

# Community and Public Health Advisory Committee Minutes

<b>MEETING DETAILS</b>											
Time and Date	2:00pm, Wednesday, 15 September 2010										
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom										
<b>2</b>	<b>ATTENDANCE AND APOLOGIES</b>										
	<p>The Chair declared the meeting open at 2.05 pm.</p> <p><b>Committee Members</b></p> <table border="0"> <tr> <td>Dr Brian Fergus (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Harry Burkhardt</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Rob Cooper</td> <td>Dr Ian Scott</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Ian Ward</td> </tr> <tr> <td>Farida Sultana</td> <td>Lynda Williams</td> </tr> </table> <p><b>Management in Attendance</b></p> <p>Garry Smith – Chief Executive            Dr Denis Jury – Chief Planning &amp; Funding Officer            Taima Campbell – Executive Director Nursing            Hilda Fa’asalele – General Manager Pacific Health            Kerry Hiini – Planning and Funding Manager            Dr Andrew Old – Public Health Physician            Ian Bell – Board Administrator</p> <p><b>In Attendance</b></p> <p>Ron Hooton - Procure            Peter Tranter – Procure            Barbara Stevens – Auckland PHO</p> <p><b>Apologies</b></p> <p>Apologies had been received from Susan Buckland, Alfred Ngaro, Pat Snedden and Juliet Walker. An apology for lateness was recorded for Rob Cooper.</p> <p><u>Moved Ian Ward; seconded Ian Scott</u></p> <p><i>That the apologies be sustained.</i></p> <p><u>Carried</u></p>	Dr Brian Fergus (Chair)	Jo Agnew	Harry Burkhardt	Dr Chris Chambers	Rob Cooper	Dr Ian Scott	Rt Hon Bob Tizard	Ian Ward	Farida Sultana	Lynda Williams
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<b>3</b>	<b>CONFLICTS OF INTEREST</b>										
	There were no declarations of conflicts of interest with any item on the agenda.										
<b>4</b>	<b>CONFIRMATION OF MINUTES 21 JULY 2010</b>										
	<p><u>Moved Brian Fergus; seconded Lynda Williams</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 21 July 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										

5	<b>ACTION POINTS 21 JULY 2010</b>
	<p><b>Strategies for Children</b></p> <p>This would now be presented early next year as Richard Aickin was presently on sabbatical.</p> <p><b>Sexual Health</b></p> <p>The termination rates for Maori and Pacific were approximately three times those of European. Dr Gemmel had presented to both the Maori Health Advisory Committee and the Pacific Health Advisory Committee.</p> <p><b>Mental Health</b></p> <p>A presentation on Mental Health by Clive Bensemann and Robert Ford would be coming to the Committee either October or November.</p> <p><b>Asian and Migrant Health Needs</b></p> <p>Farida Sultana and Brian Fergus would provide a paper through Denis Jury on the health needs of Asian and migrant groups.</p> <p>Rob Cooper joined the meeting at 2:12pm.</p>
6.1	<b>Planning and Funding Summary Report</b>
	<p>Work was being undertaken with PHOs on the B4 School Checks programme looking at an alliance contracting model within a clear framework. Previously this was done in-house.</p> <p>There was a requirement for a Regional Service Plan with a rough draft due by 30 September which was part of the change in the national planning structure. While it would be difficult within the timeline to get Board signoff it was based on previous work and there was nothing significantly new. The Plan would evolve over time but that being submitted was based on the previous Plan. Primary Care did not have time to be consulted with and near completion a copy would be circulated for comment on the broad concepts but not the fine detail. A meeting with the National Capital Committee had been held that morning.</p> <p>The Sylvia Park Oral Health facility had opened the previous Friday which was the first clinic opened since the 1960s. Point England would open in a month's time. These were major improvements with them being hubs for treatment with assessments being done in mobile dental vans. Transport to the hubs would be provided by mini bus or parents.</p> <p>Mental Health were planning for more secure accommodation and a model for older people's rehabilitation and longer term stay in Mental Health Services was being developed.</p> <p>Health services for prisoners were delivered by Corrections at a higher cost than PBF so if it was transferred to Health it was essential to ensure that the financial risk is not transferred.</p> <p>There was research being undertaken on patient journeys, both acute and elective, and this should include the impact of cancellation on patients and families.</p>
6.2	<b>Planning and Funding Indicators Exception Report</b>
	<p>The data on immunisation was being reviewed as it was not well understood. The reduction of Ambulatory Sensitive Hospitalisations Aged &lt; 5 was an improvement. The number of Other (non TB) Disease Cases notified was showing an increase due to swine flu and meningococcal notifications. Get Checked for diabetes and diabetes management were close to target and there was a general improvement in Children Caries Free at 5 years. Cardiovascular risk screening showed Maori trending lower but there were also questions on data collection. All KPIs were being reviewed to improve reporting.</p>

<b>7</b>	<b>Improvement Activities</b>
	<p>Increased access to diagnostic radiology was causing some anxiety with radiologists but the volumes are at the margin.</p> <p>The shift in minor surgery activity was small volumes and there could be a financial risk that people previously paying would now be funded. There were issues of clinical governance, training and management.</p> <p>The tele-health project had received an award and technologies were being looked at to manage long term conditions.</p>
<b>9.1</b>	<b>A Locality Approach for Auckland</b>
	<p>To support the Primary Care Plan the locality approach was progressing the previous neighbourhood approach. Feedback was being sought which had also been requested from the Maori Health Advisory Committee and Pacific Health Advisory Committee. The aim was to have better planning and delivery of services at a locality with the proposal being connection with the local boards of the new Auckland Council to link into their communities and their planning so that their plans included health. There would be stronger references to manawhenua. While the framework may appear a bit ridged the intent was to get closer to the community and also provide flexibility.</p> <p>Procure had welcomed the opportunity to review and participate and over the last few years had seen an improved relationship in primary care i.e., HVAZ with PHOs working together. The locality approach would be looked to address high needs populations. It was important that community workers individual knowledge was captured in reaching communities. While for Auckland PHO they had numbers that were enrolled that lived elsewhere the locality approach would assist and would be an opportunity for PHOs to work together on a common goal.</p> <p>ADHB had done well on the Treaty issues, Maori governance and Maori management. While people moved and do not stay in one locality the locality approach was taken as the primary direction. As the approach developed there could be changes. The Marae project with health as an adjunct to the marae community could be extended to the ward boards noting that they covered the environmental issues that impact on health.</p> <p>The approach would be started within the Tamaki Transformation Project area as it was developing an infrastructure. The Board will be kept informed.</p> <p><u>Moved Ian Scott; seconded Jo Agnew</u></p> <p><i>That the Community and Public Health Advisory Committee approves the locality health service delivery approach as described; and approves the staging of localities for planning as outlined.</i></p> <p><u>Carried</u></p> <p>Barbara Steven and Ron Hooton left the meeting at 3:23pm.</p>
<b>8</b>	<b>FEEDBACK FROM THE COMMITTEES</b>
	<p><b>Maori Health Advisory Committee</b></p> <p>The Committee had received a presentation on termination rates and there was a question of more research. Maori Coalition PHO, which had preceded the Whanau Ora policy, had presented on their development progress.</p> <p><b>Pacific Health Advisory Committee</b></p> <p>The Committee had had the presentation on terminations the previous month and staff were now working with the University on interest in research and how to bring the topic, that was very sensitive, to the community. There had been a presentation on the Pacific Quit Smoking Service who went into the work environment and an example was given of their approach to a kava group consisting of Tongan men who had high rates of smoking. The Health Housing initiative does have referrals related to Pacific houses and the Committee had generally supported the locality</p>

	<p>approach and with community engagement it was important to ensure that this is with the right people.</p>
<b>13.1</b>	<p><b>Update on Contract Reviews</b></p> <p>This is the second cohort of contracts to be reviewed. There is no immediate recommendations to exit contracts. There was acknowledgement of the good process.</p> <p><u>Moved Chris Chambers; seconded Jo Agnew</u></p> <p><i>That the Community and Public Health Advisory Committee notes and approves the various contracts reviewed.</i></p> <p><u>Carried</u></p> <p>The question of building infrastructure and stabilising providers was raised together with the need to develop relationships with NGO through a vigorous process of determining with whom ADHB wished to work with and although funding was for ADHB based on an annual appropriation it was important to develop the longer relationships.</p>
<b>9.2</b>	<p><b>Alliance Contracting Presentation</b></p> <p>Denis Jury presented to the Committee on alliance contracting outlining how virtual alliances, separate from the principals, are developed performing to define KPIs with risk and benefit sharing within the alliance. Some of the benefits were the commitment, improved project performance, productivity and innovation, early involvement of all parties in preliminary design and set up and improved risk management with safety as a given.</p> <p>For a successful alliance, partner selection was important and examples where it could apply would be elective surgery and Whanau Ora. The nature of agreements was no excuse/no blame, open book with very overt risk management and reward arrangements through an integrated project team. This was set within a "target outrun cost" for that project and there were contributions to personal development and team development with output in key result areas.</p> <p>Denis Jury would bring back examples of application for health systems.</p>
	<p><b>NEXT MEETING</b></p>
	<p>The meeting closed at 4.28 pm</p> <p>The next scheduled meeting is for 2:00pm, Wednesday, 20 October 2010 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Epsom</p>
<p><b>CONFIRMED</b></p> <p><b>CHAIR:</b> _____ <b>DATE:</b> _____</p>	