

23<sup>rd</sup> March 2021

s9(2)(a)

[Redacted]

Dear s9(2)(a)

### Official Information Act Request for – Finances & Service Cuts

I write in response to your Official Information Act request received by us 9<sup>th</sup> February 2021, you requested the following information:

- I would like please to have a breakdown of spend vs budget over the past two years in all areas, including expenses for executive on food, travel, dining, accommodation, and furnishings, with details of where and what these were attributed to. To be clear, the amount the DHB got from each budget (2019, 2020) and where that spend has been allocated in its entirety.
- I would also like to ask what services have been cut over the past two years, and why and whether these are likely to be re established. This included the Eastcare overnight funding. If it could be detailed the reasons why in a population of half a million people, a DHB would close a facility that treats minor to medium-care patients. Detailed rationale is invited.

#### Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

We see over 110,000 presentations at the Middlemore Hospital Emergency Department. The Emergency Care service is one of two major trauma centres for the Auckland region, and the service provides Emergency and Urgent care, as well as provision of Hospital Short Stay Units (typically for care up to 28 hours).

- I would like please to have a breakdown of spend vs budget over the past two years in all areas, including expenses for executive on food, travel, dining, accommodation, and furnishings, with details of where and what these were attributed to. To be clear, the amount the DHB got from each budget (2019, 2020) and where that spend has been allocated in its entirety.

The information you have requested in relation to spend versus budget is publicly available on our external website. In the CM Health Annual Report, we report financial information such as [spend on personnel, clinical supplies, infrastructure, outsourced services for four 'output](#)

classes' categorised as Prevention Services, Early Detection and Management Services, Intensive Assessment & Treatment Services and Rehabilitation and Support services (this information can be found on page 48 and 69 - 71 of the 2020 Annual Report and page 37 and 54 – 56 of the 2019 Annual Report).

- <https://www.countiesmanukau.health.nz/about-us/performance-and-planning/planning-documents/>

Further explanation of the output classes reported on is below.

- **Prevention Services**

Preventative services are publicly funded services that protect and promote health in the whole population or identifiable sub-populations comprising services designed to enhance the health status of the population as distinct from treatment services which repair/support health and disability dysfunction.

Preventative services address individual behaviours by targeting population wide physical and social environments to influence health and wellbeing. They include health promotion to ensure that illness is prevented and unequal outcomes are reduced; statutorily mandated health protection services to protect the public from toxic environmental risk and communicable diseases; and, population health protection services such as immunisation and screening services. On a continuum of care these services are public wide preventative services.

Preventative services are aligned with our Healthy Communities strategic objective that is focused on primary (ill-health) prevention across the life course.

- **Early Detection & Management Services**

Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Include general practice, community and Maaori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.

These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB.

On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals. Early detection and management services are aligned with our Healthy Services and Healthy People, Whaanau and Families strategic objectives which focus on making services more responsive and easier to access and providing support for people to self-manage at home.

- **Intensive Assessment & Treatment Services**

Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers using public funds. These services are usually integrated into facilities that enable co-location of clinical expertise and specialized equipment such as a hospital. These services are generally complex and are provided by health care professionals that work closely together.

They include:

- Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services

- Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services
- Emergency Department services including triage, diagnostic, therapeutic and disposition services

On a continuum of care these services are at the complex end of treatment services and focussed on individuals. Intensive assessment and treatment services are aligned with our Healthy Services strategic objective that is focused on excellent, collaborative, high quality and safe health services.

- **Rehabilitation & Support Services**

Rehabilitation and support services are delivered following a 'needs assessment' process and coordination input by Needs Assessment and Service Coordination (NASC) Services for a range of services including day care, home-based support services and residential care services. Rehabilitation services are provided by specialised multidisciplinary teams overseen by a Geriatrician and/or Rehabilitation Medicine Specialist Medical Officer. On a continuum of care these services will provide support for individuals. Rehabilitation and support services are aligned to our Healthy People, Whaanau and Families strategic objective which is focused on supporting people, whaanau and families to stay well and live independently in the community.

In relation to the revenue heading 'Other (includes agency costs)', included is costs for:

- Non-health board provider expenses (commonly referred to as Funder Provider Payments) - these are payments for services provided in primary care in the community i.e. aged residential; PHO (GPs); lab tests; pharmacy etc
- Other DHB's (commonly referred to as IDF's)

In relation to expenses for executives we have taken this to mean our Executive Leadership Team (ELT). Table 1 below reflects spend for ELT Members for 2018 to 2020. We are unable to provide further breakdown of the below information without a time consuming and costly exercise that would require manual search through records. Therefore, we are declining to answer this aspect of your request under section 18(f) of the Official Information Act 1982 – the information requested cannot be made available without substantial collation or research.

Expenditure Item	Fiscal Year					
	2018/19			2019/20		
	Budget Dollars	Actual Dollars	Dollars Variance	Budget Dollars	Actual Dollars	Dollars Variance
Motor Vehicles Leases and Rentals	-	-	-	-	150	(150)
Fuel	15,600	100	15,500	-	-	-
Taxis	3,300	4,476	(1,176)	2,616	4,253	(1,637)
Staff Travel Domestic	46,250	22,998	23,252	49,120	16,563	32,557
Staff Travel International	24,000	16,928	7,072	30,956	4,165	26,791
Staff Accommodation and Meals	4,000	7,496	(3,496)	8,076	12,033	(3,957)
Other Equipment Minor purchases	-	397	(397)	-	989	(989)
Reception and Catering	17,652	12,703	4,949	17,988	9,841	8,147

	110,802	65,098	45,704	108,756	47,994	60,762
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Table 1: Source Finance Team

- I would also like to ask what services have been cut over the past two years, and why and whether these are likely to be re-established. This included the Eastcare overnight funding. If it could be detailed the reasons why in a population of half a million people, a DHB would close a facility that treats minor to medium-care patients. Detailed rationale is invited. CM Health does not routinely cut services however reallocates and reprioritises functions. Like all DHBs some contracts naturally end and are not continued and some contract negotiations see funding adjustments made. There were no major/material cuts or reductions in DHB delivered services, however funding re-allocation and spending is re-prioritised as part of every annual planning cycle.

East Care's overnight service has not been funded by Counties Manukau Health since June 2018. This decision followed a robust review of our service offerings which sought to ensure we concentrate our services where they are most needed.

This review saw us increase our investment in after-hours clinics, doubling the number available to our community to eight in total. This includes East Care which continues to be funded by CM Health to provide subsidised care until 11pm seven days a week. These subsidised, after hours' clinics are open on weekends/public holidays and up to 11pm on weekdays and provide free or low cost care for children under 14 years old, adults over 65, and Community Service Card or High User Health Card holders.

We are confident this investment best meets the needs of the Counties Manukau community. In addition, in the past 12 months we have increased our nursing provision to the eastern locality.

In addition to this, available on our website is a publicly released official information act request that we responded to in early March 2021 about the funding of overnight primary healthcare at East Care. This can be found at the following link:

- <https://www.countiesmanukau.health.nz/about-us/official-information-act-requests/publicly-released-oias/>

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



**Fepulea'i Margie Apa**  
**Chief Executive Officer**  
**Counties Manukau Health**