

The Treasury

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- [1] 6(a) - to prevent prejudice to the security or defence of New Zealand or the international relations of the government
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In preparing this Information Release, the Treasury has considered the public interest considerations in section 9(1) of the Official Information Act.

Health report

Hon Tony Ryall (Minister of Health)

CC Hon Tariana Turia (Associate Minister of Health)

Expanding the Rheumatic Fever Prevention Programme

Executive summary

- i. This paper confirms the agreed approach to expand the Rheumatic Fever Prevention Programme (RFPP), as requested at our meeting on 17 April 2013. The Health Report follows previous Health Reports (20130050 and 20130294), as well as the Aide Memoire of 16 April 2013 and follow up meetings held between Ministry officials, Minister Turia and yourself.
- ii. Please see Appendix A for a one page summary of the expanded RFPP. The new funding will contribute to a proposed expanded RFPP which will deliver the following workstreams designed to prevent (stop) or treat group A streptococcal infection which can lead to rheumatic fever:

'Stop It'

- a. Address the factors leading to structural and functional crowding, including the Auckland Healthy Homes initiative, and cross agency policy initiatives.
- b. Improve healthy communal living through home visiting and through church networks for targeted Pacific families.

'Treat It'

- c. A school-based rheumatic fever prevention programme. The Ministry will continue the school based throat swabbing services to ensure a high quality, effective, coordinated and sustainable school based programme in areas with very high rates of rheumatic fever.
- d. Rapid response to sore throats in Primary and Community Care. This will provide access to rapid sore throat management in areas where there are high numbers of cases (particularly where there are no school based services) and improve the management of sore throats in high risk children across the country. The four components of this workstream are: revised sore throat management guidelines; clinical audit/PHO performance measures; dedicated rapid response services in Auckland and Porirua, as well as primary and community care workforce education. The funding made available through the budget initiative will support the third and fourth components of these.
- e. Increase health literacy amongst professionals and the public. A health literacy campaign will be delivered to raise the profile of sore throats and how to respond, as well as develop online learning modules for professionals and the public.

A summary table outlining new services from 2013 by cost per annum is attached as Appendix D.

The Ministry recommends you:

- | | | |
|----|--|----------|
| a) | Agree: the proposed deliverables the Rheumatic Fever Prevention Programme will achieve between 1 July 2013 and June 2017. | Yes / No |
| b) | Agree: the proposed spend of new resource of \$20M over four years to expand the annual programme budget as outlined in Appendix C. In particular: | Yes / No |
| c) | Agree: that \$3.75M over 4 years be spent on the design and implementation of an Auckland wide Healthy Homes Initiative | Yes / No |
| d) | Agree: that \$3.4M over 4 years be spent on the design and implementation of a Pacific Engagement Strategy in Auckland providing face to face health literacy through door knocking and Pacific Church networks co-ordinated through a single organisation. | Yes / No |
| e) | Agree: That the co-ordinating organisation above be procured through a national RFP process with tight specifications highly cultural competence and existing reach into at risk communities. | Yes / No |
| f) | Agree: that \$11.25M over 4 years be spent on the design and implementation of rapid response services in Auckland and Porirua providing effective sore throat management of high risk 4-19 year olds through nurse-led, drop in clinics in general practice and the community | Yes / No |
| g) | Agree: that the funding for drop in clinics flow to local providers via a CFA with DHBs. | Yes / No |
| h) | Agree: that \$1.32M over 3 years be spent on a multi-level communications campaign identifying and delivering culturally appropriate key messages in two areas: <ul style="list-style-type: none"> • consistent messages on how to protect children when living in crowded households, 'healthy communal living'; • the 'call for action' for caregivers of children with sore throats. | Yes / No |

Kevin Woods
Director General of Health and Chief Executive
Ministry of Health

Minister's signature

Date

Ministry of Health contacts

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Minister's feedback on quality of report

Very poor (1)	Poor (2)	Neutral (3)	Good (4)	Very good (5)
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Advice

Address the Factors Leading to Structural and Functional Crowding

Auckland Healthy Homes Initiative

1. The three key deliverables of the Auckland Healthy Homes Initiative are:
 - equipping primary care and hospital based child health professionals with the information and tools/resources to identify children with housing-related health conditions. The healthy home referral services will also provide advice to parents on healthy communal living;
 - a single point of contact for health professionals to refer people with housing-related health needs;
 - assessment of eligibility, facilitation and on-referral into housing and social welfare programmes/services, within communities or local areas meeting the household's housing and related health and social needs.
2. To deliver the Auckland Healthy Homes Initiative proposal a cross agency project team will be set up. A detailed proposal including cross agency co-ordination mechanisms will be developed by the end of June 2013. The proposal will determine the capacity to extend current housing improvement services and the ability to target existing funding or services to high need households in the Auckland region. The use of third party funding (philanthropic, iwi based and other NGO based funding) and development of services such as curtain banks will be part of the discussions.
3. Resources of up to \$1M per annum (\$750,000 in 2013/14) will flow to the health services from 1 October 2013 to ensure rapid referral of children with housing related health conditions. A single co-ordinating organisation will be identified to contract with a range of local health providers. An Auckland wide alliancing structure will ensure the service is coordinated with the other elements of the RFPP in the Auckland area, including the proposed rapid response service, the door knocking service and the school-based services.
4. The proposed indicative timeline for implementation is:
 - 30 June 2013:
 - Detailed proposal developed
 - 30 June 2013 – 31 July 2013:
 - specification developed and finalised;
 - alliance based governance arrangements finalised;
 - 15 September 2013
 - Contract agreed with preferred provider(s);
 - 1 October 2013:
 - funding distributed to providers;
 - programme begins.

Improve Healthy Communal Living

'Door Knocking' education through home visiting and church networks for targeted Pacific families in Auckland

The proposed door knocking service will utilise opportunities for face to face engagement and awareness raising in Pacific communities in Auckland. In particular we will procure a single co-ordinating organisation to work with and fund, a range of local Pacific providers and Pacific church networks.

5. The deliverables of the new service will be:
 - education on Rheumatic Fever: what to do about sore throats and on healthy communal living for high risk Pacific families in Auckland;
 - face-to-face visits and follow-up to targeted homes (numbers to be confirmed);
 - on-going community engagement through Pacific church networks and Pacific community groups;
 - culturally appropriate approach and resources;
 - monthly reporting to the Rheumatic Fever team on home visits and community engagement. Detailed outputs and outcomes will be developed.

6. A single co-ordinating organisation will be procured through a national RFP process to:
 - develop and implement the Pacific Engagement strategy ensuring effective targeting of at risk groups;
 - procure Pacific engagement services from a range of local providers;
 - ensure consistent delivery of culturally appropriate key messages and the use of health literacy mechanisms for families and workforce;
 - provide an avenue for information sharing, a forum for engagement across different providers;
 - co-ordinate reporting and monitoring.

7. The Ministry proposes resources of \$850,000 per annum over four years for the services to flow to chosen providers through the procured co-ordinating organisation. A list of current providers of home-based services to Pacific communities in Auckland is included as Appendix B. An Auckland wide alliancing structure will enable the service to be coordinated with the other elements of the RFPP, including the proposed rapid response service, the healthy homes initiative, and the school-based service.

8. Clear procurement criteria will be required to determine the co-ordinating organisation and the home visiting service providers. The criteria will be determined by the Ministry in consultation with the sector and will include:
 - the provider's current reach into Pacific communities;
 - the provider's cultural competency to deliver key messages to the high-risk group;
 - health providers with strong community networks and a range of wrap-around, home-visiting services and clinics;
 - health providers having a model of care based on the diverse values and belief systems of Pacific peoples. This is a significant factor in how Pacific peoples prioritise their health.

9. The proposed indicative timeline for implementation is:
 - Before 30 May 2013:
 - sector group for specification development chosen;
 - communications plan developed;
 - 30 May 2013 – 31 June 2013:
 - specification developed and finalised;
 - 1 July 2013 – 30 July 2013:
 - RFP circulated;
 - 30 August 2013
 - Contract agreed with preferred provider;
 - Training of providers commences

- 1 October 2013:
 - funding distributed and programme begins.

Rapid Responses to sore throats in Primary and Community Care

Dedicated Rapid Response Service in Auckland and Porirua

10. This new service will be funded through the new budget initiative. The primary and community health care rapid response clinics will provide:
- effective sore throat management of high risk 4-19 year olds through nurse-led, drop in clinics in general practice and the community;
 - clinics run outside school hours at family friendly times;
 - culturally appropriate approaches meeting the needs of the target group;
 - clinically appropriate protocols;
 - monthly reporting to the Rheumatic Fever team on achieving targets for swabbing, treatment and follow up;
 - home visits and household swabbing where appropriate.

Resources (a maximum of \$3 million per annum over four years) for the service will flow to chosen providers through CFAs with DHBs. The DHBs will then procure services from local providers with clear instructions that providers are to receive all, or the majority of the funding.

11. The proposed indicative timeline for implementation is:
- 20 May 2013:
 - project plans developed;
 - sector reference group selected for specification development
 - 1 June 2013 – 30 June 2013:
 - specifications developed and finalised;
 - Liaison with DHBs on circulating the specifications, reporting requirements and managing programmes;
 - 1 July 2013 – 30 July 2013:
 - specifications circulated;
 - alliance based governance arrangements finalised;
 - 1 August 2013-30 September 2013
 - Detailed implementation plans developed by DHBs and stakeholders;
 - 1 October 2013:
 - funding distributed through DHBs (CFA Omnibus) to providers;
 - programme begins.

Revised sore throat management guidelines and clinical audit/PHO performance measures

12. The new services will improve sore throat management in Auckland and Porirua. Work will also be required across the North Island to improve the management of sore throats by GPs as concern has been expressed about the quality of primary care in relation to rheumatic fever prevention, with evidence that some high risk children who present with sore throats are being turned away without appropriate treatment. The proposed work below is underway or planned. It will not require new funding.
13. The Ministry has required DHBs through the annual planning guidance 'to ensure primary care providers and other health professionals likely to see high risk children follow the National Heart Foundation Sore Throat Management Guidelines 2008'. DHBs will be

outlining measurable actions they will undertake to ensure GPs follow the Guidelines in the DHBs rheumatic fever regional prevention plan due in October 2013.

14. The Sore Throat Management Guidelines are currently being reviewed by the National Heart Foundation and will be updated by the end of 2013.
15. The Ministry is also developing an online e-learning resource for primary care and other professionals with the aim of improving sore throat management. Cultural competency will be embedded within the e-learning resource. The resource will be available by the end of 2013. It will be hosted on LearnOnline (the Ministry's online training resource hub for health practitioners) with free access and it is planned to be Continuing Medical Education (CME) accredited.
16. Other planned work over the current months includes exploring clinical audit and PHO performance mechanisms on rheumatic fever prevention. This work will be led by the Sector Capability and Integration Business Unit of the Ministry.
17. The proposed indicative timeline for implementation is:
 - 17 May 2013:
 - project plan developed;
 - 20 May 2013 – 30 June 2013:
 - Contract for the online learning providers signed;
 - Discussion initiated with the Technical Working Group for inclusion of a rheumatic fever indicator in the PHO Performance Improvement Framework
 - 1 December 2013:
 - Performance indicator embedded into PHO Performance Incentive Framework if applicable;
 - Communications plan for workforce education package developed;
 - 1 January 2013-30 April 2013:
 - Workforce education delivered.

Increase health literacy amongst professionals and the public

Health Literacy Campaign to raise the profile of sore throats and how to respond

18. The proposed communications campaign has an estimated 2013/14 new cost of \$525,000 and will support the door knocking service, particularly by identifying culturally appropriate key messages in two areas:
 - consistent messages on how to protect children when living in crowded households, 'healthy communal living';
 - the 'call for action' for caregivers of children with sore throats.
19. The HPA is considering a range of resources other than pamphlets and posters to appropriately support the rheumatic fever workforce. The development of these resources will be guided by in depth consultation with key stakeholders and providers.
20. The final costings shown in Appendix C include options for radio advertising on Pacific/Iwi and mainstream stations, developing and supporting a community champion's network, promotional activities and resources. It does not include TV, billboard or online advertising.
21. The proposed indicative timeline for implementation is:
 - 30 June 2013
 - Baseline survey of knowledge and attitudes completed

- Key communications messages developed and consumer tested;
- RFPP stakeholder engagement and communications plan developed;
- July – August 2013
 - Training of local Auckland providers on key messages and communications;
- August – September 2013
 - Pacific radio ads;
 - Identify community champions;
- October 2013
 - National hui to launch new messages nationally, introduce the community champions network and promote and share communications activities;
- May – August 2014
 - Major radio ad campaign.

Reporting

22. It is proposed to provide monthly reports for the implementation of the expanded programme. The reports will replace the current weekly reports. As the bulk of the funding will be within the Auckland metro (Auckland DHB, Waitemata DHB and Counties Manukau DHB) area it is proposed to provide outcome data at DHB level on a six monthly basis. The reports will also be provided as a combined national report including all DHB data. An example of the current baseline data for the Auckland metro area is provided in appendix D. As previously agreed data on national cases by ethnicity and by DHB will be provided annually.

Evaluation

23. The Better Public Services Results Action Plan for Vulnerable Children commits the government to evaluating the RFPP throughout its course and to provide the results of evaluations on the Ministry's website. The results of a formative evaluation of the first 18 months of the RFPP from 1 July 2011 to December 2012 have recently been reported to you (HR 21030295) and published on the Ministry's website. The Ministry is working with DHBs and the HRC to ensure further evaluation is undertaken throughout the life of the Programme. In addition \$280,000 has been earmarked from the new RFPP resource to commission a further formative evaluation to guide implementation.

END.

Appendix A: One Page Summary of the Rheumatic Fever Prevention Programme

Actual Proposed

Rheumatic Fever Prevention Programme (DRAFT)

<p>Target</p>	<p>Reducing the incidence of rheumatic fever by 2/3rds to 1.4/100,000 people by 2017</p>				
<p>Prevention and treatment of Strep A sore throats in high risk individuals and communities</p>					
<p>Strategy</p>	<p>Stop It <i>Prevent the transmission of Strep A sore throats</i></p>		<p>Treat It <i>Treat Strep A sore throats quickly and effectively</i></p>		
<p>Workstreams</p>	<p>Address the factors leading to structural and functional crowding Lead: MBIE?</p>	<p>Improve healthy communal living Lead: MoH</p>	<p>School-based programme Lead: MoH</p>	<p>Rapid response to sore throats in Primary and Community Care Lead: MoH</p>	<p>Increase health literacy amongst professionals and the public Lead: MoH</p>
<p>Goals</p>	<p>TBA</p>	<p>A higher percentage have increased knowledge of how to reduce the risk of developing Rheumatic Fever (waiting for the baseline data)</p>	<p>50,000 children aged 5-14 covered by June 2013 30% fewer Rheumatic Fever cases in children attending schools in the programme</p>	<p>80% of at risk 4-19 year olds have access to free care for sore throats Primary Care ability to manage sore throats rapidly, effectively and efficiently is maximised</p>	<p>Percentage of parents, caregivers and whanau/families seeking immediate attention of a sore throat Percentage of health professionals following NHF sore throat management guidelines (waiting for the baseline data)</p>
<p>Projects</p>	<p>Auckland Healthy Homes Initiative Cross agency policy initiatives - under development</p>	<p>Health Literacy Campaign 'Door Knocking' Education through home visiting and church networks for targeted Pacific families</p>	<p>A high quality effective, co-ordinated and sustainable programme</p>	<p>Revised sore throat management guidelines Clinical audit/PHO performance measures Dedicated Rapid Response Service in Auckland and Porirua Primary and Community Care Workforce Education</p>	<p>Health Literacy Campaign to raise the profile of sore throats and how to respond Online learning modules</p>
<p>Key Deliverables</p>	<p>Health professionals able to appropriately identify, advise and refer children with housing related health conditions.</p>	<p>Culturally appropriate key messages implemented Multi media campaign implemented Auckland Pacific communities engagement plan</p>	<p>Quality Assurance mechanisms Monitoring Systems Training and Workforce Development Programme Outcome based service specifications Procurement Identify National Co-ordination requirements</p>	<p>Service specifications Procurement strategy Funding allocation strategy Effective sore throat management in general practice and the community.</p>	<p>Culturally appropriate key messages implemented Multi media campaign implemented</p>
<p>Cross Cutting Activities</p>	<p>Governance, Leadership and Integration <i>Linkages between partnership agencies, health, housing, social and community sectors.</i> <i>Clinical integration</i></p> <p>Risk and Issue Management</p> <p>Stakeholder engagement and communications</p> <p>Leading, monitoring, reporting, research and evaluation</p>				

Appendix B: Organisations currently providing services in Pacific households in Auckland

Auckland Pacific Health Providers	Home service
Alliance Health+ PHO (Whānau Ora collective)	<ul style="list-style-type: none"> • Mobile outreach nursing • Pacific outreach immunisations • Parish community nursing • Well child <p>Also provides services for parish community nursing, chronic care management, self-management education, well women's health, primary mental health and school-based nurse clinics.</p>
Bader Drive Healthcare (member of Alliance Health+)	<ul style="list-style-type: none"> • Primary Maternity Services Notice 2007 <p>They have contracts for Pacific clinical training support services. Doctor and nursing services include men's and women's clinics, outreach nurse services, family planning, cervical/breast screening, immunisation, minor surgery, Well Child Health Promotion Nutrition and Physical Activity Promotion and special medical assessments.</p>
Health Star Pacific Trust (member of Alliance Health+)	<ul style="list-style-type: none"> • First Year of Life Home Visiting Support Service • Pacific Well Child Promotion <p>Also has contracts for provision of breast screening, Pacific child and youth asthma disease management, oral health, Pacific Well Child, nutrition and physical activity and immunisation promotion, and pregnancy support services.</p>
Penina Health Trust (member of Alliance Health+)	<p>This mental health provider has contracts for community based intensive service for recovery, family/whānau, community living, Pacific alcohol & drug training and youth community living services.</p>
Southseas Healthcare Trust (member of Alliance Health+)	<ul style="list-style-type: none"> • Well Child <p>Also provides Kids in Action Programme for Mangere and preventing family violence, Pacific provider & workforce development, and Pacific Smokefree services.</p>
Tongan Health Society Inc (member of Alliance Health+)	<ul style="list-style-type: none"> • Mobile Nursing Services • Primary Maternity Services Notice 2007 • Well Child Services <p>Also have contracts for parish community nursing, Pacific child and youth asthma disease management and chronic kidney disease management project services.</p>
West Fono Health Trust (member of Procure PHO)	<ul style="list-style-type: none"> • Nurse outreach • Doctor home visits • Well Child • Home-based family support <p>Also provides church and community based programmes, breast screen support, immunisations, mental health, asthma, women's health and chronic disease management services.</p>
Pacific Integrated Healthcare	<ul style="list-style-type: none"> • Outreach nursing services <p>Also provides health education/promotion services as well as physical activity, nutrition and cardiovascular services.</p>

Other health providers delivering services to Pacific households	
ProCare PHO	
Otara Charitable Health Trust	Kaitohutoho A referral-based service working with whānau / families residing in Otara who have complex health and social issues.
National Hauora Coalition PHO	Home based wrap around service linked to their delivery of the school-based programme in south Auckland

Appendix C: Summary Table of Options Cost by Year

Option	2013/2014	2014/2015	2015/2016	2016/2017	Total for each service over four years
Door Knocking Service (Incl Pacific Church Network)	\$850,000	\$850,000	\$850,000	\$850,000	\$3,400,000
Primary care – Rapid Response service	\$2,250,000	\$3,000,000	\$3,000,000	\$3,000,000	\$11,250,000
Auckland Healthy Homes Initiative	\$750,000	\$1,000,000	\$1,000,000	\$1,000,000	\$3,750,000
Communication resources[1]	\$525,000	\$425,000	\$370,000		\$1,320,000
Evaluation	\$140,000	\$140,000			\$280,000
Total Per Annum	\$4,515,000	\$5,415,000	\$5,220,000	\$4,850,000	\$20,000,000

[1] This includes radio advertising and community champions, promotional activities and resources. It does not include TV, billboard or online advertising options.

Appendix D: Incident rate of Rheumatic Fever in Auckland Metro (Counities Manukau DHB, Auckland DHB and Waitemata DHB)

