

PORIRUA CITY COUNCIL

Office of the Chief Executive

22 April 2005

Chairperson and Members

RECREATION, CULTURAL AND COMMUNITY SERVICES COMMITTEE

CENTRE OF EXCELLENCE OF HEALTH IN PORIRUA BASIN

PURPOSE OF REPORT

The purpose of the report is to recommend Council's participation in a *Centre of Excellence* of Health in Porirua Basin.

BACKGROUND

The *Centre of Excellence* idea came out of the Community consultation undertaken by the Capital and Coast District Health Board in 2001/02 when it was considering options for the future of Kenepuru Hospital. During those discussions, the Community promoted the idea of a *Centre of Excellence* in the Porirua Basin, which would achieve improved health outcomes through an integrated continuum of care.

In subsequent discussions, it was decided to establish a Healthcare Cluster, which would promote excellence in health care through collaborative action by all of the agencies, which contribute to improved health outcomes in Porirua basin. The Healthcare Cluster targeted diabetes as the priority health problem that it wished to tackle first, to give specific, measurable improvements in health care. At the same time, the Board encouraged discussions with the community about the concept of a Kenepuru Community Hospital. Major progress has been made through the decisions of the Board on the services at Kenepuru, and the establishment of the PHOs.

Experience in the Porirua basin has been that the best results have been achieved when agencies facilitate relationships between professionals and communities. It is "magic" when they come together. For example, the Immunisation Programme included GPs and practice nurses working with community organisations and community health workers. It involved primary care professional leadership and local people going door-to-door. The Diabetes Cluster and Cardiovascular programme are following a similar pattern.

PROPOSAL

The following is an outline of the purpose and structure for leadership of the *Centre of Excellence* of Health in Porirua Basin:

1. Objective

The objectives of the Centre of Excellence are:

- To achieve improved health outcomes through an integrated continuum of care.
- To eliminate disparities.

The *Centre of Excellence* will encourage innovative approaches and best practice to achieve those objectives.

2. Description

The *Centre of Excellence* is the *set of relationships* of all of the agencies who contribute to improved health outcomes and reduced disparities in Porirua Basin. It recognises that none of the health agencies can achieve these outcomes on their own. It is only by the concerted action of all participants that the best health outcomes will be achieved with the people, families and communities of Porirua basin. The Centre is a civic or city orientated concept. The Tawa Community Board has been invited to participate since Tawa is in the “catchment” of the Kenepuru Community Hospital.

The *Centre of Excellence* concept is illustrated in Figure 1.

3. The Concept

This proposal is the fulfilment of the earlier concept of the *Centre of Excellence*. It recognises the challenges in Porirua basin for improved health outcomes. It puts a stake in the ground that we are aspiring not just to be good in our approach to health care. Rather Porirua basin will be known as a *Centre of Excellence* because of its innovation, quality of services, responsiveness to local needs, and collaboration of all agencies who contribute to improved health outcomes.

4. Structure

The *Centre of Excellence* requires leadership that can describe the strategies being adopted, and motivate local communities to participate in the implementation.

The proposed structure to provide leadership for the *Centre of Excellence* is as follows:

- At the governance level there will be a “Porirua Steering Group” which involves representatives of CCDHB (Kenepuru Community Hospital), PHOs, Ngati Toa, PCC, Tawa Community Board, Healthlinks and the MP for Mana to bring together strategies and policies. This could be based on an annual evaluation and planning cycle. Executive support will be provided to the Steering Group by the CE of CCDHB, CE of PCC and Manager of Healthlinks.
- The providers will form a “Porirua Operational Group” to work together on operational policies and practices to reduce disparities and improve integrated care, and report to the “Porirua Steering Group”.

5. Role of Steering Group

The primary role of the Steering Group is “developmental” – that is, it will promote innovative initiatives in our Community that will help achieve the vision of a *Centre of Excellence* of Health in the Porirua basin. It is not a “complaints” group – they should be addressed to the operational agency. It carries out the following roles:

- Decision maker on what areas it will focus on that will make the most difference to achieving excellence in health in Porirua Basin
- Champion of *Centre of Excellence*
- Promoter of innovative initiatives in our community towards health excellence
- Enabler and facilitator of solutions
- Prodder and unblocker of obstacles where necessary to achieve health excellence

The Steering Group may champion specific projects necessary to achieve the *Centre of Excellence*, such as workforce capability development.

The relationship of the Steering Group is illustrated in Figure 2. Each of the agencies has a direct line of service to the “person and community” in the centre of the diagram. There are direct lateral links between agencies, signifying how they work together to serve people and communities. The Steering Group is also shown at the centre of the diagram in dotted lines. It does not have line responsibility, but rather acts as a champion, developer, enabler and facilitator of the *Centre of Excellence*, achieved through the combined action of all agencies to serve people and communities.

6. Purpose and focus of the “Porirua Steering Group”.

The emphasis is on “development”. That is, the Steering Group can facilitate initiatives that will help achievement of excellence of health in Porirua basin. For example, Margaret Faulkner quoted an example of the Congregation of Christian Churches of Samoa, Waitangirua initiative. They work in partnership with the PHOs to tackle problems of cardiovascular disease in members of their congregation. She cited this as an innovative initiative, which the Steering Group could encourage and promote. There will be many other examples of innovation in the Porirua basin.

It would not be a complaints forum. Those should be addressed to the operational agencies. It would be concerned about how the overall system of health is working in the Porirua basin and what initiatives are required to achieve excellence.

The Steering Group does not need to meet that often.

7. Critical Success Factors

The Centre of Excellence will be successful when:

- The objective of improved health outcomes and eliminated disparities is being enhanced (as measured against the public outcome indicators, beginning with those established by CCDHB).
- There is a sharper focus and less duplication, that is less repetition of the same subjects being discussed by the same faces around different tables.
- There is additional inclusiveness of agencies that are not in current networks.

- Viable strategic options are presented to the community for ongoing health improvements.
- Tangible practicable outcomes are being achieved by the action of members, for example workforce capability development.
- All participants recognise there is a significant net gain from their participation.

8. Reducing Duplication of Processes

Concerns were raised by PHOs about the need to reduce duplication of meetings. They talked about currently having to meet with “the same faces, about the same issues, around different tables”. It is proposed that Healthlinks be asked to lead a deliberative process to engage with community groups with an interest in health, with a view to consolidating community representation at the same time as the above changes are made to implement the *Centre of Excellence*. Participants need to feel that they are involved in a process where their available time is used most productively. There also needs to be alignment between local and regional organisations including Councils.

9. Measuring Outcomes

There needs to be specific measurable health outcomes to measure the success of the *Centre of Excellence*. CCDHB has already established outcome indicators through its CCDHB strategic plan, and the Centre should begin with those outcome measures.

It is imperative that reporting on outcomes is addressed at an early stage in this process. The experience with the Diabetes Cluster and earlier with the proposal to establish markers related to Kenepuru Community Hospital, and health outcomes generally, has been that a lack of systematic information is the greatest constraint on local action.

LINKAGE TO COUNCIL PLANNING DOCUMENTS AND STATUTORY FRAMEWORK

The Porirua Long Term Council Community Plan 2004-2014 includes as one of its eight community outcomes, *Health and Housing*. The outcomes include:

- Health services that are accessible and affordable for people of all ages.
- A reduction in diseases related to poverty.
- Participation by people in activities that contribute to good mental and physical wellbeing.

The plan envisages that Council will work in partnership with a range of organisations in the Porirua Community.

Health issues are a significant theme in the LTCCP. This includes proposals for reducing disability, positive ageing, recreation and the built environment. Primary health could have a significant profile in the Villages Strategy.

FINANCIAL IMPLICATIONS

There are no financial implications from this proposal. It is proposed that the Chief Executives of Capital and Coast District Health Board and Porirua City Council, and the Manager of Healthlinks will provide high-level executive support for the steering group, within existing budgets. Any operational initiatives will be funded by the health operational agencies such as Capital and Coast District Health Board and the PHOs.

CONSULTATION

This proposal has been developed in consultation with Capital and Coast District Health Board, Ngati Toa, Healthlinks, Porirua Health Plus PHO, Tumai mo te Iwi PHO and the Tawa Community Board and the MP for Mana. The proposal has been supported by the senior governance level people in these organisations, and is currently being submitted to the governance bodies for approval for participation in the *Centre of Excellence*.

RECOMMENDATION

That the Recreation, Cultural and Community Services Committee recommend:

That the Council:

- a. **Approve** participation by Porirua City Council as a member of the *Centre of Excellence* of health in Porirua Basin; and
- b. **Appoint...** as Council's representatives on the steering group of the *Centre of Excellence*.

Roger Blakeley
CHIEF EXECUTIVE