COUNTIES MANUKAU DISTRICT HEALTH BOARD
A Community Partnership

FLATBUSH DEVELOPMENT

A Planned Approach to Development,
in Partnership with
Counties Manukau District Health Board

REGISTRATIONS OF INTEREST (ROI)

February 2005

1.0 BACKGROUND

1.1 National Primary Health Care Strategy

In February 2001, the Minister of Health released the Primary Health Care Strategy (PHC) with six key directions for achieving the vision:

§ Work with local communities and enrolled populations
§ Identify and remove health inequalities
§ Offer access to comprehensive services to improve, maintain and restore people's health
§ Co-ordinate care across service areas
§ Develop the primary care workforce
§ Continuously improve quality using good information.

The strategy identified in broad terms, the difference between most existing arrangements and the vision:

Existing Arrangements	Vision
Focused on individuals	Looks at health of populations as well
Provider focused	Community and people-focused
Emphasis on treatment	Education and prevention important too
Doctors are principal providers	Teamwork – nursing and community outreach crucial
Fee-for-service	Needs-based funding for population care
Service delivery is monocultural	Attention paid to cultural competence
Providers tend to work alone	Connected to other health and non-health agencies

Primary Health Organisations (PHOs)

The vision and the new directions outlined in the Primary Health Care Strategy involves moving to a system where services are organized around the needs of a defined group of people. PHOs are the local structural vehicles to achieve this and people are encouraged to join a PHO. The PHC strategy requires DHBs to work through PHOs to achieve health goals locally.

The minimum requirements of a PHO are as follows:
§ At a minimum, these services will include approaches directed towards improving and maintaining the health of the population, as well as first-line services to restore people's health when they are unwell.
§ Primary Health Organisations will be required to involve their communities in their governing processes. They must also show that they are responsive to communities' priorities and needs.
§ Primary Health Organisations must demonstrate that all their providers and practitioners can influence the organisation's decision-making, rather than one group being dominant.
§ Primary Health Organisations will be not-for-profit bodies and will be required to be fully and openly accountable for all public funds that they receive.
§ While primary health care practitioners will be encouraged to join Primary Health Organisations, membership will be voluntary.

1.2 Counties Manukau Primary Health Care Plan

The government's Primary Health Care Strategy provided the national context for developing a more specific Counties Manukau Primary Health Care Plan completed in June 2003. This plan provides both a vision for primary care in the future, and the plan that CMDHB is using to guide primary care development over a five year period.

The plan outlines:

a) An Action Plan for 2003 – 2005:
   - Integrated Primary Health Care System
   - Quality Primary Health Care Services
   - Strong Primary Health Care Infrastructure

b) Health Gain Priorities
   - Cardiovascular diseases
   - Chronic respiratory diseases
   - Diabetes
   - Infectious diseases
   - Oral health

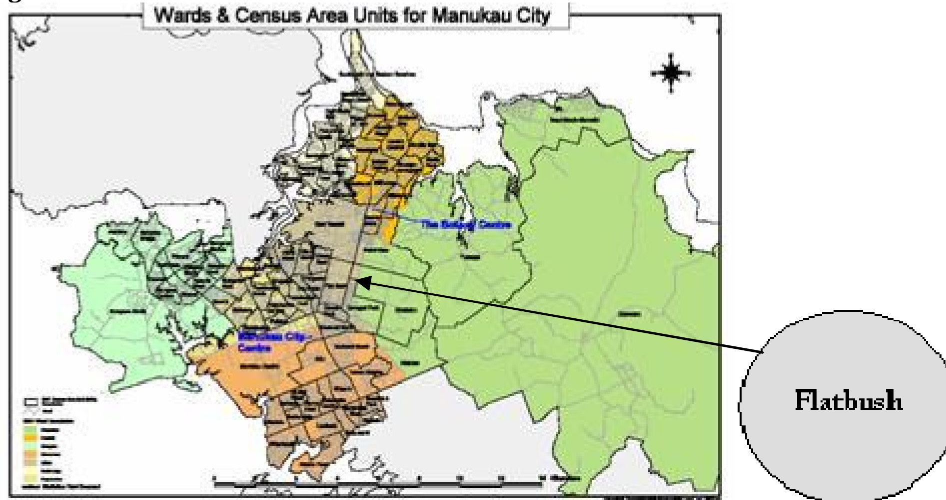
c) Service Development Priorities
   - Child and youth health
   - Elective surgery
   - Maori health services
   - Mental health including alcohol, drug and addiction services
   - Pacific health services
   - Primary health care
   - Public health – disease and injury prevention and health promotion
   - Rural health
   - Sexual and reproductive health

Further, the plan considers what primary health care will look like in the future:
- PHC will be the first point of contact when they seek health care services
- Accessible health services within all communities
- Comprehensive services delivered by PHOs
- Continuity of care
- Co-ordinated care
- Quality processes
- Local community planning & building capacity
- Ongoing upskilling within the health sector workforce

2.0 Flatbush Background

2.1 Flatbush is one of the last green-fields sites able to be developed within Manukau City (Figure 1). Its boundaries are Te Irirangi Drive to the west, Hill-Top and Redoubt roads to the south and Browns Lane/Dannemora to the north (approximately 1700 hectares).

Figure 1



2.2 Population

Current projections envisage that the population in this area will grow to at least 40,000 over the next seven to fifteen years.

The Council has also indicated that an additional 10-15,000 people from the surrounding area will potentially utilise the resources of the area and specifically, the resources within the proposed Town Centre. The Council has referred to this “additional” population as the “DDs” element of population growth for the area (i.e. the population which will be drawn into the area by the Discount Department Stores). Refer Figure 2 and Table 1 below.

Figure 2

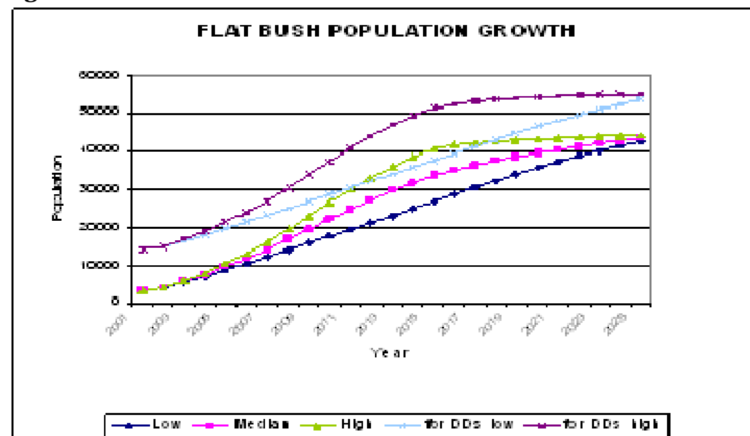


Table 1

	Low	increase	Median	increase	High	increase
2001	3442		3442		3442	
2002	4000	558	4000	558	4000	558
2003	5500	1500	5750	1750	6000	2000
2004	7000	1500	7500	1750	8000	2000
2005	8750	1750	9625	2125	10500	2500
2006	10500	1750	11750	2125	13000	2500
2007	12300	1800	14150	2400	16000	3000
2008	14100	1800	16800	2650	19500	3500
2009	15900	1800	19450	2650	23000	3500
2010	17700	1800	22100	2650	26500	3500
2011	19500	1800	24750	2650	30000	3500
2012	21300	1800	27150	2400	33000	3000
2013	23100	1800	29550	2400	36000	3000
2014	24900	1800	31700	2150	38500	2500
2015	26700	1800	33600	1900	40500	2000
2016	28500	1800	35000	1400	41500	1000
2017	30300	1800	36275	1275	42250	750
2018	32100	1800	37425	1150	42750	500
2019	33900	1800	38450	1025	43000	250
2020	35700	1800	39475	1025	43250	250
2021	37200	1500	40350	875	43500	250
2022	38700	1500	41200	850	43700	200
2023	40200	1500	42050	850	43900	200
2024	41400	1200	42700	650	44000	100
2025	42600	1200	43350	650	44100	100

2.3 Demographics

Whilst the population in the immediate Flatbush area is likely to be low deprivation, (Refer Table 2), the additional 10-15,000 population referred to as the 'DDs' population will come from the Otara, East Tamaki, Danemorra and Botany town centres and will therefore be relatively high need. It is expected that a component of this population would utilize services available in the Flatbush area.

Table 2 below outlines the demographics of two PHOs in the surrounding areas.

Table 2: Projected Flatbush Profile compared to CMDHB Profile

	Composite Profile for Flatbush	CMDHB Profile[1]
Age	10% will be aged <5 years 57% will be aged <35 years 8% will be aged >60 years	8% aged <5 years 55% aged <35 years 12% aged >60 years
Ethnicity	Maori = 9% Pacific = 14% Asian = 29% European = 46% Other = 2%	Maori = 17% Pacific =20% Asian = 13% Other = 50%
Educational Qualifications	18% will have no qualification 11% will have a tertiary qualification 29% will have either vocational or tertiary qualification.	25% have no qualification Less than 4.5% have a tertiary qualification
Sources of Personal Income	2% will receive a domestic services benefit 16% will receive income from other government benefits, superannuation, ACC. 52% will receive income from wages, salary, commission, self employment of business	4% receive a domestic services benefit

[1] Counties Manukau Population Health Indicators, June 2003

	Composite Profile for Flatbush	CMDHB Profile[1]
Personal Income	54% will earn <$30,000 35% will earn more than $30,000 14% will earn >$50,000	57% have an income of <$30,000 27% have an income of over $30,000
Labour Force	5% will be unemployed 62% will be in full or part time employment 29% will not be in the labour force	6% are unemployed

Table 3: Demographics of PHOs with DDS population

	A	B
<15 years	19%	34%
>65 years	13%	4%
Maori / Pacific	2.7%	71%
CSC Card	18%	44%
HUHC	2%	3%
Dep >5	2%	65%
High Need Group (M/Pacific + non M/ P with >5 Dep)	4%	79%

It is likely that housing in the Flatbush area will be a mixture of low density housing and higher density terrace housing, as well as apartments around the town centre overlooking the park.

Currently 15% of the total land area is under development, and the lowest cost housing in these areas is in the vicinity of $450,000 - $500,000. Housing NZ is known to be interested in purchasing property within this area.

Given the fact that 85% of property available for development is yet undeveloped, it is difficult to forecast the likely socio-economic demographics for the area. However, given the current land values and the financial environment, it would appear unlikely that many low cost homes will be developed in the area, although there is a high likelihood of areas of high density and /or rental properties. It is known that there is significant interest from rental investors in the area.

The majority of the land is privately owned with the only land owned by the Council being that of the area designated for the town centre and a 7ha piece of residentially zoned land immediately to the south of the town centre with Flat Bush School Rd forming its southern boundary.

3.0 PURPOSE OF SEEKING REGISTRATIONS OF INTEREST (ROI)

The purpose of this document is to seek registrations of interest from parties who wish to partner with CMDHB to investigate and develop a planned approach to the establishment of primary health care services for the Flatbush area.

CMDHB will use a collaborative process and will work closely with provider organisations, practitioners and communities to ensure that the development will achieve the objectives of a planned approach. It is also expected that organisations will work collaboratively with each other to build affiliations and partnerships that will be essential to the success of such a development.

Parties participating in this development must be willing to share any lessons learnt with the sector.

The CMDHB PHO Group (GPHO) will participate in an advisory role through this process.

4.0 DESCRIPTION OF THE DEVELOPMENT

4.1 At a workshop held on the 29th November 2004 it was agreed that it was appropriate to undertake a "planned approach" to the development of primary health care services for Flatbush.

Participants invited to this workshop included all local PHOs, consumer representatives, DHB provider arm representatives and other community provider representatives. It was noted at the workshop that:

- § The Council is taking a planned approach to the Flatbush town development and in particular, developing a health living environment in the area.
- § Developers are known to be approaching providers to ascertain interest in the development of health clinics in satellite sites which are currently being developed. It was noted that the majority of developers are not in a position to plan health services for the community.

4.2 What is a planned approach?

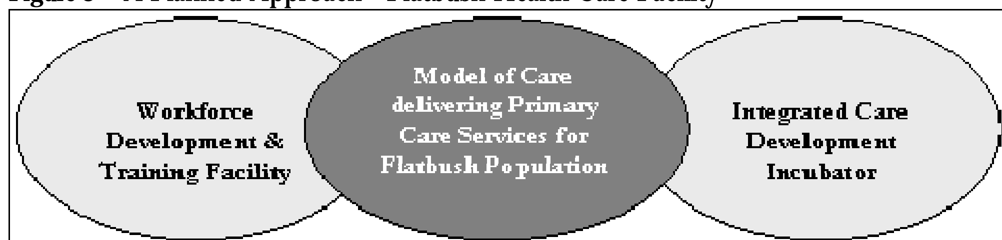
a) The establishment of an exemplar ***model of primary health care delivery*** which aligns with the visions and objectives of the Primary Health Care Strategy. (Refer further to the model of care outlined in section 4.3 below)

Whilst the model would deliver health care services to the population of Flatbush it would be intended that any learnings from any new model of care would be shared with all providers in the district, and that all (or aspects) of the model would be transferable.

b) To establish a primary care ***workforce training and development facility*** for the district/ sector within an exemplar service.

c) To establish an ***integrated care development "incubator"***, i.e. providing facilities for research and development and a site for trialling and demonstrating new initiatives. As above, this would be a facility for the region / sector.

Figure 3 – A Planned Approach - Flatbush Health Care Facility



4.3 Model of Care

At the workshop on 29 November 2004, a model of care for the future, and the objectives that such a model of care should be designed to influence, were discussed.

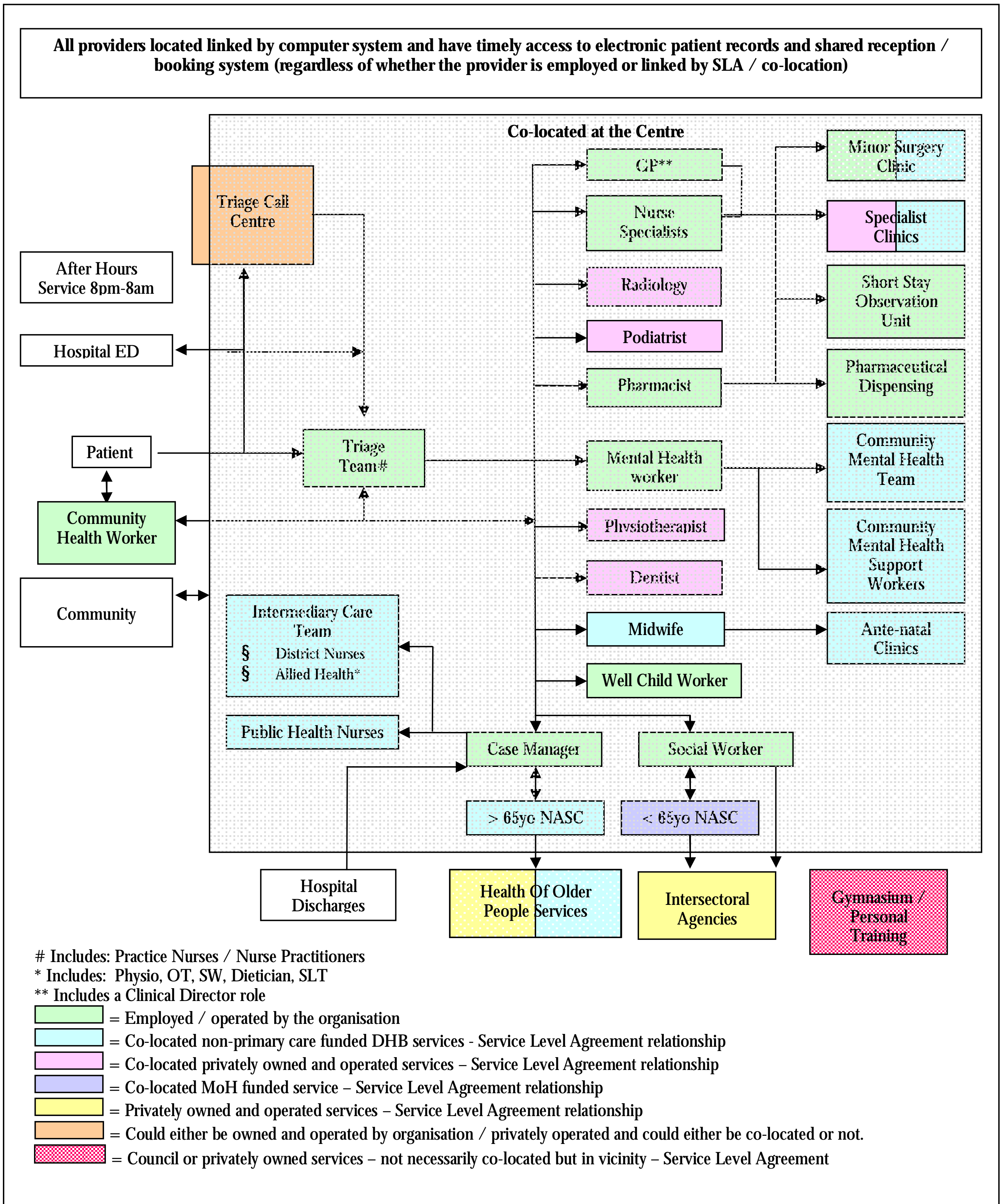
These objectives include
- Multi-disciplinary PHO leadership / governance
- Community engagement, ownership and governance
- A population health approach to preventative care and continuity of care
- Integrated service delivery by the spectrum of providers
- Improving the ability of PHOs to reduce inequalities
- Removing perverse incentives arising from existing models of payment
- Effective monitoring of outcomes and quality indicators

Table 4 and Figure 4 below, outline the ideal key components, possible participants and relationships of a model of care.

Table 4 Ideal Components of the Model of Care

Location	§ Co-location of multi-disciplinary team members § Co-location with DHB provider arm community services § Hub and spoke model
Service Provision	§ Integrated delivery by a multi-disciplinary team – public and privately funded providers § Acute nurse-led triage teams to give advice and make referrals to appropriate service providers § Proactive linkages with inter-sectoral agencies through one point of contact § Proactive linkages with secondary care providers § External agencies linked via case management model to manage complex cases § Pharmaceutical dispensing and additional services § Operating Hours 8am to 8pm, with reduced services from 8pm to 10pm § Contracted after hours services
Community	§ Allocation of a significant component of resources to outreach, case management and provision of care in the community to facilitate a wellness and prevention model § Consistent education and health promotion messages across all providers of services § Community governance
Processes & Systems	§ Centralised management and administration / reception / booking centre § A triage call centre system to make referrals and bookings with appropriate service providers § Over-arching information system enabling timely access to all patient records stored electronically for health care providers within the Centre and shared with the hospital § Holistic (mental, social and physical wellbeing) needs assessment and service co-ordination, reflecting the potential social and clinical needs of patients and their families, consistent with the Primary Healthcare Strategy
Workforce Skill	§ Multi-disciplinary team development structure § Standing order prescribing practices by nurses and pharmacists § Ongoing upskilling and postgraduate training in a team approach to delivery of primary health care services § Cultural competency of the multi-disciplinary team • Team integrating roles and potential functions of allied health professionals (eg social workers, community health workers, dieticians) § Systems that support multi-disciplinary team development, continuous improvement and development of skills and competencies consistent with the Primary Healthcare Strategy and primary healthcare workforce development
Quality	§ Outcome and performance monitoring framework § IT infrastructure that supports quality improvement, internal audit and continuous professional and practice development § Good clinical governance

Figure 4: A diagrammatic example of possible participants and relationships of the model of care as outlined in Table 4.



4.4 Developing and Delivering the Model of Care

The Flatbush Advisory Group which was set up following the workshop and consisting mostly of PHO representatives and some DHB staff have indicated that there are three likely options with regard to the type of entity which may wish to undertake the development and the subsequent operation of the facility. These include:

a) Development and operation by a new entity
   - Either a new PHO, or
   - A new company or other structure which develops a relationship with an existing PHO to deliver services;

b) Development and operation by an existing PHO;

c) Development and operation by the DHB.

or combinations of these through joint venture arrangements.

The group recommended that DHB involvement would be essential for two main reasons:

i) to mitigate the financial risk of a planned approach during the set-up phase until the growing population has stabilised;

ii) to ensure the desired model of care is actually implemented.

While the purpose of this ROI process is to ascertain interest from organisations that CMDHB could work with to plan and establish primary health care services for Flatbush, CMDHB reserves the right not to proceed with the development or to proceed only with option C above.

5.0 OBJECTIVES

5.1 The key objectives for a planned approach to the development of health care services in Flatbush are:

- Access to primary health care services for all population groups in the Flatbush area.
- The implementation of an agreed model of care
- To demonstrate change management for the sector, i.e. aspects that are transferrable across the sector and enabling parties throughout Counties Manukau to benefit from any lessons learnt
- Development of a multi-disciplinary team approach, through effective governance, operational structures, processes and systems
- Influence provider relationships / behaviours
- Community engagement
- Maori & Pacific Workforce Development
- Primary Care Workforce Development

6.0 Risks

The risks of such a development are identified as:

- An impact on DHB relationships with local providers
- Inability to influence the implementation of an exemplar model
- Negative impact on the existing market
- Political acceptability
- Lack of sector engagement in the concept of an exemplar model
- Timeliness of implementation – Implementation will need to be staged and be capable of meeting the needs of a growing population with changing demographics
- Having an ability to influence / change patient and provider behaviour
- Financial risk - establishment and ongoing viability

7.0 The DHB's Role

a) DHBs as local planners and funders through the New Zealand Public Health & Disability Act are required to:

- § have a population focus, addressing disparities
- § emphasise promotion, prevention, early intervention
- § foster collaboration with providers and other key stakeholders
- § promote outreach and local community initiatives
- § pursue the objectives achievable within the funding provided

Given this, the DHB is required to plan primary health care services for the 40,000 population who are projected to live in Flatbush over the next 7-15 years.

Further:

- PHOs and the DHB need to foster continuous improvement in primary health care delivery to improve health outcomes and reduce inequalities;
- The DHB needs to plan how and where DHB provider arm community based services are delivered in the medium to long term future;
- The Ministry of Health has a desire to improve delivery of chronic disease management and prevention in the community

b) In addition, the DHB is required to

- § effectively influence change in the way that primary health care is currently delivered, and specifically, effect change to the following existing behaviours:
  - PHO leadership / governance currently dominated by GPs
  - Community engagement and governance
  - Population vs individual health approach
  - Integration of service delivery by the spectrum of health providers
  - Improving the ability of PHOs to reduce inequalities
  - Perverse incentives arising from models of payment
  - Monitoring of outcomes and quality indicators
- § facilitate the ongoing and further development of innovative tools and mechanisms for integrated health care delivery
- § facilitate the ongoing and further development of the primary care workforce and Maori and Pacific workforce development

c) Funding

Funding for health service delivery will be derived from capitation based funding for the PHO's enrolled population, in accordance with the national PHO capitation funding formula and relevant co-payment policies. (Refer www.moh.govt.nz/pho)

The DHB is committed to working with successful parties to ensure

- § the successful development and operation of the facility, including linkages with the DHB provider arm community based services
- § the success of the workforce training and development facility
- § the integrated care development incubator

Additional funding streams may be available to the new service for these activities.

8.0 CRITERIA

8.1 The following criteria will be used by CMDHB to identify interested parties for this development. There is no set standard requirement regarding the type of organisation or individuals. However, CMDHB encourages provider collaboration, and therefore the formation of coalitions to present joint registrations of interest.

Organisations must primarily consider their ability to work with DHB and the community to deliver on the objectives and the proposed model of care in terms of delivery of services to the population of Flatbush.

Detailed information outlining how your organisation/s meet the following criteria are required to be completed as per the specifications outlined on the attached response template.

§ Applicants must be able to demonstrate how they will deliver on the model of care as outlined in Section 4.3
§ Applicants must be able to outline their ability to expand and build on services over time in order to meet the needs of a growing and changing population, (including but not limited to) infrastructure and workforce planning and development requirements
§ Applicants must be able to demonstrate how their organisation's vision, culture, structures and processes are compatible with the Vision and Objectives of the Primary Health Care Strategy
§ Applicants must either demonstrate compliance with the minimum requirements for a PHO or outline an arrangement with an existing PHO in order to be compliant with the minimum requirements.

8.2 Additional Criteria

- Applicants must have existing management infrastructure and capabilities (including project and information management) with strong financial management capabilities, robust governance, and strong quality and accountability systems
- Applicants must have a track record of delivering culturally competent services to priority populations or demonstrate how they intend to achieve this
- Applicants must demonstrate a commitment to the NZ Health Strategy and Primary Health Care Strategy
- Applicants must demonstrate a willingness and capability to consult with the sector during development and to share learnings from the development
- Applicants must demonstrate a commitment to work with the DHB and the sector to agree a model of care for the development and to develop the services in accordance with that model
- Applicants must have established and relevant community linkages, and be able to demonstrate effective community consultation and participation processes.
- Applicants must demonstrate current or intended participation by the community in organisational governance.
- Applicants must demonstrate an ability and clear intention to collaborate with all relevant and appropriate provider groups and practitioners to deliver services for the priority populations
- Applicants must demonstrate a commitment to multidisciplinary practice and to work intersectorally with a population health perspective
- Applicants must demonstrate a commitment to quality improvement and workforce development.
- Applicants must demonstrate a focus on identifying and removing health inequalities

9.0 REGISTRATIONS OF INTEREST

9.1 These should be submitted by completion of the attached template to:

The Project Manager
Flatbush Development
Counties Manukau District Health Board
Private Bag 94502
South Auckland Mail Centre

No later than 4 p.m. on 25th February 2005

9.2 Evaluation of the Registrations of Interest

9.2.1 Registrations of Interest will be evaluated by the CMDHB Steering Group using the criteria outlined above. Members of this steering group include representatives from the DHB's Executive Management Team (EMT) and the Ministry of Health.
The outcome of the evaluation will be submitted to GPHO and the CMDHB EMT in the first instance before submission to the CMDHB Board.

9.2.2 This invitation to register your interest in providing the services is not an offer capable of acceptance by you. No contract is formed between us by reason of our invitation to you to register your interest, nor from any registration, application or proposal which you might make. Neither this ROI nor any response to it constitutes any legally binding obligation by any party.

CMDHB reserve the right to,

a) To amend this ROI by way of a written amendment notice
b) Cancel the ROI process and not proceed with any of the submissions received;
c) Waive any irregularity or informalities in the ROI process;
d) Reject all or any proposals and not award and not accept any submission;
e) To meet with any applicant before and/or after the ROI closes and prior to selection of any preferred provider/s to seek further information and /or clarification on any proposal;
f) Consider or reject any alternative proposal, at its sole discretion;
g) Proceed with any third party and not deal exclusively with any applicant under this ROI process;
h) To proceed to an RFP process if required;
i) Adopt an alternative method to progress this development.

9.2.3 The ROI documents and any additional information requested by parties from the DHB during the ROI process will be posted on the CMDHB website: http://www.cmdhb.org.nz/Counties/Primary-Care/. Further information can be requested by email: SLockett@cmdhb.org.nz or by phoning 09 262 9546.

10.0 TIMELINE

2005

25 February	- Registrations of Interest close
7th March	- CMDHB steering group to evaluate registrations of interest according to agreed criteria.
11th March	- Paper to EMT outlining proposed way forward on basis of evaluation above for approval
16th March	- Paper to GPHO for information and feedback
22nd March	- Paper to CPHAC for approval