Open Board Meeting

Wednesday, 17 February 2016

09:45am

Note:

- **Public Excluded Session 9:45 am to 12 noon**
- **Open Meeting from 12:45pm**

A+ Trust Room
Clinical Education Centre
Level 5
Auckland City Hospital
Grafton

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Published 12 February 2016

Agenda
Meeting of the Board
17 February 2016

Venue: A+ Trust Room, Clinical Education Centre
Level 5, Auckland City Hospital, Grafton

Time: 9:45am

Board Members	**Auckland DHB Executive Leadership**	
Dr Lester Levy (Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Simon Bowen	Director of Health Outcomes – AHB/WDHB
Peter Aitken	Margaret Dotchin	Chief Nursing Officer
Doug Armstrong	Joanne Gibbs	Director Provider Services
Judith Bassett	Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Dr Chris Chambers	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Dr Lee Mathias (Deputy Chair)	Fiona Michel	Chief of People and Capability
Robyn Northey	Dr Andrew Old	Chief of Strategy, Participation and Improvement
Morris Pita	Rosalie Percival	Chief Financial Officer
Gwen Tepania-Palmer	Linda Wakeling	Chief of Intelligence and Informatics
Ian Ward	Sue Waters	Chief Health Professions Officer
	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff	
	Auxilia Nyangoni	Deputy Chief Financial Officer
	Marlene Skelton	Corporate Business Manager
	Gilbert Wong	Director Communications
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Karakia

Agenda

Please note that agenda times are estimates only

9:45am	**1.**	**ATTENDANCE AND APOLOGIES** **Lee Mathias**
	2.	**RESOLUTION TO EXCLUDE THE PUBLIC**
12:45pm	**3.**	**REGISTER OF INTEREST AND CONFLICTS OF INTEREST** Does any member have an interest they have not previously disclosed? Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
	4.	**CONFIRMATION OF CONFIDENTIAL MINUTES 09 DECEMBER 2015**
12:50pm	**5.**	**ACTION POINTS**
	6.	**HEALTH AND SAFETY - NIL**
	7.	**CHAIRMAN'S REPORT - VERBAL**

12:55pm	**8.**	**CHIEF EXECUTIVE'S REPORT**
	9.	**COMMITTEE REPORTS - NIL**
1:05pm	**10.**	**PERFORMANCE REPORTS**
	10.1	Financial Performance Report
	10.2	Funder Report
	11.	**DECISION REPORTS - NIL**
	12.	**INFORMATION REPORTS - NIL**
	13	**GENERAL BUSINESS - NIL**

Next Meeting:	Wednesday, 30 March 2016 at 9:45am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

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Attendance at Board Meetings

Members	18 Feb. 15	1 Apr. 15	13 May. 15	24 Jun. 15	05 Aug. 15	16 Sep. 15	28 Oct. 15	09 Dec. 15
Lester Levy (Chair)	1	1	x	1	1	1	1	1
Joanne Agnew	1	1	1	1	1	1	1	1
Peter Aitken	1	1	1	1	1	1	1	1
Doug Armstrong	1	1	1	1	1	1	1	1
Judith Bassett	1	1	1	1	1	1	1	1
Chris Chambers	1	1	1	1	1	1	1	1
Lee Mathias (Deputy Chair)	1	1	1	1	1	1	1	1
Robyn Northey	1	1	1	x	x	1	1	1
Morris Pita	x	1	1	1	x	1	1	1
Gwen Tepania-Palmer	1	1	1	1	1	1	1	1
Ian Ward	1	1	1	1	1	1	1	1
		Key: 1 = present, x = absent, # = leave of absence						

Resolution to exclude the public from the meeting

Recommendation

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
2. Confirmation of Confidential Minutes 9 December 2015	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
2.1 Confirmation of Circulated Resolution – Approval for Auckland DHB to Acquire further C Class Shares in healthAlliance NZ	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
2.2 Confirmation of Circulated Resolution – Approval for Auckland DHB to Commission the Development of a Clinical Services Plan	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] .	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Register of Interest and Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Action Points	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

		withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Health and Safety Performance Report December 2015	**Protect Health or Safety** The disclosure of information would not be in the public interest because the greater next to protect the health or safety of the public [Official Information Act 1982 S.9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 NEHR Programme Update	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is made available: (i) Would disclose a trade secret; or (ii) Would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information [Official Information Act 1982 S.9(2)(b)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 National Infrastructure Platform (NIP) Update	**Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is made available: (i) Would disclose a trade secret; or (ii) Would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information [Official Information Act 1982 S.9(2)(b)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Auckland DHB Fort Richard Laboratories Contract Extension	**Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	Information Act 1982 s9(2)(j)]	withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Motor Vehicle Business Case	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.3 Linen and Laundry Contract	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.4 Starship Children's Hospital Level 5 Refurbishment	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.5 Delegation of Authority – Contract Approval and Signing	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.6 Capital Funding Request Producing Business Intelligence Reports	**Confirmation of Action Points** As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&D Act 2000.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of

from the health Care Committee (HCC)		information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.7 2015 Standard & Poor's Credit Rating	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.8 Non Clinical Services Sustainable Transport Project Update and Recommendations	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Clinical Services Planning of Auckland DHB 2016	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Ophthalmology Service at Auckland DHB	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.3 Auckland DHB – Waitemata DHB Facilities and Development Collaboration: Decision and Implementation Update	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.4	**Commercial Activities** To enable the Board to carry out,	That the public conduct of the whole or

Annual Plan	without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.5 Endoscopy Building Contract	**Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.6 Service Delivery and Funding Challenges for 2016/17	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.1 Human Resources Report	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.1 Health Gain Strategy – including DAP Link to the Strategy	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section

	Negotiations To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.1 Auckland DHB Board Charter	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.2 Board Resolutions Status – Quarterly Report	As per the resolutions from the open section of the Minutes of the relevant meetings as they relate to particular items in terms of NZPH&D Act 2000.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

Conflicts of Interest Quick Reference Guide

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

An "interest" can include, but is not limited to:

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

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

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

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

IMPORTANT

If in doubt – declare.

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

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

Register of Interests – Board

Member	Interest	Latest Disclosure
Lester LEVY	Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman) Chairman - Auckland Transport Chairman – Health Research Council Independent Chairman - Tonkin and Taylor Ltd (non-shareholder) Professor (Adjunct) of Leadership - University of Auckland Business School Head of the New Zealand Leadership Institute – University of Auckland Lead Reviewer – State Services Commission Performance Improvement Framework Review Panel Director and sole shareholder – Brilliant Solutions Ltd (private company) Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder) Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder) Trustee – Levy Family Trust Trustee – Brilliant Street Trust	31.12.2015
Jo AGNEW	Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Professional Teaching Fellow – School of Nursing, Auckland University Appointed Trustee – Starship Foundation Casual Staff Nurse – Auckland District Health Board	15.07.2015
Peter AITKEN	Pharmacy Locum - Pharmacist Shareholder/ Director, Consultant - Pharmacy Care Systems Ltd Shareholder/ Director - Pharmacy New Lynn Medical Centre Shareholder/Director – New Lynn 7 Day Pharmacy Shareholder/Director – Belmont Pharmacy 2007 Ltd Shareholder/Director – TAMNZ Limited Shareholder/Director – Bee Beautiful Limited	07.10.2015
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Shareholder – Orion Healthcare Trustee – Woolf Fisher Trust Trustee- Sir Woolf Fisher Charitable Trust Daughter is a partner – Russell McVeagh Lawyers Member – Trans-Tasman Occupations Tribunal	14.07.2015
Judith BASSETT	Fisher and Paykel Healthcare Westpac Banking Corporation Husband – Fletcher Building Husband - shareholder of Westpac Banking Group Daughter is a shareholder of Westpac Banking Group	13.07.2015
Chris CHAMBERS	Employee - ADHB Wife is an employee - Starship Trauma Service Clinical Senior Lecturer in Anaesthesia - Auckland Clinical School Member – Association of Salaried Medical Specialists Associate - Epsom Anaesthetic Group Shareholder - Ormiston Surgical	26.01.2014

Lee MATHIAS	Chair - Counties Manukau Health Deputy Chair - Auckland District Health Board Chair - Health Promotion Agency Chair - Unitec Director - Health Innovation Hub Director - Health Alliance Limited Director/shareholder - Pictor Limited Director - Lee Mathias Limited Director - John Seabrook Holdings Limited Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Trustee - Mathias Martin Family Trust Director – New Zealand Health Partnerships	18.11.2015
Robyn NORTHEY	Self-employed Contractor - Project management, service review, planning etc. Board Member - Hope Foundation Trustee - A+ Charitable Trust Shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fletcher Building Husband – Chair, Problem Gambling Foundation Husband – Chair, Auckland District Council of Social Service	21.07.2015
Morris PITA	Member – Waitemata District Health Board Shareholder – Turuki Pharmacy, South Auckland Shareholder – Whanau Pharmacy Limited Owner and operator with wife - Shea Pita & Associates Ltd Wife is member of Northland District Health Board Wife provides advice to Maori health organisations	13.12.2013
Gwen TEPANIA-PALMER	Board Member - Waitemata District Health Board Board Member - Manaia PHO Chair - Ngati Hine Health Trust Committee Member - Te Taitokerau Whanau Ora Committee Member - Lottery Northland Community Committee Member - Health Quality and Safety Commission	02.04.2013
Ian WARD	Board Member - NZ Blood Service Director and Shareholder – C4 Consulting Ltd CEO – Auckland Energy Consumer Trust Shareholder – Vector Group Shareholder / Director - Eltham Investments Limited Shareholder / Director - Cavell Corporation Limited Shareholder / Director - Ward Consulting Services Limited Trustee - LP Leasing Limited Trustee - Chris C Lynch Limited Son – Oceania Healthcare	07.10.2015

Minutes
Meeting of the Board
09 December 2015

Minutes of the Auckland District Health Board meeting held on Wednesday, 09 December 2015 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 2:00pm.

Board Members Present	**Auckland DHB Executive Leadership Team Present**	
Dr Lester Levy (Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Simon Bowen	Director of Health Outcomes – AHB/WDHB
Peter Aitken	Margaret Dotchin	Chief Nursing Officer
Doug Armstrong	Joanne Gibbs	Director Provider Services
Judith Bassett	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Dr Chris Chambers	Dr Andrew Old	Chief of Strategy, Participation and Improvement
Dr Lee Mathias (Deputy Chair)		
Robyn Northey	Linda Wakeling	Chief of Intelligence and Informatics
Morris Pita	Sue Waters	Chief Health Professions Officer
Gwen Tepania-Palmer	Dr Margaret Wilsher	Chief Medical Officer
Ian Ward		
	Auckland DHB Senior Staff Present	
	Fiona Barrington	Change Manager
	Dr Sue Fleming	Director Women's Health
	Auxilia Nyangoni	Deputy Chief Financial Officer
	Marlene Skelton	Corporate Business Manager
	Gilbert Wong	Director Communications
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. ATTENDANCE AND APOLOGIES

That the apologies of Naida Glavish, Chief Advisor Tikanga and General Manager , Māori Health – Auckland DHB/Waitemata DHB and Rosalie Percival, Chief Financial Officer be received.

2. CONFLICTS OF INTEREST

There were none.

3. CONFIRMATION OF MINUTES 28 October 2015 (Pages 8-19)

Resolution: Moved Gwen Tepania-Palmer / Seconded Lee Mathias

That the minutes of the Board meeting held on 28 October 2015 be confirmed as a true and accurate record.

Carried

4 PRESENTATIONS

[Secretarial Note: This presentation was heard before consideration of item 1.]

4.1 Starship Foundation

Brad Clark and Bryan Mogridge attended the meeting to make a presentation. (Attachment 4.1.1)

The Starship Foundation was formed in August 1992 at the request of the Auckland DHB to be the defined charity for Starship Children's Hospital and Child Health.

It uses a corporate business relationship model to raise funds, alongside other best-practice, diversified fundraising activity. Since its inception it has raised close to $100m for Starship and New Zealand Children's Health. A separate investment fund of $8m was established during 2015.

A draft Charter has been developed to articulate the high-level principals of Starship Children's Health and Starship Foundation working towards common goals.

Highlights during 2014-2015 were that the total Starship Children's Health grants equated to $6.6m. It was utilised as follows. 33% went toward Community and Families, a further 33% went toward hospital refurbishments, 20% was spent on advanced medical equipment, 11% was spent on professional training and development for medical staff and 3% was spent on play therapy and patient/family comfort items. Endowment fund contributions totalled $1m.

There are a number of key projects designated for 2015/2016. The Re-launch of the Starship National Air Ambulance Service, Starship Operating Rooms involving a strong collaboration with Auckland DHB, funding $3.1m of the $9m project and Re-launch of Starship website providing a responsive website for mobile and tablet use.

The Foundation is working toward building on the Starship brand nationally and held a successful inaugural fundraising event in Christchurch recently.

The Foundation wants to be a leading funder of preventative health and community programmes and reduce the need for treatment and hospitalisation of children.

It wants to prioritise funding in these areas; Research, Innovation, Training and evolve to be a leading funder of Clinical Research at Starship.

2017 will mark the Foundations 25th Birthday and during that year it would like to set itself a stretch target of obtaining a one off $25m capital fund to sustain long-term investment in Starship Research.

Lester Levy, on behalf of the Board and Starship Hospital expressed deep gratitude and appreciation for the collaboration between it and the Foundation. He commented that the population pressure in Auckland is set to continuously grow and a successful relationship such as this one is something to be appreciative of and very grateful for in the challenging times the future will bring.

That the Presentation by the Starship Foundation be received.

Carried

5. ACTION POINTS 28 OCTOBER 2015 (Page 20)

There was no discussion.

6. CHAIRMAN'S REPORT

The Chair, Lester Levy, on behalf of the Board, thanked management and staff for all their effort throughout the year. He looked forward to next year which was likely to be just as busy.

7. CHIEF EXECUTIVE'S REPORT (Pages 21-28)

The Chief Executive, Ailsa Claire, asked that her report be taken as read. Matters highlighted or updated by the Chief Executive included:

- Work being done by Tim Wood in seeking views from Waiheke residents on health and disability services for the island
- Mediation underway to resolve outstanding issues with staff who are members of PSA APHT MECA
- Auckland DHB received CEMARS certification in November. This is a key milestone in our sustainability journey and aligns well with the development of a Sustainability Strategy and emissions reduction plan
- Research Poster Boards were on display at Auckland City Hospital during the last week of November showcasing of some of the great research taking place at Auckland DHB.
- The Finalists of the 2015 Health Excellence Awards were announced at the end of October with the winners being revealed at the Health Excellence Awards on 3 December 2015. Board members were thanked for attending.
- Ka Pai Whānau is taking place again this December. The aim is to celebrate as the count-down to Christmas. Events and musical entertainment will take place along with some random acts of kindness.
- Following a four week consultation and engagement process in October for a new nurse's uniform, three designs for men and three designs for women are being trialled by a group of 30 nurses.
- A well-attended patient Safety Week took place between 1 – 7 November and during the week there was a daily specific theme with a focus on patient safety issues from pressure injuries, falls, medication safety, hand hygiene and preventing blood clots.
- There are a growing number of nominations for Local Hero and it is becoming increasingly difficult to choose just one candidate. During October and November there were 27 nominations.

- A large number of awards have been earned by medical and clinical staff (see pages 25 and 26 of the agenda) which is a real celebration for Auckland DHB.
- Auckland and Waitemata DHBs have launched The Auckland DHB and Waitemata DHB Collaboration Maternity Plan - Working together to plan future maternity services to 2025 to develop maternity services out to the year 2025. To date it has earned a lot of positive feedback.
- The Auckland Medical Research Foundation celebrated 60 years of research funding in November. A special guest at the event marking the anniversary was Cliff Hart, a retired medical radiation therapist who assisted Emeritus Professor Kaye Ibbertson with the build of the first x-ray machine in Nepal.
- The Design for Health and Wellbeing Lab (DHW Lab) is hosting a collaborative symposium on 9 December to showcase how design has been quietly growing in Auckland City Hospital, and to explore where we see the future value for design in health.
- A large range of visits have been hosted. (See page 28 of the agenda)
- On Tuesday 1 December we were delighted that our Sustainable Transport work meant Auckland Transport named us their "Travel Champions" for 2015 at their annual Commute Awards.
- On Friday 20 November the end of year Green Belt presentations for the 2015 class were held. Highlights included a project led by one of our Respiratory Physicians that reduced the time taken to report sleep studies by 50% and a 50% reduction in the average length of stay for low acuity patients in our district nursing service.

That the Chief Executive's Report for October and November 2015 be received.

Carried

8. HEALTH AND SAFETY

8.1 Health and Safety Charter for Auckland DHB (pages 29-32)

Sue Waters, Chief Health Professions Officer, advised that the Health and Safety Charter had been developed to reflect the organisations values and outlines a statement of commitment to the provision of a safe environment throughout the organisation for everyone.

It outlines responsibilities and incorporates the development, monitoring and feedback received from values work.

Comment on the Charter from Board Members was as follows:

- There is nothing about the requirement to change the culture of the organisation to be more health and safety conscious. It needs to reflect that every action taken is done so with health and safety in mind. While this might be implicit within the Charter it needs to be more obvious.

- A better definition of "wellbeing" would assist understanding.
- While some considered that the term "workers" had a less than nice connotation it was the term used within the new legislation and the Charter needed to align with this.

Lester Levy advised that he was working on a Charter for the Board and the health and safety aspect would also be built into it.

Action

That health and safety focus sessions along with required tours be set for Board members over the next 12 months.

Resolution: Moved Gwen Tepania-Palmer / Seconded Robyn Northey

That the Board receives and endorses the Health and Safety Charter

Carried

9 COMMITTEE REPORTS

Community and Public health Advisory Committee Recommendations

9.1 Request for Review of Wording of the Karakia (Page 33)

Lester Levy advised that at the Community Public Health Advisory Committee meeting a request had been made to review the wording of the Karakia. He would undertake to seek advice from the Cultural Advisor Tikanga to the Boards, Naida Glavish and Gwen Tepania-Palmer.

Resolution: Moved Robyn Northey / Seconded Lee Mathias

That the wording of the karakia (as currently included in agendas for The Community and Public Health Advisory Committee meetings) be reviewed.

Carried

9.2 Housing in Auckland (Pages 34-50)

Simon Bowen, Director of Health Outcomes – AHB/WDHB asked that the report be taken as read.

The Auckland housing situation is of increasing widespread concern with supply, crowding, transiency and severe housing deprivation including homelessness, affordability issues and poor quality and home ownership rates. This paper was designed to give an overview of the health impacts of housing, population factors affecting housing, supply pressures, crowding and homelessness, affordability, housing quality, changes in tenure and highlighted some

current strategies in place to deal with the situation.

The following points were covered in discussion of the report:

- Chris Chambers asked what training was in place for staff to deal appropriately with homeless people when they came into contact with them. He was advised that good processes were in place and the awareness of the issues faced by the homeless was much greater than it used to be. However, difficulties sometimes existed given the challenge involved.
- Simon Bowen advised that there had been a very good report put out by the Citizens Advice Bureau dealing with homeless issues.

Action

Simon Bowen to provide the link to the Citizens Advice Bureau report to the Corporate Business Manager to relay to Board members.

Resolution: Moved Jo Agnew / Seconded Lee Mathias

That the Board:

1. **Note that the health sector has a stake in the housing needs of Aucklanders.**
2. **Agree that Auckland Regional Public Health Service and the District Health Boards continue to work with Auckland Council and Auckland Social Sector leaders Group to address issues of housing.**
3. **Agree that District Health Boards actively support and promote schemes to improve housing quality such as the home insulation schemes.**
4. **Agree that consideration of the impacts of the special housing areas is undertaken as part of the Auckland and Waitemata primary and community services plan.**
5. **Note Auckland Regional Public Health Service will maintain a watching brief on housing issues within the Auckland Region and will consider engaging in projects with significant potential for health gain where it has capacity and expertise to do so.**

Carried

Audit and Finance Committee

9.3 Revised Fraud Policy Approval (Pages 51-63)

Resolution: Moved Doug Armstrong / Seconded Ian Ward

That the Board approves the attached updated Fraud Policy and:

(i) Notes that the policy was endorsed by the Audit and Finance Committee at the meeting held on 18 November 2015; and

(ii) Notes that once

(iii) The final Policy has been approved; formal communication will be delivered to the whole DHB regarding the updated Fraud Policy (including a presentation to the Board).

Carried

10. PERFORMANCE REPORTS

10.1 Financial Performance Report (Pages 65-70)

Auxilia Nyangoni, Deputy Chief Financial Officer asked that the report be taken as read.

The following points were covered in discussion of the report:

- Clarification was sought in relation to the Statement of Cash Flow on page 69 and advice given is that the $43M did not include the $20M cash that has been invested outside the NZHPL sweep. The cash was therefore not a concern as yet and depended on how much we continue to invest in Capex. As long as we invest affordable levels then cash flow can be managed. It was also noted that to enable higher Capital investments, the DHB should either be planning to generate surpluses or savings that can fully offset any additional capital costs of new borrowing (i.e. interest, depreciation and capital charge). Lester Levy commented that the Board had an insulated cash flow and it did not want to start drawing down from it. There is a requirement for a surplus of between $5M and $7M per year to generate sufficient savings to enable the DHB to afford more capital investment.
- Doug Armstrong requested that reports instead of or as well as YTD carry the wording "for the x months ending xx".

Resolution: Moved Ian Ward / Seconded Judith Bassett

That the Board receives the Financial Report for October 2015.

Carried

10.2 Funder Report (Pages 71-79)

Dr Debbie Holdsworth, Director of Funding – ADHB/WDHB asked that the report be taken as read highlighting that:

- At the National GM's meeting a request for an additional $6M of funding had been made.
- Immunisation for children under 8 months had this week become an issue for Auckland DHB with 4 children moving into the area from Counties Manukau District Health Board having not been immunised. This will affect Auckland DHB target figures. Three of the children were Maori.

- A memorandum to DHBs from the Lead CE Health of Older People has recommended that District Health Boards roll over their existing Home and Community Support Services contracts for 12 months. This will allow for in-between travel actions to be finalised and the implications for District Health Boards on future contracting of requirements from the Director General's report to be fully understood.
- Work is being done to understand student utilisation of Auckland City Hospital ED and once the survey has been completed, we will bring the results back to the Board next year.

The following points were covered in discussion of the report:

- Ailsa Claire advised that Counties Manukau has signalled changes to the IDF funding arrangements after the national deadline and these changes have not been included in the Funding Envelope. These changes have the potential to have a material impact on the clinical and financial sustainability of Auckland DHB provider services and further regional work is needed to mutually agree regional service delivery arrangements.
- Lee Mathias raised an issue with item 4.6 in the report on page 76 and the wording "Achieve Equity". She felt that this meant that the focus would be on the minority at the expense of the majority. There is a need to ensure that the service is universal and that all get equal access.

Resolution: Moved Morris Pita / Seconded Judith Bassett

That the Board receive the Funder report for October 2015.

Carried

11. DECISION REPORTS

11.1 Draft Quality Account 2014/2015 (Pages 80-177)

Sue Waters, Chief Health Professions Officer asked that the report be taken as read noting that feedback was required to her by 15 December 2015.

Lester Levy commented that it was a comprehensive document and in the interests of collecting all comment he asked Board members to send this directly to Sue Waters via email who would then collate and reissue it in one document.

It was noted that the draft Quality Account 2014/2015 document was available for download from the Auckland District Health Board website.

Resolution: Moved Lee Mathias / Seconded Gwen Tepania-Palmer

That the Board:

1. **Receives the report.**
2. **Endorses the content and provides feedback by 15th December 2015**

Carried

12. INFORMATION REPORTS

12.1 Implementing "Locality Provision" for Auckland DHB – Update (Pages 178-183)

Andrew Old, Chief of Strategy, Participation and Improvement asked that the report be taken as read highlighting that:

- Attention has been given to locality aggregations that would work from a service delivery point of view. These were developed by the Community and Long Term Conditions and Mental Health and Addictions Directorates and have subsequently been endorsed by the Senior Leadership Team as the model for future locality development over time. There are five localities, each with a population of ~80 – 100,000 people.

The following points were covered in discussion of the report:

- Advice was given that the Chief Advisor Tikanga, Naida Glavish, had provided the Māori names for the locality aggregations.
- It was commented that it was felt this had been approached from a historical perspective which was based on primary and secondary services and that not enough had been said about how services could be located elsewhere. For example, having specialist services within the community.
- Services needed to be presented in one package so that people understand what is being offered.
- Lee Mathias commented that it would be valuable for the team working on this to consider the "Community Central" model used by Counties Manukau District Health Board

That the Board notes progress toward locality provision for Auckland DHB.

Carried

12.2 Ministry of Health Childhood Obesity Plan – Briefing (Pages 184-190)

Simon Bowen, Director Heath Outcomes asked that the report be taken as read advising that:

- The new Ministry of Health Childhood Obesity Plan provides a package of initiatives to prevent and manage obesity in children and young people up to 18 years of age. It also presents a new health target of health professional referral for obese children from B4SC, to replace the current More Heart and Diabetes Checks target.
- In Auckland DHB one in ten children are obese, and rates are much higher for Māori (20%) and Pacific (30%) children. A quarter of all children in Auckland DHB are overweight or obese.

- Of note is the new target where by December 2017, 95 % of obese children identified in the B4SC programme will be referred to a health professional for clinical assessment and family base nutrition, activity and lifestyle interventions. There is some concern around the services that exist for obese children in order for this target to be reached.

The following points were covered in discussion of the report:

- It was commented that some programmes such as; BFI – Baby friendly initiative, BFHI – Baby friendly hospital initiative and BFCI – Baby friendly community initiative, which were in the national plan were not mentioned in this plan. Simon Bowen said that he envisaged that they would be key to this plan as the drivers for obesity were multifaceted so too did the plan need to be multifaceted to deal with that.

Resolution: Moved Robyn Northey / Seconded Gwen Tepania-Palmer

That the Board note:

- **The Ministry of Health has released a Childhood Obesity Plan that includes a number of health-led initiatives**
- **A small number of the plan's initiatives require additional DHB action at this time**
- **A childhood obesity target will replace the More Heart and Diabetes Checks target**
- **The DHB will develop a childhood obesity plan that includes initiatives and deliverables from the Ministry of Health Childhood Obesity Plan**

Carried

13 GENERAL BUSINESS

13.1 Establishment of Executive Committee of the Board (Page 191)

Lester Levy advised that this was an arrangement to cover the Christmas and New Year recess. He asked those members named in the report to confirm their availability. Jo Agnew signalled that she was unavailable for part of the time. Chris Chambers was appointed as her replacement.

Resolution: Moved Gwen Tepania-Palmer / Seconded Judith Bassett

1. **That the Board approve the establishment of an Executive Committee (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/ New Year Board recess.**
2. **That membership of the Committee is to comprise the Board Chair, the Deputy Board Chair (Lee Mathias), Ian Ward, Chris Chambers and Gwen Tepania-Palmer, with a quorum of three members (the Chair needs to be one of the three members).**
3. **That the Executive Committee be given delegated authority to make decisions on the Board's behalf relating to the urgent approval of business cases, leases and the awarding of contracts for facilities development, services and supplies and**

information services and on any other urgent recommendations from a Committee or the Chief Executive (same arrangements as last year).

4. **That all decisions made by the Executive Committee be reported back to the Board at its meeting on 17 February 2016.**
5. **That the Executive Committee be dissolved as at 17 February 2016.**

Carried

14. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 192-195)

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

Resolution: Moved Jo Agnew / Seconded Robyn Northey

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Confirmation of Confidential Minutes 28 October 2015	**Confirmation of Minutes** As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&D Act 2000.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
2. Register of Interest and Conflict of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Action Points 28 October 2015	**Confirmation of Action Points** As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&D Act 2000.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4.1 Health and Safety	**Commercial Activities** To enable the Board to carry out,	That the public conduct of the whole or the relevant part of the

Performance Report – October 2015	without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 NEHR Programme Update	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Collective Procurement of Banking Services	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 2015/2016 Ministry of Health Sustainability Funding for Mercy Hospice Auckland	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.3 Pregnancy and Parenting Education Contract Funding	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.4 Improving Outpatient	**Commercial Activities** To enable the Board to carry out,	That the public conduct of the whole or the relevant part of the

Renal Services: Strategic Assessment	without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.5 Replacement Radiography Rooms Level 5 ACH and Radiology GCC	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.6 AED Ambulatory Care Area	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Implementing All Age Stroke Service for Auckland DHB	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Alcohol Policy	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.3 Auckland Regional After Hours network – After Hours Health	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which

Advice – Procurement Process	Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.4 Primary Birthing Facility proposals for Consultation	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.5 healthAlliance NZ Limited – Resolution in Lieu of AGM	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.6 Asbestos Report	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Human Resources Report	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

9.1 ACC Partnership Programme – Audit Report	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Privacy of Persons** To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.1 Collaboration Governance Group	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

Carried

The meeting closed at 4.55pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 17 February 2016 .

Chair: _____ Date: _____

Lester Levy

Action Points from 9 December 2015 Open Board Meeting

5

As at Wednesday, 17 February 2016

Meeting and Item	Detail of Action	Designated to	Action by
9.3 18 February 2015 4 1 April 2015 22 April 2015	**Rules of Sourcing** That the Chief Finance officer and Legal counsel undertake to ensure that the matter of development of a policy and supporting practises being put in place for rules of sourcing is placed on the agenda of the other Regional District Health Boards. The response has not addressed the issues raised. Bruce Northey, Legal Counsel is following this up and will update the Board with progress. MBIE sent a letter to all District Health Board Chief Executives regarding issues raised about the Rules of Sourcing. Auckland DHB Legal Counsel is working with hA and the other District Health Board Lawyers in the region to develop a common procurement policy that incorporates this feedback. This policy will then be forwarded to Boards for approval.	Rosalie Percival/Bruce Northey	When regional policy is developed.
9 Dec 2015 Item 8.1	**Health and Safety Bus Tour** That health and safety focus sessions along with required tours be set for Board members over the next 12 months.	Sue Waters	In progress. The programme is with Lester Levy and Morris Pita for feedback.
9 December 2015 Item9.2	**Housing in Auckland** Simon Bowen to provide the link to the Citizens Advice Bureau report to the Corporate Business Manager to relay to Board members.	Simon Bowen	Completed

Chief Executive's Report

Recommendation

That the report be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 27 November to 28 January. It includes an update on the management of the wider health system and is a summary of progress against the Board's priorities to confirm that matters are being appropriately addressed.

2. Events and News

2.1 Patient and Community

Communications manages a generic communication email box. This is one of only two email addresses on the Auckland DHB website and acts as an unofficial online contact centre. Many of the requests are outside of the scope of the communication team's duties. The team responds to all emails and connects people to the correct departments. From 26 November to 22 January 380 were received that required action and of these, 91 of those were not communication-related.

2.2 External and Internal communications

2.2.1 External Communications

Auckland DHB made a number of public statements:

- congratulating to DHB people acknowledge in the New Year's Honours
- thanking people for participating in the Waiheke Island health services survey
- Health Excellence Award Winner 2015
- worldwide shortage of BCG vaccine.

We received 114 requests for information, interviews or for access from media organisations in the period from 27 November to 28 January. Media enquiries included interest in:

- a woman shot in the leg near Britomart
- a boy impaled by metal stake
- a toddler crushed by television
- babies born on Xmas Day and New Year's Day
- multiple car accident victims over the holiday period.

Apart from those noted, 70 per cent of the enquiries over the period were enquiries about the status of patients hospitalised following crimes or accidents or who were of interest because of their public profile. We reviewed and provided responses to 26 Official Information Act requests over this period.

2.2.2 Internal communications

- Five CE blog posts were published. These covered Ka Pai Whanau; Innovation and our people; A summary of highlights from 2015; Happy New Year - New Beginnings and Planning for the future.
- Hospital occupancy was updated daily on the Intranet.
- 30 news updates were published on the DHB intranet.
- six eNova (weekly electronic newsletters) were published.

Team Briefing
In February we are introducing a new Internal Communication Tool - the Team Briefing. The Team Briefing is to help managers to better understand 'the big picture' and help them communicate with their teams. It will contain a round-up of key news and actions, including Board decisions for managers to share and discuss with their teams. This document will be emailed to all people managers on the Friday after the full board meeting. There will be another Team Briefing produced and distributed midway between the Board cycle.

In addition a half hour briefing will take place the Friday after each board Meeting. All people managers are invited to attend these sessions led by Jo Gibbs, Director of Provider Services.

2.3 Events and Campaigns

Ministerial visit: Hon Peseta Sam Lotu-Liga
The Associate Minister of Health the Hon. Peseta Sam Lotu-Liga visited Auckland City Hospital for the first time in his role as minister on 21 January. Auckland and Waitemata DHBs' joint Pacific health gain team briefed the minister on work aligned to Ala Mo'ui, the Government's overarching plan to support better Pacific health outcomes. The Minister has five delegated areas: forensic mental health, HealthCERT, disability, the health of older people and tobacco control. The minister engaged in a series of discussions with staff, Chief Executive Ailsa Claire and Board Chair Dr Lester Levy before visiting Remuera Ward to meet staff and patients and observe initiatives in the care of older people.

Ka Pai Whānau – High Fives
Following its success last year, Ka Pai Whānau took place in December. Events and musical entertainment took place during the month at Auckland City Hospital, Greenlane Clinical Centre and The Taylor Centre. In addition members of the Senior Leadership Team were provided with 300 coffee vouchers to hand out to the Auckland DHB team as random acts of kindness. There was a huge amount of positivity around this, and people were genuinely happy to receive the vouchers.

Nurses Uniform Consultation
The Nurse Uniform Consultation continues. This next phase of the consultation is to ask nurses, midwives and health care assistants to choose a preferred colour for their uniform.

Values
Staff have been asked to complete a short survey to find out how we are doing against our values. The survey responses will be used as a benchmark to measure our values journey over the coming years.

Posters: The new values poster and values thank you cards are now in place around the organisation.

2.4 Social Media

LinkedIn: 4,307 followers
Facebook: 3,232 likes
Twitter: 2,102 followers
The 10 most popular posts over this period were:

- Health Excellence category winner videos – in particular the one featuring Alan Barber and team
- Ward Christmas decoration photo album
- Call out for cycle champions
- Safe sleep day prize winner
- Silver Ferns visiting Starship
- NZ Herald Rave for a staff member
- Service improvement for kids with Coeliac disease
- Sustainability tips
- Tai'mua youth choir video
- NZ Health Survey results

2.5 Our People

New Year's Honours
Clinicians Dr Ian Civil, Professor Lesley McCowan and Board committee members Professor Max Abbot and Jan Moss were recognised in the New Year's Honours 2016 for their contributions to health services. The honours are well-deserved recognition of the great service and positive impact these people have made and continue to make to public health services.

Dr Civil, Professor McCowan and Professor Abbot have been made Companions of the New Zealand Order of Merit (CNZM). Jan Moss has been awarded the New Zealand Order of Merit. Dr Civil is one of country's most experienced trauma specialists. He is the clinical lead of the Major Trauma National Clinical Network. Dr McCowan is a specialist in maternal fetal medicine for Women's Health at Auckland DHB and heads the Department of Gynaecology and Obstetrics at the University of Auckland's School of Medicine. Professor Abbot is the pro-vice chancellor of Auckland University of Technology and serves as a member of the joint Disability Support Advisory Committee for the Boards of Auckland and Waitemata DHBs. Jan Moss also serves as a member of the joint Disability Support Advisory Committee. She has been recognised for her contribution to disability services, including her time as Chair of Carers' New Zealand, the national body supporting family, whānau and carers.

President NZ Institute of Health Management
Jayanthi Mohanakrishnan, ACC Manager for Auckland DHB, has been elected as President of NZ Institute of Health Management. Jayanthi has been a longstanding member of the National Council as well as the Auckland Branch representative.

NZMA award for mindfulness medical education
Congratulations are offered to Dr Tony Fernando for winning this year's NZ Medical Association award. The award recognises his research on the science of happiness and the courses and workshops he runs on mindfulness and compassion for doctors and medical students.

A Farewell
In January we said goodbye to Frank Tracey who has been running the Clinical Support Services Directorate. Frank is taking the next step in his career and going to Australia. He will be missed for his skill as a manager, his humour and his ability to work across the organisation. To cover his position Ian Costello has been appointed Acting Director, Clinical Support Services. He will manage this as a part time role in conjunction with retaining his pharmacy role part time. Kelly Teague will become General Manager, Clinical Support Services when she returns from her maternity leave in mid-March 2016.

A Welcome
In January we welcomed Fiona Michel as the new Chief of People and Capability. Fiona joins us from NZ Police where she was Deputy Chief Executive, People. We have been without a leader in HR for some time and thanks go to Elizabeth Jeffs, Gil Sewell and Fiona Barrington for holding the fort as well as doing their day job. Auckland DHB is its people and they deserve a strong team to support them and we now have a very powerful team going forward.

Local Heroes
Twenty-six people were nominated as Local Heroes during December and January. Our December and January Local Heroes are Beryl Law – MRI Bookings Administration and Nicola Seto – Pharmacist for Renal and Ophthalmology. Beryl was nominated by a staff member who said, "When an elderly patient hadn't received his appointment letter and preparation medications, Beryl patiently went through all the instructions with him including a step-by-step examination of his diet schedule (a time consuming process) and she even dropped off the medication to his house in her own time because the courier had failed to deliver it. This is just one example of Beryl going out of her way to help patients."

The staff member who nominated Nicola said: "She commits 110 per cent to her patients to deliver the best care possible. She is compassionate, friendly, enthusiastic and will always sacrifice her own time to assist the team or a patient. I've seen her work outside of her scheduled hours to provide patient counselling. Nikki is extremely knowledgeable and always keen to teach junior colleagues and other staff. She shows extreme dedication to continuing her professional development and recently completed her prescribing degree at the Auckland University while working full time - making her the first ever qualified Pharmacist prescriber at Auckland DHB. She is truly inspirational."

Nursing Team
The Auckland DHB nursing team has had two abstracts accepted as poster displays at the International Forum on Quality and Safety in Healthcare 2016. This is a major international forum for patient quality and safety held annually. The posters have been accepted in the Clinical Improvement category, they are:

- Sustained change in reducing patient falls over bedrails
- R U HAPI? Random sampling to monitor pressure injury prevalence

3. Performance of the Wider Health System

3.1 National Health Targets Performance Summary

	Status	Comment
Acute patient flow (ED 6 hr)		Dec 95%, Target 95%
Improved access to elective surgery		98% to plan for the year
Shorter waits for radiation therapy & chemotherapy		Dec 100%, Target 100%, Year to Date 100%
Better help for smokers to quit		Dec 94%, Target 95%
Cardiac bypass surgery		Dec 101 patients, Target < 104
More heart & diabetes checks		Sep Qtr 92%, Target 90%
Increased immunisation 8 months		Dec Qtr 94%, Target 95%

Key:	Proceeding to plan		Issues being addressed		Target unlikely to be met	

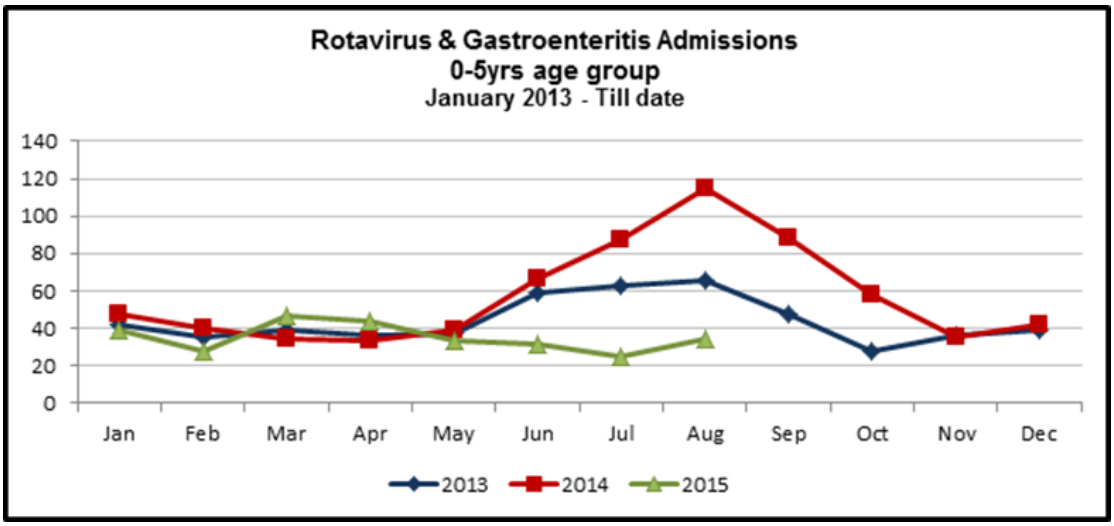
Commentary

Auckland DHB's final immunisation health target results at December 2015 are available. We performed strongly throughout the year, but fell short of achieving the target in December 2015, with 94 per cent fully vaccinated by eight months of age. Unfortunately the equity gap has reappeared in Auckland with only 84 per cent of Maori infants vaccinated. This means a further 25 tamariki Maori are not fully immunised in the quarter and 93 per cent Pacific (16 not fully immunised). In contrast, the rates for Auckland two year olds are among the best in the country, with a total of 95 per cent (NZE 95%, Maori 97%, Pacific 98%, Asian 95%, Other 91%).

The Ministry has released the five year old coverage formally for the first time, with Auckland DHB at 83 per cent. This is a focus of work for the immunisation programmes in 2016, with a goal of reaching the new indicator of 90 per cent by June 2016.

In the 2015 winter many fewer children presented to Starship's children's emergency department with gastroenteritis. This is a significant outcome since the rotavirus vaccine was added to the childhood immunisation schedule in July 2014 (see graph below). This result has been achieved by strong collaborations across primary healthcare providers, the National Immunisation Register and outreach immunisation services. Our whole-of-service approach encourages children to be offered immunisations wherever and whenever they touch health services.

Fig 1. Starship Hospital - Rotavirus & Gastroenteritis Admissions



3.2 Financial Performance

The DHB financial performance for the month of December was favorable to budget of $52k, against a planned deficit of $279k for the month. The DHB financial performance for the year-to-date was favorable to budget of $187k, against a planned surplus of $4,371k for the year to date. For 2015/16, we are expecting to achieve the planned financial result with a surplus of $2.3M.

Audit NZ are scheduled to come in the first week of February to start their first interim audit for the 2015/16 year end. Their audit will focus on updating their understanding of Auckland DHB's control environment and internal controls and detailed payroll testing.

For the six months to December 2015 $10.9M savings have been achieved against budget of $12M, resulting in an unfavourable variance of $1.1M. The unfavourable year-to-date position is mainly attributed to acute volumes above contract in a number of services and this has had a flow-on effect on the savings programme. There has been less than budgeted savings in ACC revenue, reduced outsourcing and staff management initiatives.

4.0 Clinical Governance Commentary

First New Zealand combined liver and pancreas transplant

Capping off a busy and successful year, our transplant teams successfully conducted the first combined liver and pancreas transplant procedure. To date only 15 other operations have been performed for this particular condition worldwide. The transplant teams also delivered the most kidney, liver and lung transplants ever in a year. In addition the transplant team performed many tissue transplant procedures. Transplant procedures are large and co-ordinated exercises that involve a wide number of services from across Auckland City Hospital to ensure the process runs smoothly. Decisions by families of deceased donors and by living donors, together with the compassion and hard work of staff mean that more patients are receiving transplants. The figures reflect the national increase in organ donation and transplants released by Organ Donation NZ earlier this year.

2015: Auckland DHB transplants by the numbers

Most kidney transplants – 90
Most liver transplants – 48
Most lung transplants – 23

Heart transplants – 12
Pancreas transplants – 3
First combined liver and pancreas transplant

5.0 Strategy, Participation and Improvement

Auckland DHB held its annual Strategy & Planning Day at Alexandra Park on 19 January. The day was a chance to get our partner organisations' views on our developing priorities and also brought together staff from our corporate, provider and planning & funding teams. The strategy section was focussed around our high level goals of Healthy Communities, World-class Healthcare and Achieved Together.

Financial Performance Report

Recommendation

That the Board receives this Financial Report for December 2015

Prepared by: Rosalie Percival, Chief Financial Officer

1. Executive Summary

The DHB financial result for December 2015 was a deficit of $227k which was favourable to budget by $52k. For the Year to Date (YTD), a surplus of $1.6M was realised, favourable to budget by $186k. Favourable Funder arm and Governance results (both for the month and YTD) fully offset unfavourable variance in the Provider arm.

YTD revenue is favourable to budget by $9M. Underlying this revenue variance are significant movements including: $1M additional MoH contracts Devolved (mainly contracts finalised after budgets were set, with corresponding additional expenditure) and $1.7M additional non-devolved revenue, $5.2M additional other income (includes research income and a one off settlement of a commercial contract), offset by unfavourable financial income ($824k). YTD expenditure is unfavourable to budget by $8.8M. Significant variances include favourable Funder payments to NGOs of $974k and, unfavourable outsourced personnel of $3.8M, clinical supplies of $3.2M and capital charge of $1M.

Auckland District Health Board
Summary Results: Month of December 2015

$000s	Month (Dec-15)			YTD (6 months ending 31 Dec-15)		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
MOH Sourced - PBFF	92,919	92,819	101 F	557,517	556,912	605 F
MoH Contracts - Devolved	7,262	7,060	202 F	43,400	42,360	1,040 F
	100,181	99,879	303 F	600,917	599,271	1,646 F
MoH Contracts - Non-Devolved	6,013	4,777	1,236 F	30,390	28,696	1,694 F
IDF Inflows	54,221	54,105	117 F	325,172	324,629	543 F
Other Government (Non-MoH, Non-OtherDHBs)	3,868	2,948	920 F	17,868	17,122	746 F
Patient and Consumer sourced	1,465	1,544	80 U	8,969	9,266	296 U
Inter-DHB & Internal Revenue	2,613	1,207	1,406 F	8,425	7,658	767 F
Other Income	4,486	3,718	768 F	27,995	22,721	5,274 F
Donation Income	706	570	136 F	2,880	3,454	574 U
Financial Income	489	678	189 U	3,040	3,865	824 U
Total Income	**174,042**	**169,426**	**4,616 F**	**1,025,657**	**1,016,683**	**8,975 F**
Expenditure						
Personnel	74,867	73,418	1,449 U	424,385	423,679	707 U
Outsourced Personnel	6,149	5,305	845 U	35,672	31,836	3,836 U
Outsourced Clinical Services	1,789	1,845	56 F	11,924	11,278	646 U
Outsourced Other Services (incl. hA/funder Costs)	747	792	44 F	4,489	4,750	260 F
Clinical Supplies	19,780	18,565	1,215 U	124,610	121,425	3,185 U
Funder Payments - NGOs	44,927	44,987	60 F	268,947	269,922	974 F
Funder Payments - IDF Outflows	9,270	9,269	1 U	55,920	55,605	315 U
Infrastructure & Non-Clinical Supplies	11,171	11,079	92 U	66,822	66,653	169 U
Finance Costs	1,141	1,066	76 U	6,996	6,877	119 U
Capital Charge	4,427	3,381	1,046 U	21,334	20,288	1,046 U
Total Expenditure	**174,269**	**169,705**	**4,564 U**	**1,021,100**	**1,012,312**	**8,788 U**
Net Surplus / (Deficit)	**(227)**	**(279)**	**52 F**	**4,557**	**4,371**	**186 F**

2. Result by Arm

Result by Division	Month (Dec-15)			YTD (6 months ending 31 Dec-15)		
	Actual	Budget	Variance	Actual	Budget	Variance
Funder	725	194	531 F	3,683	1,165	2,518 F
Provider	(1,183)	(474)	709 U	(252)	3,206	3,458 U
Governance	230	0	230 F	1,127	0	1,127 F
Net Surplus / (Deficit)	**(227)**	**(279)**	**52 F**	**4,557**	**4,371**	**186 F**

The YTD $2.5M favourable Funder arm and $1.1M favourable Governance results fully offset the $3.5M unfavourable result realised in the Provider arm.

- The Funder result was $0.5M favourable for the month and $2.5M favourable YTD. The YTD variance of $2.5M results from a favourable Funder NGO position of $3.6M (i.e. contracted health services delivered by third parties), offset by a $1.1M unfavourable Funder Own Provider position (i.e. Auckland DHB Provider Arm).

  The 2015/16 plan includes a National Health Board requirement for the Auckland DHB to post a budgeted annual surplus of $2.3M. This is a consequence of an additional $25M of sustainability funding made available to DHBs by the Government in the budget and to be shared on a PBFF basis. This additional revenue came with the express expectation of the Minister that it was to improve each DHBs budgeted core result by that margin.

- The YTD Provider Arm result is $3.5M unfavourable. This is driven by net unfavourable expenditure – primarily Outsourced Personnel, Clinical Supplies and Infrastructure and Non Clinical Supplies costs.
- The YTD Governance Arm result is driven by favourable infrastructure costs. We expect the actual spend to catch up in the second half of the year and we still forecast the Governance division to be on budget by year end.

3. Financial Commentary for December 2015

Month Result

Major Variances to budget on a line by line basis are described below.

Revenue was greater than budget by $4.6M, mainly driven by:

a) Inter DHB Revenue - IDF wash-up for 2014/15 $1.4M favourable (one off impact).

b) Capital Charge Income $1.3M favourable, offset by equivalent additional expenditure.

c) Haemophilia funding $0.8M favourable for abnormally high blood product usage, offset by additional expenditure.

d) Research Income $0.2M favourable, offset by equivalent expenditure.

e) Pharmacy Retail sales $0.2M favourable, offset by additional cost of sales expenditure.

Expenditure was greater than budget by $4.6M. Significant variances are described below:

f) Personnel/Outsourced Personnel costs net $2.3M (3%) unfavourable and mostly attributed to unfavourable Nursing staff costs offset by favourable Allied Health staff costs. Net employed and outsourced FTEs were overall 34 FTE (0.4%) above budget, but 29 of these were temporary summer holiday MRT students, meaning underlying FTE were close to budget. The unfavourable variance reflects cost per FTE targets not met.

g) Clinical Supplies $1.2M (6.6%) unfavourable - the key unfavourable variances for the month are abnormally high haemophilia blood product costs ($0.8M unfavourable) which are fully funded,

with the balance in Oncology/Haematology reflecting particularly high volumes for the month (108% of contract) combined with additional one off costs for high cost drugs in the month.

h) Capital charge $1M unfavourable, but offset by additional revenue.

Year to Date Result

Major Variances to Budget on a line by line basis are described below.

Revenue was higher than the budget by $9M. Significant movements underlying this included:

Favourable revenue variances:

a) MoH devolved contracts: Favourable funded initiatives revenue is a result of contracts finalised by the Ministry after budgets have been set but have equivalent additional expenditures. The majority of the additional revenue for funded initiatives is for Zero Fees for under 13s programme. This favourable result includes the negative impact of National Services revenue now mostly received from other DHBs through IDF inflows ($2.8M for 2015/16). The Auckland DHB's own population component has also now been confirmed by the Ministry as requiring to be self-funded in 2015/16.

b) Haemophilia funding $1.3M favourable for abnormally high blood product usage, offset by additional expenditure.

c) Capital Charge Income $1M favourable, offset by equivalent additional expenditure and relating to ADHB land revaluations at June 2015.

d) Research Income $2.8M favourable, offset by equivalent expenditure.

e) Pharmacy Retail sales $0.7M favourable, offset by additional cost of sales expenditure.

f) Inter DHB Revenue - IDF wash-up for 2014/15 $1.5M favourable (one off impact).

g) One off revenue for settlement of commercial contracts $0.8M favourable.

Unfavourable revenue variances:

h) Inter DHB Revenue - $0.7M unfavourable, reflecting the end of the LabPlus MidCentral DHB contract – the reduction in income is partially offset by favourable Clinical Supplies costs in LabPlus.

i) Financial income $0.8M unfavourable due to adverse valuation movements for Trust investments.

Expenditure was higher than budget YTD by $8.8M, with significant underlying variances as follows:

j) Combined Personnel and Outsourced Personnel Costs are unfavourable to budget by $4.5M (1%) and combined FTEs are 55 (1.0%) below budget. Underlying this net variance is:

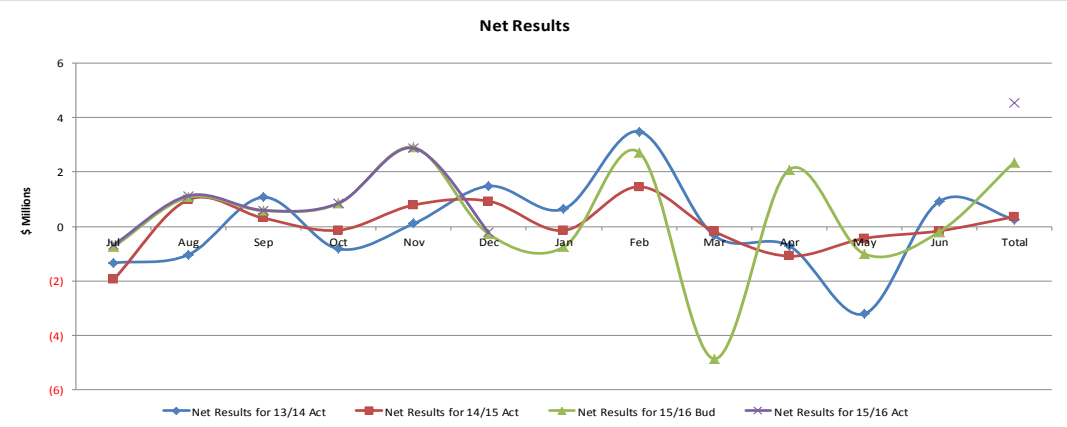
   a. Personnel Costs are $0.7M (0.2%) favourable due to FTE 212 below budget – the FTE variance is spread widely with vacancies across all categories other than Nursing which is 17 above budget YTD.
   b. This favourable variance in Personnel Costs is substantially offset by $3.8M (12%) unfavourable Outsourced Personnel costs (156 FTE above budget), primarily for contract Support and Administration staff covering vacancies.

k) Clinical Supplies $3.2M (2.6%) unfavourable – this variance reflects abnormally high haemophilia blood product costs ($1.2M unfavourable) which are fully funded, pharmaceutical costs in Oncology/Haematology $1.2M unfavourable due to additional costs for treatment previously funded under a research trial, with the balance in Surgical/Perioperative reflecting Surgical throughput 3.2% above contract year to date.

l) Capital charge is $1M unfavourable offset by additional revenue.

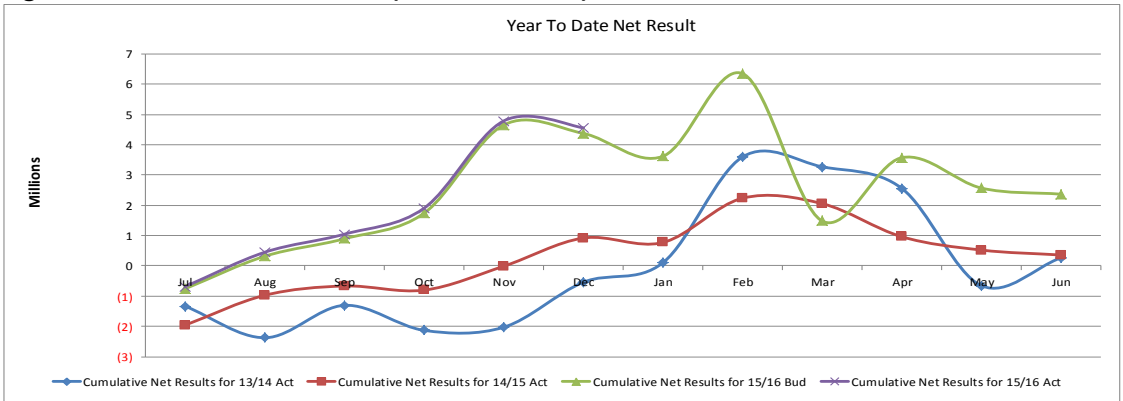
4. Performance Graphs

Figure 1: Consolidated Net Result (Month)



$ millions	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Net Result for 13/14 Act	(1.341)	(1.037)	1.072	(0.828)	0.105	1.486	0.645	3.494	(0.325)	(0.711)	(3.215)	0.918	0.262
Net Result for 14/15 Act	(1.957)	0.984	0.306	(0.137)	0.790	0.931	(0.147)	1.462	(0.179)	(1.093)	(0.441)	(0.164)	0.355
Net Result for 15/16 Bud	(0.755)	1.072	0.577	0.846	2.911	(0.279)	(0.754)	2.731	(4.867)	2.090	(1.003)	(0.202)	2.365
Net Result for 15/16 Act	(0.683)	1.133	0.595	0.859	2.881	(0.227)							4.557

Figure 2: Consolidated Net Result (Cumulative YTD)



$'millions	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Cumulative Net Result for 13/14 Act	(1.341)	(2.378)	(1.306)	(2.134)	(2.029)	(0.544)	0.101	3.595	3.270	2.559	(0.656)	0.262
Cumulative Net Result for 14/15 Act	(1.957)	(0.973)	(0.668)	(0.804)	(0.014)	0.916	0.770	2.232	2.053	0.960	0.519	0.355
Cumulative Net Result for 15/16 Bud	(0.755)	0.317	0.894	1.740	4.650	4.371	3.617	6.347	1.480	3.570	2.567	2.365
Cumulative Net Result for 15/16 Act	(0.683)	0.450	1.045	1.904	4.785	4.557						
Variance to Budget for 2015/16	0.072	0.133	0.151	0.164	0.134	0.186						

5. Efficiencies / Savings

For the six months to December 2015, $10.9M savings have been achieved against a budget of $12M, resulting in an unfavorable variance of $1.1M. The unfavorable YTD position is mainly attributed to acute volumes above contract in a number of services and this has had a flow-on effect on the savings program. There has been less than budgeted savings in ACC revenue, reduced outsourcing and staff management initiatives. The YTD position for Operational services is unfavorable against budget by $1.1M. This is mainly attributed to Adult Medical ($425k U), Surgical ($303k U), Women's ($133k U), Children's ($428k U), Cancer & Blood ($160k U) and Mental Health ($167k U). There has been a partial offset by better than budget savings in Adult & Community ($101k F), Cardiovascular ($87k F) Clinical Support ($129k F) and Perioperative ($160k F). A year-end savings forecast of $22.5M against the budget of $26.9M indicates a shortfall of $4.3M. However,

the shortfall is expected to be fully offset by an overall favorable Funder position to enable achieving the overall planned consolidated surplus.

6. Financial Position

Statement of Financial Position as at 31 December 2015

$'000	31-Dec-15			30-Nov-15	Variance	30-Jun-15	Variance
	Actual	Budget	Variance	Actual	Last Month	Actual	Last Year
Public Equity	576,798	576,798	0F	576,798	0F	576,798	0F
Reserves	-	-	0F	-	0F	-	0F
Revaluation Reserve	438,457	406,629	31,828F	438,457	0F	438,457	0F
Cashflow-hedge Reserve	(4,017)	(3,969)	48U	(4,063)	46F	(4,293)	276F
Accumulated Deficits from Prior Year's	(464,047)	(462,265)	1,782U	(464,047)	0F	(464,402)	355F
Current Surplus/(Deficit)	4,559	-	4,559F	4,786	227U	356	4,203F
	(25,048)	(59,605)	34,557F	(24,867)	181U	(29,882)	4,834F
Total Equity	**551,750**	**517,193**	**34,557F**	**551,931**	**181U**	**546,916**	**4,834F**
Non Current Assets							
Fixed Assets							
Land	249,006	217,178	31,828F	249,006	0F	249,006	0F
Buildings	572,775	552,065	20,710F	574,823	2,048U	585,033	12,258U
Plant & Equipment	74,111	92,780	18,669U	75,441	1,330U	78,462	4,351U
Work in Progress	70,979	61,709	9,270F	65,511	5,468F	39,821	31,158F
	966,871	923,732	43,139F	964,781	2,090F	952,322	14,549F
Derivative Financial Instruments	-	-	0F	-	0F	-	0F
Investments	-						
- Health Alliance	44,900	44,930	30U	44,900	0F	42,170	2,730F
- HBL	12,420	12,420	0U	12,420	0U	12,420	0U
- ADHB Term Deposits > 12 months	10,000	-	10,000F	10,000	0F	-	10,000F
- Other Investments	462	-	462F	462	0U	462	0U
	67,782	57,350	10,432F	67,782	0U	55,052	12,730F
Intangible Assets	669	3,158	2,489U	708	39U	910	241U
Trust Funds	13,406	14,548	1,142U	13,246	160F	17,299	3,893U
	81,857	75,056	6,801F	81,736	121F	73,261	8,596F
Total Non Current Assets	**1,048,728**	**998,788**	**49,940F**	**1,046,517**	**2,211F**	**1,025,583**	**23,145F**
Current Assets							
Cash & Short Term Deposits	159,393	85,019	74,373F	61,432	97,961F	87,210	72,183F
Trust Deposits > 3months	12,600	7,700	4,900F	11,600	1,000F	8,500	4,100F
ADHB Term Deposits > 3 months	10,000	-	10,000F	10,000	0F	-	10,000F
Debtors	21,114	20,799	316F	28,662	7,548U	28,509	7,395U
Accrued Income	40,666	20,500	20,166F	42,308	1,642U	19,206	21,460F
Prepayments	3,688	1,166	2,522F	3,731	43U	1,035	2,653F
Inventory	13,664	12,723	941F	13,569	95F	13,154	510F
Total Current Assets	**261,125**	**147,907**	**113,218F**	**171,302**	**89,823F**	**157,614**	**103,511F**
Current Liabilities							
Borrowing	-	(1,475)	1,475F	-	0F	(52,454)	52,454F
Trade & Other Creditors, Provisions	(257,855)	(116,029)	141,826U	(159,227)	98,628U	(121,299)	136,556U
Employee Benefits	(164,436)	(173,754)	9,318F	(170,848)	6,412F	(176,735)	12,299F
Funds Held in Trust	(1,226)	(1,169)	57U	(1,228)	2F	(1,208)	18U
Total Current Liabilities	**(423,517)**	**(292,427)**	**131,090U**	**(331,303)**	**92,214U**	**(351,696)**	**71,821U**
Working Capital	**(162,392)**	**(144,520)**	**17,872U**	**(160,001)**	**2,391U**	**(194,082)**	**31,690F**
Non Current Liabilities							
Borrowings	(304,500)	(304,500)	0F	(304,500)	0F	(254,500)	50,000U
Employee Entitlements	(30,085)	(32,575)	2,490F	(30,085)	0U	(30,085)	0U
Total Non Current Liabilities	**(334,585)**	**(337,075)**	**2,490F**	**(334,585)**	**0U**	**(284,585)**	**50,000U**
Net Assets	**551,750**	**517,193**	**34,557F**	**551,931**	**181U**	**546,916**	**4,834F**

Comments

- The full revaluation of land completed at 30 June 2015 resulted in an increase in revaluation reserve of $31.8M, increasing the year end Equity position.
- Buildings, plant and equipment variances are largely due to different opening balances set in the budget. Capital spend is also behind $10M behind forecast budget spend.
- Cash is more favourable to budget because the funding for January was received from MoH at the end of December, but was accounted for as a cash inflow at the beginning of January in the budget. Excluding the MoH funding timing, there is a lower than budget cash and cash

equivalents are offset by favourable investment term deposits. $5M matures within a year and $15M matures greater than a year.

- Accrued income variance is mainly due to the timing of invoices to MoH.
- Trade & Other Payables reflect timing differences for creditors' payments and income in advance.

Statement of Cash flows (Month and Year to Date December 2015)

$000's	Month (Dec-15)			YTD (6 months ending 31 Dec-15)		
	Actual	Budget	Variance	Actual	Budget	Variance
Operations						
Cash Received	275,745	169,407	106,338F	1,107,561	1,016,577	90,984F
Payments						
Personnel	(81,279)	(76,566)	4,713U	(436,684)	(417,420)	19,264U
Suppliers	(25,557)	(33,905)	8,348F	(202,925)	(213,835)	10,910F
Capital Charge	(21,334)	(3,358)	17,976U	(21,334)	(20,148)	1,186U
Funder payments	(54,197)	(53,356)	841U	(324,867)	(320,138)	4,729U
GST	13,105	0	13,105F	12,237	0	12,237F
	(169,262)	**(167,185)**	2,077U	**(973,573)**	**(971,541)**	2,032U
Net Operating Cash flows	**106,483**	**2,222**	**104,261F**	**133,988**	**45,036**	**88,951F**
Investing						
Interest Income	489	728	239U	3,040	4,608	1,567U
Sale of Assets	6	0	6F	6	0	6F
Purchase Fixed Assets	(5,563)	(10,414)	4,851F	(34,656)	(47,463)	12,807F
Investments and restricted trust fund	(1,160)	0	1,160U	(22,938)	0	22,938U
Net Investing Cash flows	**(6,229)**	**(9,686)**	**3,457F**	**(54,547)**	**(42,855)**	**11,692U**
Financing						
Other Equity Movement	1	0	1F	1	0	1F
Equity Injections	0	0	0F	0	0	0F
New Loans	0	0	0F	0	0	0F
Loans Repaid	0	0	0F	0	0	0F
Equity Repayment	0	0	0F	0	0	0F
Interest paid	(2,294)	(1,112)	1,182U	(7,259)	(7,178)	81U
Net Financing Cashflows	**(2,293)**	**(1,112)**	**1,182U**	**(7,258)**	**(7,178)**	**80U**
Total Net Cash flows	**97,961**	**(8,576)**	**106,537F**	**72,183**	**(4,997)**	**77,180F**
Opening Cash	61,432	93,596	32,164U	87,210	90,018	2,808U
Total Net Cash flows	97,961	(8,576)	106,537F	72,183	(4,997)	77,180F
Closing Cash	**159,393**	**85,021**	**74,372F**	**159,393**	**85,021**	**74,372F**

ADHB Cash	156,193	79,916	76,277F
A+ Trust Cash	1,442	0	1,442F
A+ Trust Deposits - Short Term < 3 months & restricted fund deposits	1,757	5,105	3,348U
	159,393	**85,021**	**74,372F**
ADHB - Short Term > 3 months	10,000	0	10,000F
A+ Trust Deposits - Short Term > 3 months	12,600	**7,700**	**4,900F**
ADHB Deposits - Long Term	10,000	**0**	10,000F
A+ Trust Deposits - Long Term	13,406	**14,548**	1,142U
Total Cash & Deposits	**205,399**	**107,269**	**98,130F**

Funder Update

Recommendation

That the report be received.

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Glossary

ARRC	-	Aged Related Residential Care
B4SC		Before School Check
BMT		Bone MarrowTransplant
CEO	-	Chief Executive Officer
DHB	-	District Health Board
ED	-	Emergency Department
FCT		Faster Cancer Treatment
HAC	-	Hospital Advisory Committee
HCSS	-	Home and Community Support Services
HNA	-	Health Needs Assessment
HPV	-	Human Papillomavirus
HR	-	Human Resources
MoH	-	Ministry of Health
MoU	-	Memorandum of Understanding
NHB	-	National Health Board
PHAP	-	Pacific Health Action Plan
PHO	-	Primary Health Organisation
PRIMHD	-	Programme for the Integration of Mental Health Data
RFP	-	Request for Proposals
SLT	-	Senior Leadership Team

Summary

This report updates the Auckland District Health Board (DHB) on Auckland and Waitemata District Health Boards' (DHB) planning and funding activities and areas of priority, since the last meeting on 9 December 2015. It is limited to matters not already dealt with elsewhere on this meeting's agenda.

1. Planning

1.1 Update on population projections and potential effects on health indicators

The Ministry of Health (MOH) have produced updated population projections based on Census 2015 known as the '2015 Update'. This '2015 Update' has reflected the record level net migration and has a substantial influence on the populations of some DHBs, including Auckland DHB.

The Auckland DHB population has 21,245 more in 2016/17 using the '2015 Update' than the 2014 Projections, mainly in the 15-64 years age group. By ethnic group, the increase in Auckland DHB occurs in the Asian ethnic group (11,085).

For Auckland DHB, at ten years in the future, the latest projection is about 5-6% higher than what was projected in 2014 for the same year. For Auckland DHB, the main reason for the change is net migration, but life expectancy assumptions for Auckland also rise more than for Waitemata (although these remain lower than Waitemata).

The '2015 Update' is a medium variant of the official population statistics. Technically we need to say that the present 2015 projections were produced by Statistics New Zealand according to the assumptions specified by the Ministry of Health (MoH).

The new Auckland DHB population projections will potentially impact on DHB measures and indicators. In general, any indicator that uses total and/or partial population as denominator will be affected, impacting both negatively and positively on performance results. Our estimate of this impact is as follows:

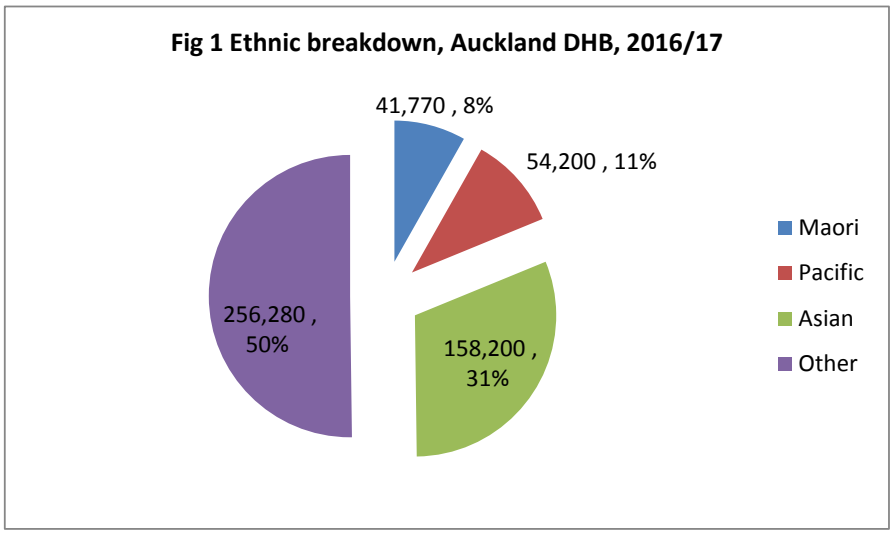
- life expectancy: slight increase
- all mortalities (such as cardiovascular, cancer and stroke) will be lower
- all the national health survey indicators (such as smoking, obesity, physical activity, hazardous drinking, adult medicated for cholesterol, blood pressure): there will be no change in the rates or percentages; however there will be an increase in the absolute numbers
- there will be no impact on child immunisations (as the denominator is birth registry), however, our Human Papillomavirus (HPV) vaccination rate will be lower
- screening tests (cervical and breast): will be lower
- all hospital discharge rates, electives and acute, will be slightly lower
- all health targets: there will be no impact on any of the health targets except the "Improve Access to Electives" health target. If the MoH adjusts the number of needed operations according to the new population, the number will increase and the target will be harder to achieve.

Table 1 Comparison of population projections as at 2016/17 by age group for Auckland DHB

Population projections	Age group			
	<15 yrs	15-64 yrs	65+	Grand Total
2015 Updates	84,910	368,860	56,680	510,450
2014 Projections	83,115	351,105	54,985	489,205
Difference ('2015 Updates' - '2014 Projections')	1,795	17,755	1,695	21,245

Table 2 Comparison of population projections as at 2016/17 by ethnic group for Auckland DHBs

Projections	Maori	Pacific	Asian	Other	Grand Total
2015 Updates	41,770	54,200	158,200	256,280	510,450
2014 Projections	39,985	52,780	147,115	249,325	489,205
Difference ('2015 Updates' - '2014 Projections')	1,785	1,420	11,085	6,955	21,245



2. Hospitals

2.1 Cancer target

The ADHB Quarter 2 FCT 62 day indicator result for the period July – December 2015 is 70.1% which is an improvement on the nationally reported previous quarter's result of 66%. For the 32 day indicator the result is 85.4% which is also an improvement.

2.2 Auckland DHB 2015/16 Surgical Health Target

At the end of the second quarter ADHB has achieved 98.3% compliance with the Surgical Health Target. As identified in the December HAC report, the provider reports acute demand has impacted on the ability of the ADHB provider to deliver planned elective volumes. There have been issues with surgeon and theatre resource capacity in some specialties, including gynaecology and paediatric surgery specialties. A range of strategies have been put in place to address the shortfall of volumes including additional Saturday lists, and extra insourced lists. The provider plans are expected to ensure the target is achieved in the 3rd quarter with increased internal capacity and reduced reliance on private providers.

2.3 2015/16 IDF arrangements

The wash up position is being monitored and the funder is working with Corporate finance to ensure any anticipated financial risk is being managed.

2.4 2016/17 IDF arrangements

Further advice is expected in February from the Ministry of Health regarding IDF and national service funding arrangements. Work is ongoing to resolve outstanding IDF funding issues with Midland

DHBs specifically in the services areas of Eating Disorder services and Child and Family Unit services. Once the provisional costs of the new Eating Disorder service arrangements are understood, the IDF funding arrangements for this service will need to be reviewed. This work is expected to be concluded in March 2016. The external review of the ADHB Ophthalmology provider data is underway and the outcomes of this review will inform a view of the gap between funding and service delivery for the Waitemata population. Together with the outcomes of the external clinical review that is being commissioned, a joint plan will be established between Waitemata and Auckland DHBs to resolve the outstanding service delivery and funding issues associated with the Waitemata population. Work is being progressed regionally and jointly with Counties Manukau to confirm the development of plans for local service delivery of Urology and Oncology services.

2.5 2016/17 ADHB funder/ADHB provider arrangements

The funder has been working with the ADHB Directors to establish the price volume schedule arrangements for the ADHB population in 2016/17. The process has been collaborative and a final plan will be agreed in the next few weeks.

2.6 Tertiary services review

The service specific analysis for all Starship clinical services is complete and the project is now progressing the financial analysis that will inform the next phase of engagement with stakeholders including funders and referring services. The financial analysis is expected to be complete by early March. The Steering group will confirm the priorities and timelines to initiated and complete the Tertiary service review process for all Adult and Clinical Support services.

Action	Progress	Timeframe
Framework for service review established and tested	Complete	
All Starship service descriptions signed off by Steering Group	On track	18-Dec-15
Preliminary update to other funders	On track	22-Dec-15
Final draft Starship Tertiary service review complete and local service specifications and recommendations agreed	Partially complete	31-Jan-16
Final financial analysis to inform annual plan budget allocations	Initiated	29-Feb-16
Final advice to and engagement with other stakeholders complete	Not yet started	31-March-16
Implementation of Starship Tertiary review recommendations		March - June 2016
Scope and commence Adult Tertiary service review	Initiated	March 2016

2.6 Policy Priority areas

Colonoscopy Indicators

All waiting time indicators for colonoscopy continue to be met within internal capacity with the exception of Colonoscopy P2- 100% within 120 days which is sitting at 98.9% in December. CT Colonography target of 65% within 42 days is being met – achieved 97.3% in December. The MOH has advised additional funding is available to ADHB if indicators are consistently achieved in each of the months in quarters three and four. The provider is on track to maintain the current good achievement while transitioning the service to new capacity by June 2016.

Radiology Indicators
The Auckland DHB provider has sustained achievement of the outpatient CT indicator against the target of 95%. There has been continued improvement in performance against the outpatient MRI indicator with 52% achievement against the target of 85%. There has been a further improvement in the outpatient ultrasound indicator with 61% compliance against a target of 95%. The provider continues to work to an established improvement plan.

Waiting Time Targets
As at the end of December Auckland DHB was moderately non-compliant with ESPI2 (outpatient FSA) waiting time target (6 patients) and did not achieve the ESPI5 (booked for surgery) waiting times target (53 patients). Key pressures in December were in Paediatric Surgery and paediatric surgical sub specialties. As a result of industrial action impacting on elective surgical capacity, ADHB received a dispensation from penalties associated with ESPI non-compliance for December.

Bone Marrow Waiting Times
At the time of this report there were 7 patients waiting for Bone Marrow transplant longer than the clinically recommended time of six weeks, of a total waiting list of 18 patients. This deteriorating waiting list position is a result of an unusual and significant increase in acute Leukaemia demand impacting BMT capacity within the service. The Director of Cancer services is leading the recovery plan to resolve the current waiting list problem and at this time a timeframe for resolution has yet to be established.

2.7 National services

Addition investment in the National Paediatric Cardiac and Congenital Heart service for 2016/17 has been approved in principle. We are currently working through reporting requirements and payment arrangements. Interim additional funding for the National Heart and Lung Transplant service has been approved.

2.8 Regional Service Review Programme

ADHB funder and provider continue to actively participate in the oversight and management of regionally prioritised service reviews. There are a number of challenges for ADHB in this regional work plan including the conflicting drivers and competing priorities of different stakeholders however the DHB leadership teams have a shared commitment to make progress collaboratively.

3. Primary Care

3.1 Auckland DHB Palliative Care

The Auckland DHB Palliative Care strategy implementation plan has been developed. The Adult Palliative Care Governance Group has identified key priority areas for implementation. One of the key priorities is to develop and implement a palliative care Lead Provider model. The first element of this model is to implement a single clinical governance and leadership for specialist palliative care services across the DHB district. Ongoing discussions are taking place with the Mercy Hospice CEO and Auckland DHB HR Manager to develop and finalise a position description for the Palliative Care Clinical Director.

3.2 Community Pharmacy

Metro Auckland Community Pharmacy Waste Management Service commenced on 1 February 2016. As a result, the community pharmacies have an access to a fully funded waste collection and disposal service for general pharmaceutical, sharps and cytotoxic waste. Our population would also be able access this service by bringing any expired or unwanted medical waste for disposal to their local community pharmacy.

3.3 Metro Auckland DHBs' Regional Stakeholder Forum

The Metro Auckland DHBs are hosting a local DHB stakeholder forum with the wider health sector including consumers and community pharmacists. This forum will provide DHBs with an opportunity to engage with a broad range of stakeholders about the future landscape of pharmacists' services in the community and the strategic development and service design of the next Community Pharmacy Services Agreement. Overall the stakeholder forum will focus on exploring and discussing the 5 – 10 year strategic direction for the development of integrated pharmacist services in the community to further improve population outcomes.

4. Health of Older People

4.1 Home and Community Support Services (HCSS)

In-between Travel funding will be devolved to DHBs to manage from the 29 February 2016. In-between Travel funding recognises the full mileage costs for support workers and the time taken for them to travel between clients. A one band model with exceptional travel has been agreed as part of the Settlement. Contract variations have been prepared for all Auckland HCSS providers for this purpose. The model will be monitored after implementation and a review conducted before 31 August 2016 to consider whether matters such as time and distant thresholds, affordability, service delivery, disadvantages and fairness need to be revisited.

The Director General's Report on Home and Community Support Services is still under consideration and yet to be released.

4.2 Aged Related Residential Care (ARRC)

There are a number of ARRC new builds and reconfigurations incorporating secure dementia units planned for Auckland DHB over the next 18 months. Work is underway to establish a process to ensure best practice is achieved in the design of these units and we have been liaising with HealthCERT MoH around the development of Dementia Unit Design Guidelines. Evidence shows that the built environment will impact on the quality of life of people living in secure dementia units.

5. Maori Health Gain

5.1 Māori Health Plans

Preparations for the development of activities in the Māori Health Plans are well underway. The approach for this planning cycle will be to have activities in the Māori Health Plans embedded in the Annual Plans to enhance accountability and improve responsiveness to Māori health gain across both DHBs. Engagement with Memorandum of Understanding (MOU) partners, Primary Health Care Organisations, Māori providers and key internal stakeholders has begun and will be on-going throughout the planning process.

As with the previous planning cycle, the Māori Health Gain Advisory Committee will provide input and endorsement of the Māori Health Plans as they are developed. The Māori Health Plans will also follow the same sign-off process as the Annual Plans.

5.2 Cervical screening

Several activities have been implemented to support an improvement in performance against the cervical screening indicator. These include:

- A training package to support a new model of care for patient recall where reception staff and practice nurses work together has been developed. We have engaged with PHO representatives who have provided input into the development of the train-the-trainer model. The training has been developed by a health literacy organisation with expertise in Māori health and was initiated as part of the strategy to reduce inequalities in cervical screening coverage. Implementation of the training will commence shortly.

- A national datamatching process was achieved based on the Auckland DHB and Waitemata DHB joint datamatch pilot project with ProCare. The process includes the ability to prioritise and filter the lists by ethnicity for concentrated invitation and recall efforts. The regional coordinators have been involved in PHO and practice level support to promote and support the use of the lists.

- Further development of the Māori specific Human Papilloma Virus (HPV) Cervical Screening Self-Sampling Project in West Auckland.

- Completion of the third successful 'pop up' clinic in Mt Roskill. Fifty-nine priority women were screened at the latest pop up clinic, with 29 of those women having never had a smear and significant positive patient experience feedback.

- A referral pathway between PHOs and Independent Service Providers to improve coverage for priority women (specific focus on Māori women) has been implemented across all PHOs. A review of the pathway will commence in March 2016 to ascertain its effectiveness.

5.3 Bariatric surgery

The Local Priority area of obesity from the 15/16 Māori Health Plan has a focus on improving access to bariatric surgery for Māori and Pacific. A Bariatric Project has been initiated, including identification of several relevant pieces of work already underway or planned. The project will draw this work together and identify gaps in the pathway to surgery and workstreams of activity to address barriers.

5.4 Workforce

Rangatahi Programme - Ten (10) students (5 Maori, 5 Pacific) commenced in paid cadetship placement in December and will work through to February 2016 until their first year at university begins. Clinical supervision, cultural support and mentoring is planned in conjunction with the Vodafone World of Difference recipient whose project aims to establish a sustainable youth-led mentoring network to support Maori and Pacific health workforce development.

6. Asian, Migrant and Refugee Health Gain

Key projects driving efforts towards the goal of increasing health gain in targeted Asian, migrant and/or refugee populations where health inequalities impact on their health status in the Auckland DHB are set out below.

5.1 Increase the DHBs' capability and capacity to deliver responsive systems and strategies to targeted Asian, migrant and refugee populations

Work is ongoing towards completion of the Asian International Benchmarking Report comparing health outcomes for Asian subpopulations around the world, in order to identify potential emerging areas that may impact on the health of specific Asian groups in the Auckland and Waitemata DHBs' catchments.

5.2 Increase Access and Utilisation to Health Services

Indicator: Increase by 2% the proportion of Asians who enrol with a Primary Health Organisation to meet 80% target by 30 June, 2016
The updated ADHB population projections ('2015 Update') has resulted in a decrease in enrolment rate for Asian from 78% to 74% (as at January 2016). New enrolments were 4517 in ADHB (as at Q1, 2016) reflecting ongoing Asian enrolment behaviour despite the record net migration in the district.

Indicator: Reducing acute flow to Auckland City Hospital's Emergency Department (ED)
Work is progressing on understanding acute demand to the ED. Analysis has been undertaken of the utilisation of the Auckland City Hospital for identified migrants (new, long term) and/or student (international, domestic) populations living in the Auckland Central Business District.

As previously reported, the student survey to better understand awareness of Health Services and Health Information in the Auckland District, closes the end of February 2016. This will inform options which will be brought to the Board for consideration once this information is available.

Indicator: Increase opportunities for participation of eligible refugees enrolled in participating general practices as part of the Refugee Primary Care Wrap Around Service funding
The Refugee Primary Care Wrap Around Service Agreements with PHOs are continuing to be rolled out with identified general practices participating in the programme offering subsidised culturally appropriate services to enrolled refugees within the practices. Professional development opportunities for primary health and the frontline workforce to upskill them on the soft skills and cultural competencies required to support refugee families at the practice level include:

- Two receptionists training to frontline staff scheduled for 19 February and 27 May, 2016
- Three refugee health network forums to primary health professionals proposed for May, August and Nov 2016 (topics to be confirmed)

Indicator: Increase the number of Indians who have a heart and diabetes check through targeted engagement
Ongoing engagement with partners who reach out to Indian communities in Auckland and Waitemata to raise awareness about heart and diabetes checks, and culturally appropriate healthy lifestyle messaging via partner platforms in Q3/Q4 with a focus on collaborating with the NZ Taxi Association Ltd, The Asian Network Inc, Diabetes NZ (Auckland Branch) and Health Families Waitakere for targeted efforts towards Indian males (35-44 years).

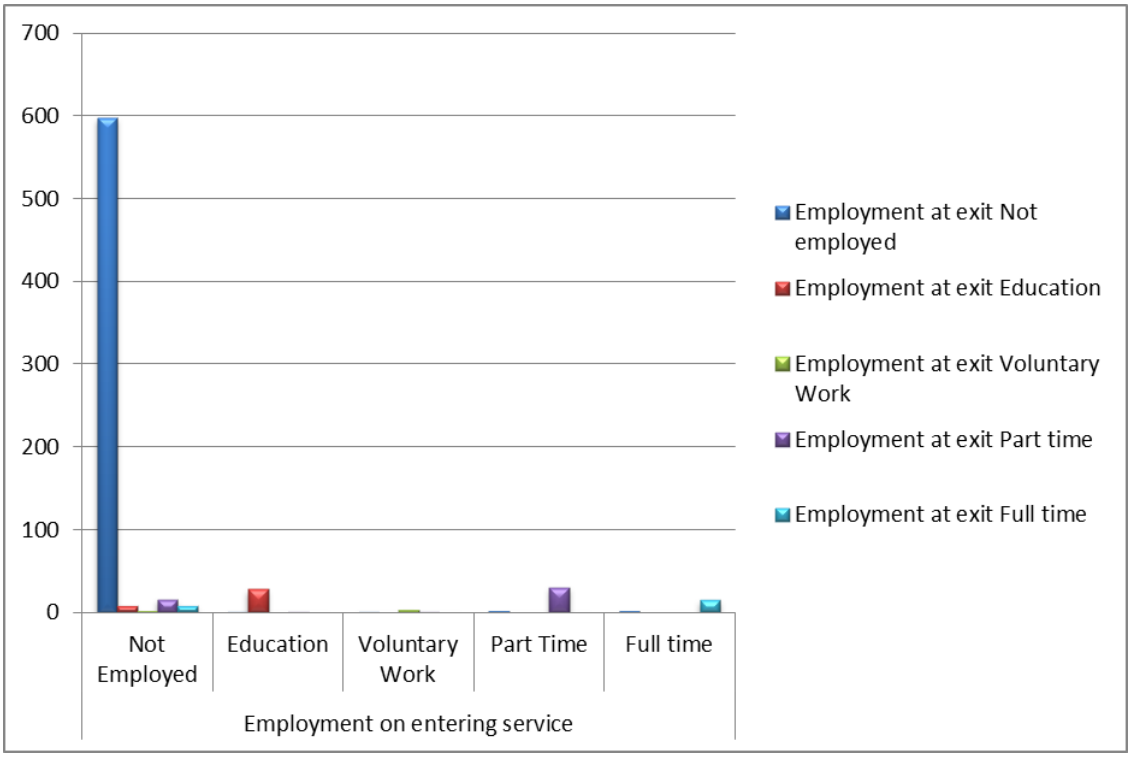
7 Mental Health and Addictions

7.1 Auckland and Waitematā DHB's Mental Health and Addictions Employment Strategy - Everyone's Business

The first implementation group for Everyone's Business met on 25 January 2016. Meetings will be held monthly during the initial stages of implementation.

Table 1 shows the Q 1 and Q2 data for 2015/16, comparing a person's employment status when they enter an NGO service to when they exit (a total of 750 people exited during this period). Changes to the MOH Programme for the Integration of Mental Health Data (PRIMHD) will require the collection of employment data from 1 July 2016; this will provide greater visibility of the sector through the inclusion of Provider Arm employment data.

Table 1: Q1 & Q2 2015/16 Employment Data for Auckland and Waitematā DHBs (N=750)

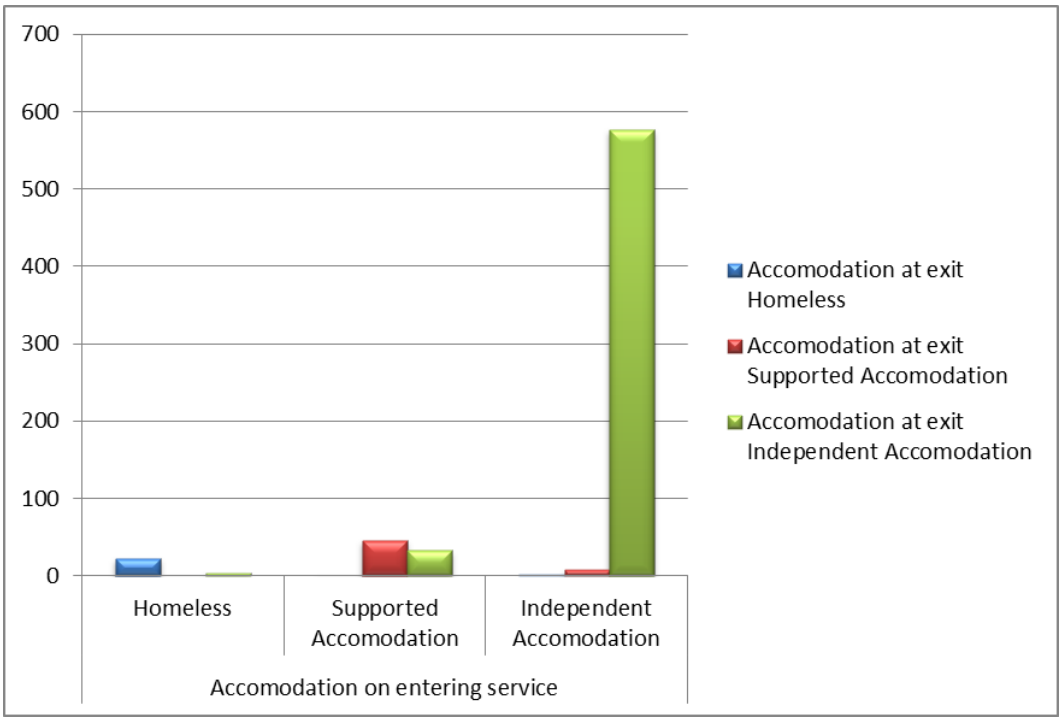


10.2

7.2 Auckland and Waitemata DHB's Mental Health and Addictions Social Outcomes Indicators development

The social outcome indicators work undertaken by Auckland and Waitemata DHB NGOs continues to focus on measuring changes in employment status (see Table 1) and housing status for 2015/16. Housing status compares a person's housing (based upon Statistics NZ definitions) status when they enter an NGO service to when they exit, the Q1 and Q2 data can be seen in Table 2. At a recent housing forum further information was requested in regards to those people who exit NGO services as Homeless, this is being followed up with the NGO providers concerned.

Table 2: Q1 & Q2 2015/16 Housing Data for Auckland and Waitemata DHBs (N=750)



As discussed under employment (see above) housing status will be reported through PRIMHD from 1 July 2016. Once this is in place and the data retrieved is reliable further social outcomes development will be undertaken, potential areas of development include physical health and well-being.

7.3 Tamaki Mental Health and Wellbeing Initiative

The Tamaki Mental Health and Wellbeing initiative primary care/NGO integration pilot began in September 2015. This pilot has linked three NGOs with two GP practices and is preparing to link a third GP practice.

To date 33 referrals have been to the NGO services, of these referrals 9 people declined support, 16 people are currently receiving support, 3 people have achieved their goals and no longer require support, and 5 people left support for a variety of reasons (for example moving out of the area). A total of 382 Support Hours have been utilised from 1 September to 31 December 2015 as part of this initiative.

The pilots working group is currently focused on why nearly a quarter of referrals declined the service, this may be in part a communication issue (for example one person referred expected the NGO support worker to provide housing).

7.4 Perinatal Infant Mental Health Acute Continuum

The Auckland and Waitemata Mother and Baby Residential Respite and packages of care service (He Kakano Ora) operated by WALSH, is operating well. In December, utilisation of the respite facility decreased, however the clinical and non-clinical support hours were well utilised and demand for these service is steadily increasing. The purpose built facility is expected to be completed by the end of 2016 which will allow the provision of the day programme on site.

8 Pacific Health Gain

The implementation of Pacific Health Action Plan (PHAP) is on target for Priorities 1 – 5.

8.1 PHAP Priority 1 – Children are safe and well and families are free of violence

Two more *Incredible Yeas* parenting support programmes will be implemented in West Auckland and two in HVAZ churches in Q3 and Q4. Supervision of facilitators of *the Living Without Violence* programme will start in February 2016 as a response to the needs of facilitators who are implementing the programme as well as those who are still at development stage.

8.2 PHAP Priority 2 –Pacific People are smoke-free

A specific plan is in place and is being implemented to assist churches not yet smoke free to achieve this status by 30 June 2016.

8.3 Priority 3 – Pacific people are active and eat healthy

Ninety three people lost and maintained weight loss over the last three years, identified through the Aiga Weight Loss competitions that have been held annually by the HVAZ and Enua Ola churches/community groups. A meeting with these folks will take place in February. They will be asked whether they are willing to participate in a survey to identify the changes that they have made and how they have maintained these changes, and whether they are willing to support individuals or families to make similar changes.

The NZ Institute of Sport started a NZQA Level 2 Certificate in Sport and Nutrition course for a group of HVAZ and Enua Ola participants on 19 January 2016.

8.4 PHAP Priority 4–People seek medical and other help early

One of the key tasks of the parish community nurses is to assist churches / groups to develop health plans and 24 out of the 25 Enua Ola churches in West Auckland now have a health plan. They also completed 286 individual health checks in the last quarter. 15 were identified as high risk and referred to their primary care provider, 8 were for high blood pressure and 7 for non-compliance with medication. 21 were referred to cervical and breast screening and 17 to bowel screening. Referrals have also been made for Whanau Ora services.

8.5 PHAP Priority 5 - Pacific people use hospital services when needed

The Pacific GM for Hospital Services reports on this priority.

8.6 PHAP Priority 6 – Families live in houses that are warm and adequate

No further action has occurred with respect to this priority.

9. Women, Children & Youth

9.1 Immunisation

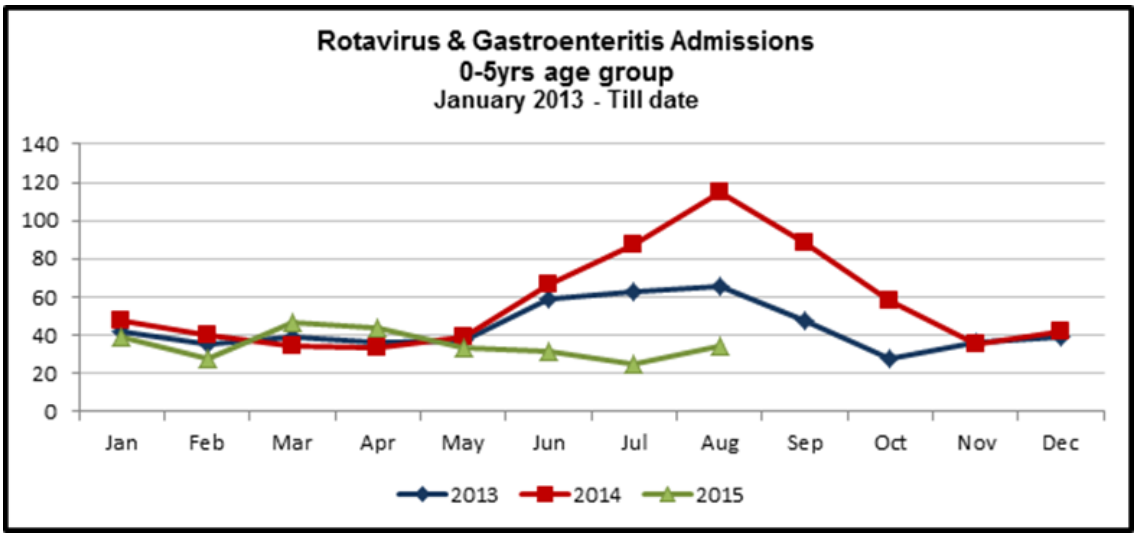
Auckland DHB has performed strongly throughout the year but fell short of achieving the target in December 15 with 94% fully vaccinate by 8 months of age. In part this was due to movement of children into the DHB who had turned 8 months of age during the quarter but were not fully immunised. We forecast we will be back on track to achieving the target for the third quarter.

Unfortunately the equity gap has reappeared in Auckland with only 85% of Maori infants vaccinated that means a further 25 tamariki Maori are not fully immunised in the quarter and 93% Pacific (16 not fully immunised). In contrast, the rates for Auckland 2 year olds are among the best in the country as follow: Total 95% (NZE 95%, Maori 97%, Pacific 98%, Asian 95%, Other 91%). Achieving equity at 8months is our current priority.

The Ministry has released the 5 year old coverage formally for the first time and Waitemata & Auckland DHBs are both at 83%. This is a focus of work for the immunisation programmes in 2016 to reach the new indicator of 90% by June 2016.

Following the introduction of the rotavirus vaccine to the childhood immunisation schedule in July 2014, there was a significant reduction in children presenting to the Emergency Department with gastroenteritis. This is very positive for infants, their families and for health services. The following graph shows the decline in presentations in 2015.

Fig 1. Starship Hospital - Rotavirus & Gastroenteritis Admissions



9.2 Rheumatic Fever

The Ministry has indicated that the changes being made to our programmes in relation to the Rapid Response component are acceptable. Plunket (the contracted provider of the B4SC programme) has agreed to test delivering key messages to Maori, Pacific and children living in deprived communities through the B4SC programme. The RhF programme targets people aged from 4 years. As the B4SC has high coverage (in excess of 90% for Maori, Pacific and Q5) and is already engaged with the family, adding key messages into their check appears to be highly efficient. Many of these checks are conducted in the home so the nurse is ideally placed to have personalised conversations about how homes can be made warmer and drier using resources developed for the RhF programme. These key

health messages are also relevant to respiratory and other health conditions associated with poor housing.

Primary care has engaged fully in discussions about how to best develop the programme through specific clinics and their wider networks. In addition to an increased focus on clinical leadership, each PHO is being funded to develop innovations to get messages to the target population. A related concept developed by Procare used a cervical screening video clip sent via text to Maori women encouraging them to get screened. We look forward to reporting on the innovations and their success in our next report.

9.3 Childhood obesity

In October 2015, the MoH released a Childhood Obesity Plan. The MoH Childhood Obesity Plan includes the new health target, and a package of initiatives to prevent and manage obesity in children and young people up to 18 years of age. The MoH plan has three focus areas and 22 initiatives, which are either new or an expansion of existing initiatives. The new health target is: "By December 2017, 95 per cent of obese children identified in the B4SC programme will be referred to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions." Reporting on this target will begin July 2016.

In preparation for the new target, and to focus local activity, we are preparing a local childhood obesity plan for Auckland and Waitemata. Preparation will include stakeholder engagement with community, primary and secondary care, and current obesity-related initiatives, including Healthy Auckland Together, Healthy Families, Healthy Babies Healthy Futures and the Pacific community church-based programmes Enua Ola and Healthy Village Action Zones. In keeping with the World Health Organisation's Commission on Ending Childhood Obesity, key childhood obesity activities should ideally take a lifecourse approach:[1] from preconception population health, including youth and women of child bearing age, through to health in pregnancy and the first year of life and on into infancy and childhood. Obesity activities will need to incorporate those from the MoH Childhood Obesity Plan, and extend beyond these to meet local needs, including improving breastfeeding rates. Breastfeeding, and the late introduction of first foods, provides moderate protection for childhood obesity, and supports maternal weight loss; breastfeeding anytime in the first year may reduce the odds of childhood overweight by 15-22 percent.[2] The DHBs will receive some funding in July 2017 for an expansion of family based interventions for preschoolers. This initiative alone will not address the obesity 'epidemic' or the downstream costs associated with obesity. Obesity is considered a normal response to an abnormal / obesogenic environment. It is the result of a complex interplay of factors, and requires multifaceted, intersectoral solutions. To enable a reduction in childhood obesity, obesity activities will need a strong focus on prevention.

To address population prevention at the preschool age, Waikato DHB is currently piloting and evaluating a preschool version (Under 5 Energize) of the school-based Project Energize physical activity and nutrition programme. Under 5 Energize involves supporting Early Childhood Education Centres (ECEs) to develop tailored food policies and approaches to providing their children with regular opportunities for active movement. The pilot has been running for two years, and early evaluation findings are positive, showing reductions in preschool BMI, particularly for Maori children.

Recent New Zealand evidence shows that doing any type of intervention for New Zealand children, i.e motivational interviewing, multidisciplinary teams or Active Families, as opposed to nothing,

[1] World Health Organization, Interim Report of the Commission on Ending Childhood Obesity, 2015.

[2] Weng SF, Redsell SA, Swift JA, Yang M, Glazebrook CP. Systematic review and meta-analyses of risk factors for childhood overweight identifiable during infancy. *Archives of disease in childhood* 2012;97(12):1019-26.

tends to be equally effective in reducing child BMI.[3] Longer term effectiveness requires ongoing reinforcement,[4] which could be developed through alignment of community, primary and secondary care advice using a set of brief intervention and goal setting resources. School food environment policies on their own have also been found to be very effective at supporting healthy weight in children.[5] Our draft actions in this particular childhood area currently include preschool food policies, motivational brief advice and family-based nutrition, activity and parenting for pre-schoolers. We will be consulting on a draft plan in March or April 2016.

9.4 Youth

The new school based health service in Auckland Girls Grammar will start this term, with the support of two full time registered nurses and two GP clinics each week as well as access to the visiting Clinical Psychologist service funded by the DHB. Auckland Girls Grammar has developed building plans for the new student health centre. Initial architect drawings look exciting and allow for sufficient rooms for the service including bathroom facilities within their lovely historical building.

Procare, on behalf of the Youth Alliance, has appointed a lead Clinical Psychologist to oversee the primary mental health aspects of the enhanced school based service. This is a positive new development and further evidence of the maturation of this service.

ADHB has maintained the high coverage of the comprehensive health and well-being check (HEADDSSS) with 97% (1555) Year 9 students as well as 171 other high risk students receiving this comprehensive check.

[3] Anderson YC, Cave TL, Cunningham VJ, Pereira NM, Woolerton DM, Grant CC, et al. Effectiveness of current interventions in obese New Zealand children and adolescents. Obesity Research & Clinical Practice 2014(8):2.
[4] Broccoli S, Davoli AM, Bonvicini L, Fabbri A, Ferrari E, Montagna G, et al. Motivational Interviewing to Treat Overweight Children: 24-Month Follow-Up of a Randomized Controlled Trial. Pediatrics 2016:peds. 2015-1979.
[5] Waters E, de Silva Sanigorski A, Hall B, Brown T, Campbell K, Gao Y, et al. Interventions for preventing obesity in children (review). *Cochrane collaboration* 2011(12):1-212.