing 3DHB Facilities management decision paper Volunteers go out of their way for patients Grand Round health and Safety Electronic referrals help deliver accurate care Mobile Blood Drive next Monday Hutt DHB monthly scorecard September Health Highlights 2DHB Population Health Review Decision Paper Free parking at CCDHB for Hutt and Wairarapa staff Minister: patient survey shows highest level of trust Malaysian Pharmacists visit Hutt Health advice going high tech Bladder Scanner Fundraiser Worst storm in 40 years	Minister: DHBs make $4M savings from collective banking Maxine Power forum Minister: Hutt Valley DHB praised for reduced waiting times Admin forum Fracture Clinic goes paperless Managing stress and grief HBL change proposal Minister: More newborns enrolled with GPs Board congratulates staff on Health Targets World Physiotherapy Day Single Laboratory Review update Interim CEO appointed at CCDHB Minister: Law change for child restraints Over $1,000 raised at HR charity quiz Minister: New age version of Drs house call Variety Show fundraising event 3DHB Update newsletter Proposed IT changes to health systems Minister: Voluntary bonding scheme Carpool and win! Leisure travel insurance DHB election facts and stats Sub-regional disability advisory group

All staff memos

Facilities management decision document
Corridor closed post quake.

7 Other Communications projects

- 3DHB communications: renew communications strategy working with SIDU and CLG, relocation of 3DHB web presence from Wairarapa website to Hutt website, monthly updates, 3DHB '3rd on the agenda' of all meetings.
- Efficiency Plan communications
- Clinical engagement strategy
- Quality Account to be published December
- Annual Report
- Nursing recruitment
- Design and assistance for flyers, posters, and patient information
- Intranet users training and development of pages.

Appendix Four– Official Information Act Requests and Responses

<table>
<tr><th>OIA</th><th>Requestor</th><th>Date</th><th>Request/Response</th><th>Status</th></tr>
<tr><td>OIA H62</td><td>Annette King MP</td><td>21/08/2013</td><td>1. How many diabetes incidents have been reported in Emergency Department and through ambulance call out for the period September 2012 to September 2013, and how does this data compare for the period September 2011 to September 2012?

<table>
<tr><th></th><th>2011</th><th>2012</th><th>2013</th></tr>
<tr><td>January</td><td></td><td>17</td><td>19</td></tr>
<tr><td>February</td><td></td><td>13</td><td>16</td></tr>
<tr><td>March</td><td></td><td>14</td><td>24</td></tr>
<tr><td>April</td><td></td><td>13</td><td>23</td></tr>
<tr><td>May</td><td></td><td>14</td><td>17</td></tr>
<tr><td>June</td><td></td><td>18</td><td>25</td></tr>
<tr><td>July</td><td></td><td>13</td><td>19</td></tr>
<tr><td>August</td><td></td><td>9</td><td></td></tr>
<tr><td>September</td><td>21</td><td>16</td><td></td></tr>
<tr><td>October</td><td>19</td><td>15</td><td></td></tr>
<tr><td>November</td><td>19</td><td>16</td><td></td></tr>
<tr><td>December</td><td>12</td><td>22</td><td></td></tr>
</table>
2. What reports, if any, have DHBs received of hypo-glycaemic incidents arising from false readings from the CareSens blood glucose meters?

Hutt Valley DHB has not received any reports of hypo-glycaemia incidents arising from false readings from the CareSens blood glucose meters</td><td>Completed 19/09/2013</td></tr>
<tr><td>OIA H63</td><td>Teresa Homan
5 Elm St
Upper Hutt</td><td>05/08/2013</td><td>1. I would like to know what resources the Hutt Valley DHB has available to it and spends on outpatient rehabilitation.

The DHB receives funding for the following outpatient rehabilitation clinics:
• Rehabilitation outpatient clinics - this includes nursing and medical staff clinics - $333,132
• Rehabilitation home visits – this includes nursing and medical staff - $831,376
• Community occupational therapy – (i.e. outpatients and home visits) $931,078
• Community physiotherapy - (i.e. outpatients and home visits) $917,995
• Community speech therapy - (i.e. outpatients and home visits) $76,043</td><td>Completed 29/08/2013</td></tr>
</table>

			2. I would also like any information available regarding the average amount of physiotherapy provided to any one, outpatient and duration of this service. The outpatient physiotherapy services include: - Ultraviolet clinics (for those with skin conditions) - Musculoskeletal Outpatients - Hand Therapy - Community Health Services - Women's Health - Respiratory Outpatients In the last financial year Hutt Valley DHB physiotherapy outpatient services have provided a total of 20, 766 contacts. Each contact is a patient appointment, either initial assessment or follow-up. Of these contacts: • 12,511 were for musculoskeletal presentations • 4,897 were for hand / Upper limb presentations (provided by Physiotherapy hand therapists) • 2,049 were Community patients – predominantly frail elderly and some post discharge for follow up following hospital admission • 1,300 will be Women's health and Respiratory outpatients A New Patient appointment for Musculoskeletal is 45 minutes and follow-ups are for 30 minutes. Depending on the presentation, a patient could have a course of treatment which ranges from two–twelve individual treatments (on average) plus referral into a gym class and/or pool session. Pool sessions run twice a week for six weeks. Gym classes are twice a week for six weeks – although this could be longer if the physiotherapist thought appropriate. A New Patient appointment for Hand therapy is 60 minutes and follow-ups are for 30 - 45 minutes. (Longer times as splint making is time-consuming). Depending on the presentation, a patient could have a course of treatment which ranges from two – twelve individual treatments plus referral to Hand therapy Assistant to oversee an exercise programme. **3. And any request or decisions made regarding a possible update of this service and any funding allocated to update the equipment and facilities for outpatient rehabilitation services.** Hutt Valley DHB has spent just over $26,000 on new equipment for the physiotherapy gymnasium at end of last year. This included a new treadmill, two upright bikes, cross trainer, rowing machine, multi-gym	

<table>
<tr><td></td><td></td><td></td><td>weights machine with bench and leg press calf raise machine. This equipment is utilised regularly by patients attending gym classes. More recently, two new treatment couches have been purchased for the musculoskeletal outpatient clinic.</td><td></td></tr>
<tr><td>OIA H64</td><td>Michelle Duff</td><td>22/08/2013</td><td>This is an Official Information Act request for information on bequest and donations received by the district health board in the past three calendar years (2010, 2011, 2012) and up until July 31, 2013.

Please provide a breakdown of each bequest or donation made to the DHB, including the amount received, when it was received and where the money was spent?
For each bequest or donation please include whether the money came from a charity, company former patient or if it was anonymous.
Has the DHB refused to accept any bequests or donations? When and from who?
Response
Hutt Valley DHB response:
<table>
<tr><th>Year</th><th>Amount Received</th><th>From</th><th></th><th>Year</th><th>Spent on</th><th>$ Value</th></tr>
<tr><td>2010</td><td>$970.05</td><td>Anonymous</td><td></td><td>2010</td><td>Non Specified</td><td>$1,452.43</td></tr>
<tr><td></td><td>$48,400.00</td><td>Charity</td><td></td><td></td><td>CAPEX</td><td>$5,995.44</td></tr>
<tr><td></td><td>$75,491.16</td><td>Company</td><td></td><td></td><td>Equipment</td><td>$13,602.80</td></tr>
<tr><td></td><td>$29,553.88</td><td>Former Patients</td><td></td><td></td><td>Training</td><td>$43,740.64</td></tr>
<tr><td></td><td>$20,091.52</td><td>Interest</td><td></td><td></td><td>Trials</td><td>$80,605.59</td></tr>
<tr><td></td><td>$234,549.48</td><td>Trials</td><td></td><td></td><td>Patient Care</td><td>$90,054.10</td></tr>
<tr><td></td><td>$409,056.09</td><td>Total</td><td></td><td></td><td>Total</td><td>$235,451.00</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>2011</td><td>$60.20</td><td>Anonymous</td><td></td><td>2011</td><td>Non Specified</td><td>$3,109.17</td></tr>
<tr><td></td><td>$208,621.80</td><td>Charity</td><td></td><td></td><td>CAPEX</td><td>$18,570.00</td></tr>
<tr><td></td><td>$390,570.20</td><td>Company</td><td></td><td></td><td>Equipment</td><td>$64,801.72</td></tr>
<tr><td></td><td>$9,943.27</td><td>Former Patients</td><td></td><td></td><td>Training</td><td>$84,132.74</td></tr>
<tr><td></td><td>$37,666.13</td><td>Interest</td><td></td><td></td><td>Trials</td><td>$77,550.63</td></tr>
<tr><td></td><td>$243,674.42</td><td>Trials</td><td></td><td></td><td>Patient Care</td><td>$581,000.00</td></tr>
<tr><td></td><td>$890,536.02</td><td>Total</td><td></td><td></td><td>Total</td><td>$829,164.26</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>2012</td><td>$1,390.00</td><td>Anonymous</td><td></td><td>2012</td><td>Non Specified</td><td>$1,378.27</td></tr>
<tr><td></td><td>$290,920.75</td><td>Charity</td><td></td><td></td><td>CAPEX</td><td>$7,460.00</td></tr>
<tr><td></td><td>$25,263.19</td><td>Company</td><td></td><td></td><td>Equipment</td><td>$8,946.55</td></tr>
<tr><td></td><td>$9,059.22</td><td>Former Patients</td><td></td><td></td><td>Training</td><td>$83,850.49</td></tr>
<tr><td></td><td>$45,014.28</td><td>Interest</td><td></td><td></td><td>Trials</td><td>$70,951.37</td></tr>
<tr><td></td><td>$214,511.09</td><td>Trials</td><td></td><td></td><td>Patient Care</td><td>$292,000.00</td></tr>
</table></td><td>Completed</td></tr>
</table>

<table>
<tr><td></td><td></td><td></td><td>
<table>
<tr><td></td><td>$586,158.53</td><td>Total</td><td></td><td></td><td>Total</td><td>$464,586.68</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Year</td><td>Amount Received</td><td>From</td><td></td><td>Year</td><td>Spent on</td><td>$ Value</td></tr>
<tr><td>2013</td><td></td><td>Anonymous</td><td></td><td>2013</td><td>Non Specified</td><td>$687.83</td></tr>
<tr><td></td><td>$195,454.40</td><td>Charity</td><td></td><td></td><td>CAPEX</td><td>$1,737.39</td></tr>
<tr><td></td><td></td><td>Company</td><td></td><td></td><td>Equipment</td><td>$965.17</td></tr>
<tr><td></td><td>$7987.21</td><td>Former Patients</td><td></td><td></td><td>Training</td><td>$12,006.21</td></tr>
<tr><td></td><td>23,183.90</td><td>Interest</td><td></td><td></td><td>Trials</td><td>$86,142.52</td></tr>
<tr><td></td><td>108,364.91</td><td>Trials</td><td></td><td></td><td>Patient Care</td><td>$198,000.00</td></tr>
<tr><td></td><td>$334,990.42</td><td>Total</td><td></td><td></td><td>Total</td><td>$299,539.12</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>Plus balance in Trust</td><td>$392,000.00</td></tr>
<tr><td></td><td>Grand Total</td><td>$2,220,741.06</td><td></td><td></td><td>Grand Total</td><td>$2,220,741.06</td></tr>
</table>
</td><td></td></tr>
<tr><td>OIA H65</td><td>Annette King MP</td><td>23/08/2013</td><td>How many patients assessed for consideration for surgery have been told they would benefit from surgery but because their surgery cannot be managed within 6 months have been referred back to the care of their GP for the 2010-11, 2011-12, 2012-13 financial years?
Response
At both Wairarapa and Hutt Valley District Health Board, there have been no patients told that their surgery cannot be managed within 6 months, and that have been referred back to their GP, normal criteria for triage of referrals continues.</td><td>Completed 02/09/2013</td></tr>
<tr><td>OIA H66</td><td>Annette King MP</td><td>23/08/2013</td><td>How many Mental Health Patients are currently on community treatment orders in the DHB region and what percentage of the population does that represent?
Response
Hutt Valley DHB currently has 91 Patients on Community Treatment Orders.
Based on the Ministry of Health “My DHB” population estimate figures for 2013/2014, this is 0.06% of the population.</td><td>Completed 29/08/2013</td></tr>
<tr><td>OIA H67</td><td>Vanessa Forrest Mediaworks/TV3</td><td>30/08/2013</td><td>1. In the last financial year, the number of non-New Zealand residents who have incurred hospital bills and haven’t paid them.
124 patients have been billed, 21 patients have not paid.

a. Of those non-New Zealand residents, how many have left the country since incurring the bill?
We can confirm that two patients have left the country.

2. In the last financial year, the total cost ($) of hospital bills (incurred in this period) that remain unpaid by non-New Zealand residents.</td><td>Completed 27/09/2013</td></tr>
</table>

<table>
<tr><td></td><td></td><td></td><td>$126,160 remain unpaid.

3. In the last financial year, the total debt written-off due to hospital bills (incurred in this period) remaining unpaid by non-New Zealand residents.
$6,476.

a. How long were the debts held before they are written-off?
Six months.

b. What measures were used to chase these debts?
Debts over 90 days are sent to Debt Collection.

c. What medical reasons/ procedures were these non-New Zealand residents in hospital for?
All patients treated, were under emergency visits.</td><td></td></tr>
<tr><td>OIA H68</td><td>Asti Laloli
NZACA</td><td>03/09/2013</td><td>I request the number of AT&R beds in your DHB for the previous two financial years.
<table><tr><th>Financial Year</th><th>Number of Beds</th></tr><tr><td>2011-2012</td><td>28 beds</td></tr><tr><td>2012-2013</td><td>28 beds</td></tr></table></td><td>Completed 27/09/2013</td></tr>
<tr><td>OIA H69</td><td>Annette King</td><td>04/09/2013</td><td>Are reassessments of home care provision for older New Zealanders carried out through a face to face interview with the patient, or by telephone?
Hutt Valley District Health Board response:
People with non-complex needs (house-hold management mainly) may be reassessed by telephone. This is carried out using the internationally validated interRAI contact assessment that is designed to be used either face-to-face or on the telephone.
Older people with significant hearing difficulties, speech, language or cognitive difficulties such as dementia or, who have English as a second language are reassessed face-to-face.
The Hutt Valley DHB uses a telephone protocol developed in line with Ministry of Health recommendations for undertaking reassessments over the telephone</td><td>Completed 27/09/2013</td></tr>
<tr><td>OIA H70</td><td>Asti Laloli
Policy Advisor
New Zealand Aged Care Association</td><td>05.09.13</td><td>I request the number of complaints your DHB received in relation to the services you provide for the previous two financial years
<table><tr><th>Financial Year</th><th>Complaints received</th></tr><tr><td>2010-2011</td><td>195</td></tr><tr><td>2011-2012</td><td>257</td></tr><tr><td>2012-2013</td><td>273</td></tr></table></td><td>Completed 27/09/2013</td></tr>
<tr><td>OIA H71</td><td>Michelle Robinson</td><td>03/09/2013</td><td>How regularly are news items monitored concerning your organisation?
Are these news items analysed as being positive, negative or neutral towards your organisation?</td><td>In progress</td></tr>
</table>

<table>
<tr><td></td><td>Sunday Star Times</td><td></td><td>How often are social media sites monitored concerning your organisation? What are the results for the latest analysis?
How often is website traffic assessed? How many visitors did your website attract in the last assessment period?
Are details of OIA requests logged in reports? What was the nature of the latest requests collected and who were they from?
How many ‘people hours’ does it take to collect all of the above information each month?
What is the cost, per month, of monitoring news media and social media? What is the cost per year?
What is the purpose of monitoring media content in relation to your organisation on a regular basis?</td><td></td></tr>
<tr><td>OIA H72</td><td>David Tranter NZ Democrats for Social Credit</td><td>10/09/2013</td><td>Please advise the total interest paid on all loans by the Hutt Valley and Wairarapa DHBs in 2012/13 Financial year.
Declined under Section 18(2) of OIA, that the information is in DHB Annual Plans and available on the website.</td><td>Completed 11/09/2013</td></tr>
<tr><td>OIA H73</td><td>Asti Laloli NZCZC</td><td>11/09/2013</td><td>I request the number of bed days (excluding aged and residential care) provided by your DHB for 2010/11 and 2011/12
<table><tr><th>Financial Year</th><th>Hutt Valley DHB</th></tr><tr><td>2012/13</td><td>85,366</td></tr><tr><td>2011/12</td><td>83,886</td></tr><tr><td>2010/11</td><td>84,401</td></tr></table></td><td>Completed 27/09/2013</td></tr>
<tr><td>OIA H74</td><td>Michelle Duff Dominion Reporter</td><td>10/09/2013</td><td>How many foreign nationals ineligible for public health care sought medical treatment in hospitals in your DHB during 2012 and so far in 2013? Please name the treatment and cost.
What was the total cost in 2012 and so far in 2013 of treating foreign nationals ineligible for public health care, in hospitals in your DHB?
What is the total balance of outstanding hospital fees owed by foreign nationals ineligible for public health care in your DHB? How far back to these outstanding fees go?
For the ten highest outstanding fees, please name the treatment, price, year of treatment, and as much info about person (sex and nationality) as possible
Please include any reports into measures to make foreign nationals pay. Has any work been done in this area?</td><td>In Progress</td></tr>
<tr><td>OIA H75</td><td>Kelsey Fletcher FairFax Media</td><td>12/09/2013</td><td>Can I please request, under the official information act, data on locum numbers employed across the DHB district for the first six months of 2013, broken down by month, number of locums, department/role, length of stay.
Please also include how much the DHBs spent on locums over the six month period.</td><td>In Progress</td></tr>
<tr><td>OIA H76</td><td>Michelle Duff Dominion Post</td><td>10/09/2013</td><td>I would like to know what directives the DHB has been given by the Health Ministry's newborn screening unit in the past year.
1. How many tests has the DHB checked/will have to check?
2. How far back do these tests go?
3. Have any children in the DHB's catchment been found to have hearing problems that were not picked up by the screening? If so, what are the problems and how old are the children?</td><td>In Progress</td></tr>
</table>

<table>
<tr><td></td><td></td><td></td><td>4. How many children will have to be re-tested, and how old are the children who are being re-tested?
5. Have any staff stood down/been disciplined because of the issue?</td><td></td></tr>
<tr><td>OIA H77</td><td>Stefanie Vandevijvere Uni of Auckland</td><td>12/09/2013</td><td>Requests an estimate of your DHB budget for population nutrition promotion (as per definition above) over the last 5 years. It would be great as well if you could clarify how much of it is transferred to PHUs and/or PHOs. Could you let me know how easy or difficult it is to get information on the dollars spent on population nutrition promotion by your DHB.</td><td>In Progress</td></tr>
<tr><td>OIA H78</td><td>Asti Laloli NZACA</td><td>17/09/2013</td><td>The total number of over 65 residents in your DHB who are receiving care at home in the last two financial years.
<table><tr><th></th><th>2011 - 2012</th><th>2012 - 2013</th></tr><tr><td>Hutt Valley DHB</td><td>1892</td><td>1900</td></tr></table>
. The total number of hours of homecare delivered to over 65 residents in the last financial year.
<table><tr><th></th><th>Total hours in 2012 - 213</th></tr><tr><td>Hutt Valley DHB</td><td>254,084.00 hours</td></tr></table></td><td>Completed 27/09/2013</td></tr>
<tr><td>OIA H79</td><td>Asti Laloli NZACA</td><td>11/09/2013</td><td>I request the number of complaints made to the Health and Disability Commissioner regarding the services your DHB provided for the previous two financial years.”</td><td>In Progress</td></tr>
<tr><td>OIA H80</td><td>Annette King MP</td><td>18/09/2013</td><td>What DHB funding has been made to: NGOs, mental Health, disability support and Maori Health and how does this compare to the previous five years?</td><td>In Progress</td></tr>
<tr><td>OIA H81</td><td>Michelle Duff</td><td>28/08/2013</td><td>Request all reports about 3DHB merger produced by CCDHB, Hutt DHB and Wairarapa DHB and any of its advisory committees in the past year. This includes the 3DHB optimal use of facilities project, 3DHB health and services development plan and 3DHB development of a strategic framework.</td><td>3DHB response in progress</td></tr>
<tr><td>OIA H82</td><td>Asti Laloli NZACA</td><td>20/09/2013</td><td>I request the number of serious events and the number of sentinel events in your DHB for the previous financial year.
Response:
This information is held by the Health Quality and Safety Commission and is due for release into the public domain in November 2013, therefore under Section 18(d), refuse your request.
Under Section 28(3) of the Official Information Act you have the right to contact an Ombudsman to review this decision.</td><td>Completed 27/09/2013</td></tr>
<tr><td>OIA H83</td><td>Annette King MP</td><td>20/09/2013</td><td>All emails, reports, letters, phone calls, aide memoirs, and correspondence received since Jan 13 on the impact of the increase in prescription charges to $5</td><td>In Progress</td></tr>
<tr><td>OIA H84</td><td>Vanessa Forrest TV3</td><td>24/09/2013</td><td>The total number of health care associated infections contracted at each hospital covered by your DHB for the years 2013, 2012, 2011 and 2010
The types of health care associated infections contracted at each hospital covered by your DHB for the years 2013, 2012, 2011 and 2010
The total number of fatalities from health care associated infections contracted at each hospital covered by your</td><td>In Progress</td></tr>
</table>

			DHB for the years 2013, 2012, 2011 and 2010 The name of the hospital where each health care associated infection and each fatality occurred for the years 2013, 2012, 2011 and 2010 The age of the patients who contracted health care associated infections or died at each hospital covered by your DHB for the years 2013, 2012, 2011 and 2010 The extent of any ongoing health issues that patients have endured following the contraction of health care associated infections at hospitals covered by your DHB for the years 2013, 2012, 2011 and 2010	
OIA H85	Martin Johnson NZ Herald	24/09/2013	Can you please supply data in respect of your own district health board, for the calendar years 2010, 2011 and 2012, in respect of: The number of patient falls in hospital that resulted in a fractured neck of femur, among people aged 65 or older; and the rate of these falls as a percentage of hospital admissions in this age group. The number of cases of staphylococcus aureus bacteraemia acquired by patients in hospitals and the rate per 1000 patient-days (the measure used by the Health Quality and Safety Commission for national data (http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/hand-hygiene/). The number of cases of, and number of deaths from, perioperative deep vein thrombosis and/or pulmonary embolism; and the rates of cases and deaths expressed as percentages of the number of surgical cases. The number of cases of, and number of deaths from, perioperative sepsis; and the rates of cases and deaths expressed as percentages of the number of surgical cases. For clarity, I seek data regarding DHB of *treatment*, not DHB of patient domicile.	In Progress
OIA H86	Annette King MP	26/09/2013	How many respite beds are provided in the DHB region for older New Zealanders and how does this compare to 2009/10,2010/11, 2011/12, 2012/13?	In progress

PUBLIC

HUTT VALLEY DHB	**BOARD APPROVAL PAPER**
	Date: October 2013
Author	Richard Schmidt, Executive Officer
Endorsed	Graham Dyer, Chief Executive Officer
Subject	**Delegations Policy - Updating**

RECOMMENDATION

The Board **AGREE** to the proposed change to the Hutt Valley DHB Delegations of Authority Policy as endorsed by FRAC.

1. BACKGROUND

The DHB has an existing Delegations of Authority Policy.

2. PURPOSE OF THIS PAPER

This paper seeks the approval of The Board to amend the Category B Delegations List to reflect the recent decision to change the title of General Manager Corporate Services (CFO) to Finance Manager.

B. Chief Operations Officer (COO)
~~General Manager Corporate Services (CFO)~~ Finance Manager
Director of Service Integration and Development Unit (SIDU)
General Manager Human Resources (GMHR)
Chief Medical Officer (CMO)
Executive Director of Nursing and Midwifery (EDONM)
Executive Director of Allied Health, Scientific and Technical (EDAHST)
Executive Officer
Executive Director People and Culture
Deputy Director SIDU

	NOTING PAPER
	Date: 25 September 2013
Author	**Dr Ashley Bloomfield, Director Service Integration & Development**
Subject	**Report back on September 2013 meeting of combined 3DHB Community Public Health Advisory Committees (CPHAC) & Disability Services Advisory Committees (DSAC)**

RECOMMENDATION

It is recommended that the Board

1. **Notes** the contents of this report
2. **Endorses** the attached position statement on reducing alcohol-related harm.

1. Purpose

The purpose of this paper is to highlight the key points from the combined CPHACs & DSACs meeting held on 23 September at Capital & Coast District Health Board. Note that all papers are available on Board Books.

2. SIDU Director's Report

The report this month included a fuller update on key SIDU work and Population Health programmes.

- An update on the establishment of SIDU. The SIDU team structure and working arrangements mean that staff members work on issues across all three DHBs, rather than just for one DHB. This has allowed the Unit to develop a good overview of models of delivery, needs and service levels across the three DHBs and has set the platform for the more detailed service reviews we are now commencing.
- Information about audits of Aged Residential Care facilities, noting that more providers in our three DHBs have an extended period between audits (three or four years) than most other DHBs.
- In primary care, all PHOs are in Alliances now with their DHBs and the Tihei Wairarapa work programme has been approved by the ALT. All three ALTs have initiatives aimed at reducing acute demand on hospital services and delivering care closer to home.

- The Wairarapa Social Sector Trial is progressing with a focus on improving outcomes for young people aged 12 to 18 years. The draft action plan is due to the Ministry of Social Development by 1 October and the final plan by 28 October. The plan will be presented at the October CPHAC-DSAC meeting.

3. DHB position statement on reducing alcohol-related harm

A revised draft of this position statement was discussed and approved, with an amendment to support the WHO-recommended population-based strategies. The draft position statement is attached as Appendix 1 and the Committees recommend that the Boards endorse this.

4. Sub-regional Rheumatic Fever Prevention Plan

The draft plan was presented to the Committees by Regional Public Health staff. This is progressing well. It was noted that this links closely to existing initiatives such as the Porirua Kids Project and various healthy housing activities, as well as the new Porirua Social Sector Trial (see below). It will be important for this work to be closely linked to avoid duplication.

5. Porirua Social Sector Trial

Ranei Winiera from Compass Health, who is the coordinator for this new initiative, spoke to the draft action plan. The Steering Group has high level membership from key Government agencies and the Porirua City Council. The plan includes a very clear 'driver diagram' that links the actions to the overall outcomes. The Committees were very supportive of the work done to date.

6. Mental Health and Addiction Services Update

This was the major topic for the meeting, and a substantial background paper was provided. Clinical leaders and SIDU staff had worked together on the paper, and spoke to several slides. The Committees noted that a verbal update will be provided on the outcomes of the sub-regional forum on mental health and addiction services, held on 24 September.

7. Disability issues

The Committees received an update on sub-regional disability planning. Nominations have been received for the sub-regional advisory group on disability and selection of members will be made in September 2013 with the first meeting to be held in October 2013.

The Committees also heard about plans to implement key actions over coming months, namely:

- The launch/re-launch of the health passport across all 3 District Health Boards mid-October 2013
- Planning for the implementation of the disability icon (Hutt Valley) and health passport (all three DHBs) is progressing. ARC facilities and residential facilities for people under age 65 are now using the health passport nationwide, so an increasing number of people are now coming to hospital with this document.

- The Senior Disability Advisor has meet with Hutt Valley and Wairarapa disability groups over the past month as part of strengthening SIDU's sub-regional presence on disability issues.

8. 3D monthly report

The report was noted, and a summary of recent activity is provided in the Board's papers.

9. Community Laboratory Services update

The Committees were updated on the next steps in this process, following all three Boards approving the proposed approach at their September meetings. The Board will be updated monthly on progress with this initiative.

APPENDIX 1 DRAFT 3DHB POSITION STATEMENT ON REDUCING ALCOHOL RELATED HARM

The following position statement was endorsed by the combined CPHAC-DSAC Committees of the Wairarapa, Hutt Valley and Capital & Coast DHBs at its meeting on 23 September 2013, and recommended to the three Boards for endorsement and adoption.

POSITION STATEMENT

The District Health Boards of Wairarapa, Hutt Valley and Capital & Coast are committed to reducing harmful use of alcohol and alcohol-related harm. Our efforts to do so will be based on the best available evidence and we will undertake the following actions within our available resources.

1. We support the adoption of the most effective population-based strategies to reduce harmful use of alcohol, as identified by the World Health Organization, including reducing the availability of alcohol, increasing the purchase age, reducing the blood alcohol concentration for driving, increasing the price, and reducing alcohol advertising and marketing
2. We support government policy to:
   i) Reduce excessive drinking by adults and young people;
   ii) Reduce the harm caused by alcohol use including crime, disorder, public nuisance and negative public health outcomes;
   iii) Support the safe and responsible sale, supply and consumption of alcohol;
   iv) Improve community input into local alcohol licensing decisions;
   v) Improve the operation of the alcohol licensing system.
3. We will actively work towards reducing alcohol and other drug-related harm inequalities in identified high-risk populations.
4. We will promote alcohol and other drug harm reduction strategies through the provision of information to health care professionals and the public.
5. We will work to increase access to alcohol and other drugs treatment options across the region, particularly for high-risk populations.
6. We will work to increase opportunities for screening and brief interventions in appropriate health settings such as emergency departments and primary care.
7. We will actively work to increase our capacity to monitor the impact of alcohol and drug-related harm on health services.
8. We will link with Primary Health Organisations, Non-Government Organisations and other parts of the health sector and the communities to ensure that we have a full understanding of the alcohol and drug issues as experienced by our population and can then determine the best interventions to address any emergent issues.
9. We will support our public health and clinical staff in their work to plan for, promote, support and deliver alcohol and other drug harm reduction and treatment strategies appropriate for our regions' communities.

10. We will engage with local government and communities to identify alcohol issues and support the implementation of local solutions.

11. We will actively work to increase our capacity to assess the impact of our interventions.

BACKGROUND AND RATIONALE

3 The impact of harmful use of alcohol on health and health services

Hospital services face daily the outcomes of harmful consumption of alcohol across the lifespan. Emergency departments, trauma wards, operating theatres and intensive care units bear the brunt of injury, violence and acute conditions. Other services carry the burden of care for patients with mental illness or chronic disease and cancer brought about by harmful alcohol consumption over the longer term. Others deal with the developmental problems arising from alcohol use in pregnancy such as foetal alcohol spectrum disorders.

There is increasing scientific evidence regarding the range of health outcomes influenced by harmful use of alcohol indicates. In addition, research clearly indicates the importance of tackling societal attitudes and behaviours to alcohol in the context of greater access to and subsequent increases in the quantity of alcohol consumed in recent years.[1]

- In New Zealand alcohol is estimated to have been responsible for 802 deaths (5.4% of all deaths) and 13,769 years of life lost (**YLLs**) under-80 years of age in 2007. Much of the harm (43%) was due to injury (unintentional, violence and self-harm) but alcohol also contributed to a range of chronic non-communicable diseases including cancers, liver disease and cardiovascular diseases.[2]
- As age increases there is a transition from injury as the main cause of admission for chronic conditions such as cancer, cardiovascular disease and digestive disorders.[3]
- Men have roughly twice the rate of deaths and hospital admissions attributable to alcohol. Deaths from injury were more common in men, contributing to 73% of all years of life lost from drinking in men and 42% in women.[4]
- 82% of New Zealand women report consuming alcohol prior to conception and 34% report drinking during pregnancy.[5]

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[1] Huckle, T., R. Q. You, et al. (2011). "Increases in quantities consumed in drinking occasions in New Zealand 1995â€“2004." *Drug and Alcohol Review* 30(4): 366-371.

[2] Connor J, Kydd R, Shield K, Rehm J. (2012) *Alcohol-attributable burden of disease and injury in New Zealand: 2004 and 2007.* Wellington: Alcohol Advisory Council of New Zealand

[3] Connor, J., Kydd,R.,Rehm, J.,Shield,K. (2013). *Alcohol-attributable burden of disease and injury in New Zealand: 2004 and 2007.* Research report commissioned by the Health Promotion Agency. Wellington, Health Promotion Agency.

[4] Connor, J., Kydd,R.,Rehm, J.,Shield,K. (2013). Alcohol-attributable burden of disease and injury in New Zealand: 2004 and 2007. Research report commissioned by the Health Promotion Agency. Wellington, Health Promotion Agency.

[5] Mallard S, Connor J, Houghton L. 2013 Maternal factors associated with heavy periconceptional alcohol intake and drinking following pregnancy recognition: A post-partum survey of New Zealand women. Drug and Alcohol review vol 32 issue 3

- Hazardous drinking is more common in the most deprived areas of New Zealand,[6] and there is a clear association between overall outlet density and socioeconomic deprivation with more alcohol outlets situated in deprived areas[7]

In the Wellington Region 22% of men and 11% of women have a hazardous drinking pattern scoring 8 or more on the 10-question AUDIT test.[8]

4 Legislative and policy environment

National Drug Policy

Government policy recognises that no single strategy can address the harms from drug and alcohol use and that multiple strategies are needed. The strategies are captured in a single framework of three core areas.[9]

- Supply control – control or limit the availability of drugs, including alcohol;
- Demand reduction – limit the use of drugs and alcohol by individuals, including abstinence
- Problem limitation – reduce the harm from existing drug and alcohol use

The Law Commission

In 2008 The Law Commission was engaged to evaluate the existing laws and policies relating to the sale, supply and consumption of alcohol. The final report released in 2010 – *Alcohol in Our Lives, Curbing the Harm*- made 153 recommendations to government.[10]

Major recommendations included raising the purchase age to 20, sweeping reform to the self-regulation of advertising and marketing, an immediate increase in the tax on alcohol and the introduction of a minimum pricing regime and regulations to allow restriction on the supply of alcohol. Of these major recommendations, the Government elected to implement significant change to the supply of alcohol allowing for greater restrictions predominantly through control of hours, density and location. It was also recommended that communities have some control over licensing matters in their neighbourhoods.

The Sale and Supply of Alcohol Act 2012

[6] Connor, J. L., K. Kypri, et al. (2010). Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: a national study. *Journal of epidemiology and community health* 65(10): 841-846
[7] Connor, J. L., K. Kypri, et al. (2010). Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: a national study. *Journal of epidemiology and community health* 65(10): 841-846
[8] Ministry of Health (2013) Regional results from the 2011/12 New Zealand Health Survey http://www.health.govt.nz/publication/regional-results-2011-12-new-zealand-health-survey
[9] Ministry of Health (2007) National Drug Policy 2007-2012, Downloaded from http://www.ndp.govt.nz
[10] The NZ Law Commission (2010) NZLC R114 *Alcohol in our lives: Curbing the harm.* Downloaded from http://www.lawcom.govt.nz/project/review-regulatory-framework-sale-and-supply-liquor

In December 2012 the government introduced a new act regulating the supply of alcohol. This Act has significant changes from the previous Sale of Liquor Act 1989. Particularly pertinent to health services are:

- A broader definition of alcohol related harm

"Alcohol Related Harm –

(a) Means the harm caused by the excessive or inappropriate consumption of alcohol; and

(b) Includes –

(i) Any crime, damage, death, disease, disorderly behaviour, illness, or injury, directly or indirectly caused, or directly or indirectly contributed to, by excessive or inappropriate consumption of alcohol; and

(ii) Any harm to society generally or the community, directly or indirectly caused, or directly or indirectly contributed to, by crime, damage, death, disease, disorderly behaviour, illness, or injury of a kind described in subparagraph (i)"[11].

- An Increased role for the Medical Officer of Health:

(a) The Medical Officer of Health is required to enquire into all licensing applications and report on those of concern;

(b) All Territorial Authorities must consult with the Medical Officer of Health while drafting their Local Alcohol Policies.

Local alcohol policies are implemented through local council (they are voluntary, not compulsory) and guide all alcohol licensing applications in the district. They can place restrictions on the availability of alcohol by stipulating controls on the hours of operation, density of premises, the types of premises etc for given locations. The policy is both a tool for harm reduction and enables a community to have a say in licensing matters.

- A requirement to respond to Territorial Authorities' requests for alcohol-related health information, particularly the health of the districts residents and the nature and severity of the alcohol-related problems arising in the district

The District Health Boards are committed to playing an active role in informing local alcohol policies as part of their efforts to reduce alcohol-related harm.

5 Evidenced based strategies

Harmful use of alcohol and alcohol related harm are not restricted to the small proportion of heavy/dependent drinkers or to youth. Thus, action is needed at all levels of society to bring a societal change in attitudes to consumption. There is no single factor that contributes to the development of alcohol-related problems and a multi-strand evidenced-based approach addressing supply control, demand reduction and harm minimisation is required.

[11] Sale and Supply of Alcohol Act 2012. Public Act 2012 No. 120

As a Member State of the World Health Organization (WHO), New Zealand is expected to demonstrate its commitment to reducing alcohol-related harm locally and nationally in line with World Health Assembly resolutions.[12]

The WHO has reviewed the evidence on reducing harmful use of alcohol and concluded that the most effective strategies include population-based strategies such as reducing the availability of alcohol, increasing the purchase age, lowering the blood alcohol concentration for driving, increasing the price and reducing alcohol marketing and advertising. At the individual level, screening and brief interventions and alcohol treatment services are also effective[13]. Health services have an important role in advocating for and, where relevant, delivering these effective interventions.

[12] World Health Organization (2010). Sixty-third world health assembly. Strategies to reduce the harmful use of alcohol: draft global strategy

[13] World Health Organization (2010). Sixty-third world health assembly. Strategies to reduce the harmful use of alcohol: draft global strategy

Appendix 1: New Zealand Health Promotion Agency Guide to Low Risk Drinking[14]

Reduce long-term health risks by drinking no more than:

- Two standard drinks a day for women and no more than 10 standard drinks a week;
- Three standard drinks a day for men and no more than 15 standard drinks a week.

AND at least two alcohol-free days every week

Reduce your risk of injury on a single occasion of drinking by drinking no more than:

- Four standard drinks for women on any single occasion;
- Five standard drinks for men on any single occasion.

Advice for pregnant women or those planning to get pregnant

- No alcohol

There is no safe level of alcohol use at any stage of pregnancy.

Advice for parents of children and young people under 18 years:

- Not drinking alcohol is the safest option;
- Those under 15 years of age are at the greatest risk of harm from drinking alcohol and not drinking in this age group is especially important;
- For those aged 15 to 17 years of age the safest option is to delay drinking for as long as possible.

When not to drink alcohol

It's advisable not to drink if you:

- Are pregnant or planning to get pregnant;
- Are on medication that interacts with alcohol;
- Have a condition made worse by drinking alcohol;
- Feel unwell, depressed, tired or cold as alcohol will make things worse;
- Are about to operate machinery or a vehicle or do anything that is risky or requires skill.

[14] www.hpa.org.nz

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa / HUTT VALLEY DHB	**BOARD INFORMATION PAPER**
	Date: September 2013
Author	Peter Glensor
Subject	Hospital Advisory Committee Report Back

RECOMMENDATION

It is recommended that the Board **NOTES** the contents of the report.

1 PURPOSE

The purpose of this paper is to highlight the key points from the HAC meeting held on 27 September 2013.

2 SUMMARY OF PAPERS

2.1 uBook Presentation

uBook was designed in-house in response to patient feedback and has been available at Hutt hospital for two years. To date 14,000 patients have booked on-line, with a 2.6% DNA rate over the two year period. This specific IT system is not available at any other DHB.

uBook is optional for patients (patients can still make their appointments by telephone), but for those who choose to use it it provides a choice of date and time of booking via on-line options, which are configured to ensure that critical timeline parameters cannot be breached.It was reported that booking administration takes between 7-10 minutes per appointment and that this is admin time saved.

A patient can book, reschedule and cancel appointments. Specific patient groups are followed up by direct contact if they cancel (e.g. children, patients with actual or suspected cancer). Further rollout of uBook is planned at Hutt however rollout resourcing in IS and Operational teams is a constraint.

Breast Screening and Endoscopy are two specific services where short-term rollout is indicated as being beneficial.

The Committee resolved to **RECEIVE** the information update.

2.2 Wairarapa and Hutt Valley DHB Operational Services (Provider Arm) Monthly Report

Reporting using the balanced scorecard was well received; Improvements to the balanced scorecard were noted, acknowledging the significant overlap of priority focus areas for both DHBs and the addition of a purple indicator highlighting areas of planned improvement for the year ahead (including cancelled operations, DNAs and readmissions).

The Committee had a brief discussion on the costs associated with over delivery of elective surgery noting that at this time of the year it is good of have a buffer and will continue to be monitored as a

year-end over delivery is not desirable but potentially a consequence of reduced waiting time management.

It was reported that there were no significant issues to be drawn to the Committee's attention and overall performance of the services is going well so far this financial year.

The ongoing development of trends was discussed and the COO updated on the work being done by the 2DHB finance teams to develop 2D trend tracking based on the Wairarapa performance indicators.

Committee members commented that there were plenty of good stories on productivity, processes and efficiency and we should be sharing - reporting on these areas to the Community.

The increased costs of travel were reported, noting a paper will be provided to CPHAC through the travel and accommodation workstream.

Mr Rob Kusel has been appointed to the role of 2DHB Clinical Director for Surgical and Women's and Children's Directorate which allows for two days per week, supported by surgical heads of departments and leads. The appointment was made following a 2DHB interview process involving senior clinicians from Wairarapa and Hutt.

The Committee discussed staff appraisals and queried the processes for assessing SMOs.

ACTIONS

a. Management to review the balanced scorecard tool add an indication of trend improvement/deterioration to complement the in-progress action of trend tracking development
b. The Communications Manager to share the reporting from the balanced scorecard with media personnel to assist them in understanding the discussion at Board meetings.
c. Clinical Managers were asked to produce an updated paper on clinical competence assessment to give assurance to the Committee that there are systems for ensuring safe and appropriate clinical practise.

2.3 Quality Report

The report this month had an expanded inclusion on negative feedback and detailed reporting on medication errors .Management reported no concerns with the medication errors reporting but are reviewing the data to support an improvement.

Questions were asked about Hand Hygiene compliance by Doctors and this was noted to be an area of intended improvement over the next year.

ACTIONS

a. The Quality and Safety General Manager to provide a written comment on the Wairarapa medication error data as their numbers are too small to graph.
b. The Quality and Safety General Manager to provide hand hygiene trend analysis to the Committee quarterly.

The Committee resolved to **RECEIVE** this report.

2.4 Violence Intervention Programme (VIP)

The paper was taken as read noting this report will be provided to the Committee on a quarterly basis.

It was highlighted that this week the first joint Wairarapa-Hutt VIP meeting had taken place with very encouraging sharing of ideas and opportunities. Wairarapa and Hutt are doing very well in national VIP audit results.

The Committee resolved to **NOTE** the contents of the paper.

2.5 DNA Management

The DNA reduction project was discussed by the Committee, with management reporting in some detail on the direction of the project looking at attendance rates rather than DNA rate.

Main focus areas include developing a robust data overview of DNAs, working towards a clearer picture on which patients actually do need follow-up appointments, and working to better enable patients to be able to attend necessary appointments (taking into account travel timings etc).

2.6 3D Health Service Development Report

The report was taken as read

The Committee resolved **NOTE** the contents of the paper.

2.7 Update on Colonoscopy Waitlist

The paper provided an update on colonoscopy wait times at Hutt as requested by the Committee in July.

Hutt hospital is not currently meeting the Ministry targets for surveillance and followup colonoscopies, however all urgent procedures are within the required timescales. The current improvement plan is expected to deliver full compliance by January 2014, subject to normal referral and activity trends over the next few months.

The Committee resolved to **NOTE** the contents of the paper.

2.8 General

There was a discussion on the Hutt Valley chronic pain clinic service (delivered by CCDHB) and its availability to the local community, the Committee requesting further detail at the next meeting.

HUTT VALLEY DHB	**DECISION PAPER**
	Date: October 2013
Author	Virginia Hope
Subject	**Resolution to Exclude the Public**

RECOMMENDATION

It is recommended that the Public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Board is considering subject matter in the following table.

The grounds for the resolution is the Committee, relying on Clause 32(a) of Schedule 3 of the Act believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists under the Official Information Act 1982 (OIA), in particular:

Agenda Item	NZ Public Health & Disability Act
Minutes of the Previous Meeting	Section 9 (2)(j) to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, negotiations
Chair Report	
Chief Executive Report	9(2)(a), 9(2)(i) Protect the privacy of natural persons and to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities
The Sustainability Plan	
Health Infomatics Strategy	Section 9(2)(i) to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities
Capital Plan 2013/14	
CRISP Options	