

# Community and Public Health Advisory Committee Minutes

<b>MEETING DETAILS</b>											
Time and Date	2:00pm, Wednesday, 20 April 2011										
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom										
<b>1</b>	<b>KARAKIA</b>										
	The Chair declared the meeting open at 2:00 pm. Naida Glavish led the meeting with the karakia.										
<b>2</b>	<b>ATTENDANCE AND APOLOGIES</b>										
	<p><b>Committee Members</b></p> <table> <tr> <td>Dr Lee Mathias (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Peter Aitken</td> <td>Susan Buckland</td> </tr> <tr> <td>Dr Chris Chambers</td> <td>Dr Lester Levy</td> </tr> <tr> <td>Robyn Northey</td> <td>Gwen Tepania-Palmer</td> </tr> <tr> <td>Ian Ward</td> <td></td> </tr> </table> <p><b>In Attendance</b></p> <p>Warren Flaunty – Waitemata District Health Board</p> <p><b>Management in Attendance</b></p> <p>Garry Smith – Chief Executive  Dr Denis Jury – Chief Planning &amp; Funding Officer  Hilda Fa'asalele – General Manager Pacific Health  Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health  Keri Hiini – Planning and Funding Manager  Janice Mueller – Director Allied Health  Ian Bell – Board Administrator</p> <p><b>Apologies</b></p> <p>Rob Cooper was on leave of absence and apologies had been received from Judith Bassett and Taima Campbell.</p>	Dr Lee Mathias (Chair)	Jo Agnew	Peter Aitken	Susan Buckland	Dr Chris Chambers	Dr Lester Levy	Robyn Northey	Gwen Tepania-Palmer	Ian Ward	
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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. Chris Chambers advised that he was no longer a surveyor for Quality Healthcare New Zealand.										
<b>4</b>	<b>CONFIRMATION OF MINUTES 16 MARCH 2011</b>										
	<p><u>Moved Gwen Tepania-Palmer; seconded Jo Agnew</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 16 March 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										

5	<p><b>ACTION POINTS 16 MARCH 2010</b></p>
	<p><b>Strategies for Children</b> This would now be on the May agenda.</p> <p><b>Pacific Smoking Cessation</b> Current year funding was at risk however there has been some communication with the Ministry of Health and ADHB now optimistic that there would be funding. The current year funding has been supported by funding from the previous year and a reduced overhead charge from Public Health. The change in the overhead application by Public Health was as a result of a review of their allocation methodology.</p> <p><b>Contracting</b> There would be a paper going to the Finance Committee in May.</p> <p><b>Weight Management</b> The committee was advised that this was a issue better addressed nationally however, following discussion, it was suggested that there should be tools at the practice level, such as building it into the diabetes coordinators package. The committee was advised that the evidence was not strong for sustained weight reduction just due to diet and exercise. The weight management guidelines were very practical and were aimed for use by GPs with a strategy to distribute these through PHOs and then to a wider audience.</p> <p>Advice was given re the Long Term Conditions Management approach was about self management and was not disease focused for which the guidelines were appropriate and had been established. There was discussion about the contents of vending machines which has been limited to a calorific value and Subway had reduced some products on taking the lease at the hospital, although there is still debate with Muffin Break.</p> <p>It was noted that the new Director General was focused on population health, smoking, alcohol, public health and food policy.</p>
6.1	<p><b>Planning and Funding Summary Report</b></p>
	<p>The Annual Plan had been submitted but nothing had yet been heard back from the MoH. Work was continuing to make the document more usable in the organisation with this 70% - 80% completed as well as checking its consistency with the Northern Region's Health Plan. There had been favourable feedback on the Northern Region's Health Plan. There was also further work required on primary care services and development as the primary care structure is very complex and confused.</p> <p>The PHO Retreat looked at ways to work better together with agreement to focus on things tangible and specific i.e. to manage and reduce acute demand.</p> <p><b>Maori Service Development</b> Bernard Te Paa, General Manager Maori Health, Counties Manukau was in attendance advising that the project had two key deliverables - the devolvement of certain contracts held with Waitemata and Counties Manukau and the development of a framework for discussion to devolve other services. Youth, Drug and Alcohol Services had been devolved and, while Well Child from Waitemata was being devolved, the MoH may take that back to the centre. Counties Manukau smoke free programme had been devolved to a Maori provider and while it had been intended to devolve suicide prevention this was due to end in 2012 so the decision was made not to devolve this service.</p> <p>The development of the framework had not progressed well as there is a limit on resources, both at project manager level and Bernard Te Paa's own resources. The project manager engaged had been involved with two devolution projects as well as Midland Mental Health Services devolution to Maori providers. The project manager will initially do a literature review. While the literature review would be on target the framework development needed more resources and a plan of action will be developed. The project manager will discuss this with each DHB taking a 2 - 3 months to</p>

	<p>progress.</p> <p>Well Child services are funded by the MoH and there is difficulty in unbundling that particular funding. It was a service provided direct through the main provider, Plunket.</p> <p>There was discussion about the possibilities if the framework was not developed especially for individual DHBs to do their own framework, not to have devolution through this process or to go back to the business cases and have the regional collaborative undertake the process. This last option was considered to be the most difficult.</p> <p>It was noted that this was one of the priorities in the business cases and that Counties Manukau appeared to be reprioritising by taking away resources. The CEO and Chief Planning and Funding Officer were to discuss this regionally to get the resources and a plan, to be signed off by the regional DHB CEOs.</p>
<b>6.2</b>	<b>Planning and Funding Indicators Exception Report</b>
	<p>Diabetes Annual Check had Maori and Pacific services close to target with "Others" below.</p> <p>However for management by Get Checked patients Maori and Pacific were below target. There was a focus on self management programmes.</p> <p>Diabetic Retinal Screening was below target with an interim service and getting the optometrist network set up was taking longer. Cardiovascular screening was on target.</p> <p>Data was being reviewed for the target of Percentage of two year olds Immunised and tidy up for accuracy. There is confidence in reaching the target. It was noted that courtesy letters had been sent to NIR parents noted as having declined immunisation with approximately 50% of those that responded being a genuine decline and the others were being followed up to be immunised.</p> <p>There was a suggestion of linking records i.e. to the maternity record and using social networks.</p> <p>For children enrolled with PHOs audits based on ethnicity recording and declaration are being undertaken at practice level. These audits are showing discrepancies.</p>
<b>6.3</b>	<b>National Targets</b>
	The National Health Targets reports were noted.
<b>7.1</b>	<b>DAP Projects Report</b>
	While the Skin Lesions target was shown as an exception there was confidence that the target would be met.
<b>8</b>	<b>Maori Health Advisory Committee</b>
	There had been discussion on the context in which the Committee operated with a view to get more "how" rather than "what" and improve performance indicators. The terms of reference of the Committee were work in progress.
<b>9.1</b>	<b>Social Sector Engagement</b>
	Tony O'Connor Engagement and Planning Manager, ADHB was in attendance. The Social Sector Group consists of 13 agencies set up for sharing information but now moving to action. For Health this is immunisation and the health services for the homeless. There were links to Ministry of Social Development Link offices and to the Auckland City planning function. Local Boards fitted with the localities approach i.e., the Tamaki/Panmure link to the Tamaki Transformation Project. The Spatial Plan was also being developed which would be important for health localities. The Committee supported strengthening of the regional approach and encouraging Local Board members to be involved as health links to their Board.

<b>9.2</b>	<b>Consumer and Community Engagement Framework</b>
	<p>The proposal had three elements being the establishment of a Consumer Council, an on-line community and trained consumer representatives. An RFP had been issued for the on-line portal with Buzz Channel selected. It was proposed to enrol people on discharge as well as promote it in the community.</p> <p>Costs would be \$4,000 per month to administer with a set up fee of \$20,000.</p> <p>The value to the organisation of the Consumer Council was queried although taking the three fold framework was to make it as wide as possible. It was thought that a Consumer Council would not have a level of independence and Waitemata had used "Health Links".</p> <p><u>Moved Lee Mathias; seconded Lester Levy</u></p> <p><i>That the Committee supports the development of the on-line community and the investigation of "Health Links".</i></p> <p><u>Carried</u></p> <p>The Committee did not support the Consumer Council establishment.</p>
<b>10.2</b>	<b>Tender for Assisted Reproduction Services</b>
	<p>Ruth Bijl was in attendance.</p> <p>Waitemata as the lead DHB for the contract with a new provider in the market. It was suggested that there should be a set price and that a specification be done, including training, and the contract let to the market.</p> <p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p><i>That the Committee recommends that there be consideration of a value based contract, which would include all available certified providers working with transparency, to be let to the market and that unintended consequences be explored.</i></p> <p><u>Carried</u></p>
<b>10.1</b>	<b>MoH Devolution of Interim Funding Pool</b>
	<p>The report was received noting that any issues with risk sharing would be escalated to the regional level.</p>
<b>11.1</b>	<b>Action Points for next CPHAC Meeting</b>
	<p>Action points for the next CPHAC meeting were the Children's services paper, contracting to the Finance Committee, the on-line strategy and the report back on the Assisted Reproduction RFP process.</p>
<b>12</b>	<b>GENERAL BUSINESS</b>
	<p><b>Committee Structure</b></p> <p>The Board Chair outlined the proposal for a collaborative CPHAC Committee of ADHB and WDHB. Ministerial permission has been given for joint CPHACs, DSACs and Maori Health Committees noting three joint appointments to the two Boards. The membership would consist of a Chair (ADHB), Deputy Chair (WDHB), Ex Officio the Board Chairman and representing both Boards a joint Board member with the other membership to be for elected members from ADHB and four elected members from WDHB. There could be external appointments up to three on the recommendation of the Chair and Deputy Chair. It was also proposed to move to a six-weekly meeting cycle.</p>

