

District Health Board

Te Poari Hauora ō Waitaha

CORPORATE OFFICE

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RE Official information request CDHB 10346

I refer to your email dated 1 July 2020 requesting the following information under the Official Information Act from Canterbury DHB.

In the Health Minister's letter to the CDHB declining to accept the board's 2019/20 annual plan, he says he is aware the CDHB is reviewing a number of services. He also says the CDHB should advise the ministry of any service review proposals which may require ministerial approval. Questions below:

- 1. Please provide all service review proposals sent to the Ministry of Health in the 2019/20 year.
- 2. Please provide the outcome of each of these service reviews.
- 3. Please advise which of the proposals went to the minister for approval, and what the outcome of that process was for each proposal.

The Canterbury DHB endeavours to provide an open channel of communication with the Ministry to ensure they are aware of any service changes proposed, not all of which require approval of the Minister of Health. The **Table** (attached) presents a summary of all the service review proposals sent to the Ministry of Health in the 2019/2020 year, the outcome of each, which of the proposals went to the Minister for approval and the outcome for each of those proposals.

I trust this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Ralph La Salle Acting General Manager, Planning & Funding & Decision Support

Date	Service Review Proposal	Rationale for Change	Outcome	Minister's Approval
May 2019	Proposal to enable the development of an IFHC facility on the Rangiora Hospital site.	Waimakariri's population is growing with increased demand for health services. The DHB has invested in the development of a Rangiora Health Hub providing maternity, community mental health, public health nursing, and school dental services from the Rangiora site. Interest from private providers in building an integrated family health centre on the site provided an opportunity to support the further expansion and integration of services available.	An ROI was released in August 2019 and closed in September with South Link Health Service selected. The proposal from South Link Health was formally approved by the DHB Board in March 2020 and the DHB is working with them to agree a ground lease to enable the development of the IFHC on the site. Following subsequent agreement of the ground lease with the DHB's Board and the Ministry, an update will be provided to the Rangiora community along with anticipated dates for completion of the build. <u>https://www.nzdoctor.co.nz/article/news/south-link- health-given-thumbs-canterbury-dhb-build-rangiora-ifhc</u>	Leasing DHB land is subject to approval by the Minister of Health and the DHB is working with the Ministry to prepare a formal application for approval of the lease, once agreement has been reached with South Link Health.
June 2019	Proposal not to renew the local Youth Service Health Service contract that provided for free sexual health services for people aged 14- 21 years.	The introduction of two significant national programmes (reduced general practice consultation fees for people with a CSC and low-cost access to contraception and long- acting reversible contraception) had created overlaps with the local Youth Health Service funded by the DHB since 2006. Both national programmes supported similar aims to the local service in terms of removing cost barriers to accessing sexual health advice and contraception. A service review of access to the local service highlighted low uptake by our priority populations and inconsistent use of the service across the district. Only 10% of those accessing the local service were from quintile 5 (decile 9&10) and just 2% were Maori.	Rather than exiting Youth Sexual Health entirely, the DHB refocused on a smaller targeted cohort of young people. The service is still available for 14-17-year olds who are not eligible for a CSC or where applying for a CSC would involve their parents, which might be a barrier to access. This cohort are also seen as less likely to be financially independent and more likely to attend a general practice where they are not enrolled (i.e. not their family practice). The old contract ended 30 September and the new contract went into place 1 October 2019. The updated service detail is available publicly on the Canterbury DHB's HealthInfo website. https://www.healthinfo.org.nz/index.htm?home.htm	There is no obligation within the Operating Performance Framework to provide free sexual health up to the age of 21 years and it was a discretionary investment by the DHB to fund this. No approval was required from the Minister.
July 2019	Proposal to enter into a leasing arrangement with	Following an approach from the Selwyn District Council, the DHB investigated the feasibility of entering into a lease agreement, to support the development of a primary	Board support was provided in February 2020 and a lease was signed with the Selwyn District Council. The Council subsequently publicly announced the build	The Ministry advised the DHB in August 2019 the DHB did not need Minister's

	Selwyn District Council to establish a Birthing Unit in Rolleston.	birthing unit in Rolleston. This proposal was in line with the model of care changes proposed as part of the DHB's Maternity Strategy and would allow the DHB to establish a primary maternity base in the centre of the fastest growing district in the country. The birthing facility will sit alongside a large general practice and radiology services and adjacent to the St. John Ambulance Centre, with direct access to the Southern Motorway.	with a plan for a 12-month construction programme. If the programme goes to schedule, the DHB will take up occupancy of the new facility in July 2021. <u>https://www.selwyn.govt.nz/news-And-</u> <u>events/news/archived/selwyn-health-hub-construction-</u> <u>to-begin</u>	approval to enter into the lease.
July 2019	Proposal not to renew the local contact for Text to Remind services that covered the cost of the service for general practice.	Following the Canterbury earthquakes, the DHB funded the provision of a patient texting service for use by general practices, to support our vulnerable population and provide additional health system messages quickly and consistently. The functionality of patient management systems has evolved over the last seven years and the rationale for the DHB funding the service no longer applied, with the text to remind function now incorporated as part of most GP patient management systems.	The contract was to expire 31 October 2019. An extension of an additional three months was considered to give providers time to make the changes to their patient management systems, but it was not required. Alternatives were able to be put in place by general practice and their software providers and the contract expired 31 October 2019.	This was a discretionary investment by the DHB. No approval was required from the Minister.
August 2019	Proposal to reconfigure the DHB's CREST services and staffing resource.	A review of the CREST service signalled that while the service was clinically sound improvements could be made to the delivery framework and the way resources were allocated to improve patient flow and the functionality of the service across hospital and community settings. The changes proposed focused on the service delivery model with process workflow and assessments refined to reduce variation and waste, support rapid decision making and increase response times. The number of DHB staff focussing on case management would be reduced and allied health roles would be strengthened and shifted into DHB community-based teams to be closer to client's own	A proposal for change was released for consultation with staff in September 2019. Following extensive feedback, a decision document was issued in November 2019. The Decision Document proposed 13.23 FTE roles within the team be disestablished, some of which were filled by fixed-term employees. Following staff and union consolation, 2 FTE Clinical Nurse Specialist roles focused on mental health and gerontology/rehabilitation were confirmed as additions to the CREST team to provide additional ongoing clinical support to the three NGO providers. The implementation of the new structure began in	This was a discretionary investment by the DHB. No approval was required from the Minister.

		homes and more aligned with the NGO provider teams. No change to eligibility and service access was proposed, and patients and referrers would not experience any change in service, except for an anticipated reduction in duplication and shorter wait times.	February 2020. The change has progressed well, and the three NGO providers have now taken over all case management.	
November 2019	Proposal to seek Expression of Interest (EOI) from external providers in providing/building an endoscopy /primary birthing facility, which the DHB would then lease and staff.	The DHB is struggling with the growing demand for endoscopy services and does not have enough capacity on the Christchurch Hospital campus to meet population demand and national expectations going forward, particularly with the introduction of the national bowel screening programme. Population growth and service projections for bowel screening show we will require four additional endoscopy procedure rooms to meet demand. The EOI process will enable the DHB to consider options with regards to meeting future demand. Whilst endoscopy was the primary focus, the DHB also included primary birthing space in the EOI to understand what might be available in the future to help redirect service flow away from the tertiary maternity facility and provide greater opportunities for healthy women to birth in their own communities.	The DHB issued an Expression of Interest (EOI) in November 2019, to gauge the level of interest from private investors. The EOI closed in December with responses shortlisted. Further work has been undertaken with respondents and options are being worked up for the DHB's Board to consider. It is expected that an options paper will be presented in the next quarter.	Until a final proposal is determined it is not clear what approval might be needed from the Minister of Health.