



AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

Minutes of the Community and Public Health Advisory Committee
meeting held on Wednesday 2 July 2008 in the
Marion Davis Library, Building 43, Auckland City Hospital, Grafton
commencing at 9:00 am

1. KARAKIA, ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Pat Snedden (Chair)	Jo Agnew
Susan Buckland	Dr Chris Chambers
Brian Fergus	Dr Ian Scott
Bob Tizard	Seiuli Dr Juliet Walker
Ian Ward	Farida Sultana
Lynda Williams	

In Attendance

David Hunter, Chair ProCare Network Auckland
Jude Keys, CEO ProCare Network Auckland
Barbara Stevens – CEO Auckland PHO
Harold Van Blommestein – Tihi Ora Mapo

Management in Attendance

Garry Smith – Chief Executive
Dr Denis Jury – Chief Planning & Funding Officer
Dr David Sage – Chief Medical Officer
Taima Campbell – Executive Director Nursing
Kerry Hiini – Funding & Planning Manager
Janice Mueller – Director Allied Health
Dr Celia Palmer – Clinical Leader, Planning & Funding
Aseta Redican – GM Pacific Health
Ian Bell - Board Administrator

Karakia, Attendance and Apologies

The Chair declared the meeting open at 9.06 am.
Kerry Hiini commenced the meeting with the karakia.

Apologies had been received from Harry Burkhardt, Rob Cooper, Rev Alfred Ngaro and Naida Glavish. An apology had been received from Ian Ward advising that he would have to leave the meeting at 9:45am.

Moved Chris Chambers, seconded Ian Scott

That the apologies be sustained.

Carried

The Chair introduced Farida Sultana and Lynda Williams as new members of CPHAC and HAC.

There were no notifications of conflicts of interest for any item on the agenda.

2. CONFIRMATION OF MINUTES 4 JUNE 2008

Moved Bob Tizard, seconded Susan Buckland

That the minutes of the Community and Public Health Advisory Committee meeting held on 4 June 2008 be confirmed as a true and correct record.

Carried

3. ACTION TABLE 4 JUNE 2008

PHO Presentations

A presentation would be given to the meeting by Auckland PHO and then others were scheduled on a 2 monthly basis with a report from the PHO Group in the intervening months.

4. AUCKLAND PHO PRESENTATION

Barbara Stevens, CEO of Auckland PHO presented to the Committee. Points made in the presentation were:

- PHOs evolved out of the Primary Healthcare Strategy 2001
- Evolution was from sole practice in 1950s/1960s, group practices in 1970s/1980s, organised general practice 1990s and now PHOs 2000 onwards.
- Evolution was to strong PHOs focused on populations and communities providing health services but also promoting prevention with needs based funding addressing an increasingly diverse population.
- Approximately 81 PHOs in New Zealand ranging in size from 5,000 to 450,000 enrolled population covering 98% of people.
- PHO practice funding was based on practice registers of enrolled patients updated three monthly.
- Capitation went directly to practices with a number of funding streams to PHOs
- There were five PHOs in Auckland DHB with an enrolled population of 432,000 and 120 practices.
- Auckland PHO had 20 practices and were experiencing the growth of Asian and refugee populations.
- Auckland PHO governance was 9 directors consisting of 3 community, 1 iwi, 4 GP, 1 practice nurse.
- Auckland PHO had 7 strategies including improving health outcomes particularly for Maori and Pacific people and other high need populations, building leadership and providing innovation through an effective workforce.
- The enrolled population was 52% European, 26% Asian, 12% Pacific and 6% Maori with a predominance in deprivation quintile 4 and 3.
- The SIA funding was distributed across a number of programmes.
- There were a number of challenges in Auckland's PHO geographic base, determining what community was worked with, an aging GP and practice nurse

workforce and the changing focus to primary healthcare and health outcomes approach.

- Looking forward was a neighbourhood/locality approach, fostering teams and incentivising practice nurses, having a workforce that wrapped around general practice, unbundling the administrative tasks for general practice and having smarter ways of communicating.

There was sometimes difficulty in determining the community being served but there was a concentration on high needs and a suggestion that PHOs should have had geographical boundaries. Priorities were set by the DHBs and the Ministry.

The Chair thanked Barbara Stevens for a very informative and stimulating presentation.

Ian Ward left the meeting at 9:25am.

5. PRIMARY HEALTHCARE PLAN – DRAFT FOR CONSULTATION

Celia Palmer spoke to the paper tabling a summary of commitments outlined in the Plan which had had feedback from PHOs. Commitments were:

- Capacity with a need to attract people to primary care.
- Different localities had different health needs.
- Primary/hospital interface to provide support to the primary sector and improved responsiveness of hospital based services.
- IT support for communication.
- A focus on the longer term.

All commitments were interrelated.

Primary care practice networks would be encouraged and although several PHOs worked in the same area they do work well together with one taking a lead. Procure has cell groups and the PHO forum was working very effectively. There was a comment that the vision of more community health being included was not being fulfilled as it was still doctor focused. With immigrant communities language was not the only barrier but they did have different cultural views of health which required health professionals to have training in cultural competency. The experience with HVAZ in obtaining that community focus and experience was that PHOs did work pragmatically together. It was noted that communities tended to migrate to doctors i.e. Korean to a Korean doctor rather than the other way round.

ADHB had spent five years on a hospital development focus and this document could be used to bring the primary care structures, including PHOs and all health providers, closer together working under the integrated management structure to get the right decisions made. The Plan was a positive step and there were a series of projects that sat below the ten commitment points. An example was the Health 2020 plans which had the integrated approach and now the Long Term Conditions Management which did not have a disease or discipline approach.

The Chair summarised and supported the community engagement focusing on governance with ADHB committed to fund the Plan. There was a need for a high level of cultural competency at the community level and improved interfaces between the primary and secondary care using the Plan to change the hospital clinicians to focus more on the community. He suggested that PHOs should jointly sign the Primary Healthcare Plan as a strategy to work together with the DHB to make progress.

Moved Susan Buckland, seconded Seiuli Juliet Walker

That the Community and Public Health Advisory Committee:

- 1. Notes the draft ADHB & PHO Primary Healthcare Plan, including Primary Mental Health and Addictions, and the Long Term Conditions Framework, and*
- 2. Endorses formal consultation on this plan, once final comments from PHO Boards have been incorporated.*

Carried

6. PHO PERFORMANCE MANAGEMENT PROGRAMME

Deirdre Maxwell, Manager of PHOs and Primary Care was in attendance. The PHO Performance Management Programme was part of a national programme with all PHOs contributing data. There was room for performance improvement in Auckland. The implementation of the programme took a period of time and was work in progress. The trend in GP referred pharmaceutical expenditure indicated that there was under prescribing of medications relative to the standard of medication expected for the population. While GP referred laboratory expenditure was above the programme goal it was trending down. There would be more incentive funding to get the programme implemented. The Committee would be updated quarterly on the programme.

Moved Pat Snedden, seconded Lynda Williams

That the Community and Public Health Advisory Committee notes the intent and operations of the PHO Performance Management Programme including current ADHB PHO performance.

Carried

7. PLANNING AND FUNDING MONTHLY REPORT

Maori

A workforce development conference in Rotorua had been attended and the rangitahi programme would focus on smoking cessation.

Pacific

The Pacific Health Advisory Committee had met with the idea of a Summit in 2009 being further discussed. The Pacific Family Support Unit was experiencing constant numbers of referrals within Starship and there was a need for an extra FTE. Parking issues had been resolved with services.

Sarah Marshall was working with the Auckland Regional Settlement Strategy and had done considerable work with the Indian community.

The absolutely inappropriate and deplorable behaviour at an Epsom Rest Home was noted and was subjected to a MoH and ADHB review with a specialist gerontologists attending to assure safety of residents. No residents were in immediate risk of harm and the matter was being dealt with appropriately. It did however highlight the need for discussions in the sector on systematic issues such as poor pay, training etc. It was



considered that this would be enhanced by moving from a national contract to a regional contract.

A survey was being undertaken to determine how wide generalised charging was for dispensing prescriptions in Auckland pharmacies and a letter would be issued advising that the contract does not allow an additional charge. Nelson Marlborough had issued a new contract which included FFT and did allow for an extra charge.

Moved Chris Chambers, seconded Ian Scott

That the Community and Public Health Advisory Committee notes the Planning and Funding Monthly Report for May 2008.

Carried

8. GENERAL BUSINESS

There were no items of general business.

9. NEXT MEETING

The meeting closed at 10:58 am

The next meeting is scheduled for
9:00 am, Wednesday 6 August 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR: **DATE:**