

# Community and Public Health Advisory Committee Minutes

<b>MEETING DETAILS</b>											
Time and Date	2:00pm, Wednesday, 16 February 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 2:00pm and introductions were made. The Chair then lead 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>Judith Bassett</td> <td>Susan Buckland</td> </tr> <tr> <td>Dr Chris Chambers</td> <td>Rob Cooper</td> </tr> <tr> <td>Dr Lester Levy</td> <td>Robyn Northey</td> </tr> <tr> <td>Gwen Tepania-Palmer</td> <td>Ian Ward</td> </tr> </table> <p><b>In Attendance</b></p> <p>Peter Tranter – Procure Lynda Williams</p> <p><b>Management in Attendance</b></p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning &amp; Funding Officer Ajit Arulambalam - Planning and Funding Manager Taima Campbell – Executive Director Nursing Aroha Haggie – Maori Health Gains Manager Peter Lowry – Director Elective Performance Janice Mueller – Director Allied Health Dr Tony O’Connor – Consultation Manager Leannie O’Connor – Manager Planning and Funding, Pacific Health Dr Andrew Old – Public Health Physician Ian Bell – Board Administrator</p> <p><b>Apologies</b></p> <p>Apologies had been received from Peter Aitken, Hilda Fa’asalele and Naida Glavish. An apology for lateness had been received from Chris Chambers.</p>	Dr Lee Mathias (Chair)	Jo Agnew	Judith Bassett	Susan Buckland	Dr Chris Chambers	Rob Cooper	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. Robyn Northey advised that she was a member of the Northern Region Ethics Committee.										

4	<b>CONFIRMATION OF MINUTES 17 NOVEMBER 2010</b>
	<p><u>Moved Lee Mathias, seconded Susan Buckland</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 17 November 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
5	<b>ACTION POINTS 17 NOVEMBER 2010</b>
	<p><b>Children</b></p> <p>It was proposed to have strategic discussions with each Health Services Group (HSG). The Child Health Improvement Plan (2<sup>nd</sup> Edition) was being revised on a whole systems basis from which an implementation plan would follow</p> <p><b>Public Health</b></p> <p>Weight management is a national issue. The Committee had received a presentation from Dr Andrew Jull who was on the working group which developed the Obesity Treatment Guidelines. These guidelines had been signed off by the MoH. Current government policy was focused on education and self-management rather than regulation. There has been a reduction in public health promotion funding.</p> <p>The discussion focused on what was appropriate of treatment and care at ADHB level for weight management?</p>
6.1	<b>Planning and Funding Summary Report</b>
	<p>The Eating Disorders Service was operating with 9 residential beds and day programmes with this being the first time the service was delivered by an NGO. There were close links to the ADHB services.</p> <p>It was thought that immunisation data was held in practice registers but may not have been put on National Immunisation Register. The challenge was to access hard to reach populations with a suggestion that social media be used.</p> <p>The target should be 95% and the Maori Health Advisory Committee had this as an important target. The trend for Maori was upward.</p> <p>Access to diagnostics radiology programme was now confident that the 4,000 procedures target would be met counting Waitemata procedures currently in a separate pathway. Counties Manukau would be rolling out the Procure tool developing processes in practices. Savings in the pharmaceutical project should cover costs.</p> <p>Chris Chambers joined the meeting at 2:30pm.</p> <p>POAC is Primary Options for Acute Care being a programme designed to take some of the acute load.</p> <p>The after hours care project was addressing the historically patchy service between the hours of 5pm and 10pm and 10pm to 7am with a number of different services such as telephone triage, two separate contracts with White Cross and White Cross at Ascot being open over night. However, as these services are based on a business model using casual workforce cost to the patient and the DHB is high.. Counties Manukau use their ED. The project sought to have a more systemised service with consistency of charges and to get coordination of services and linkages based on the principle that there was no more money but funding could be redistributed.</p> <p>The approach is to have a network of 10 clinics regionally distributed through a tender process. Another issue was that between 12pm and 8am there were low numbers and this group of patients tended to be transferred to hospital. While there was a responsibility in the national contract for general practitioners to provide a service there is no funding in the capitation funding. The Clinical Director of ED was supportive of using ED at a fraction of the cost of that paid for after hours</p>

	<p>services. The economies of scale will help to resource ED. A regional approach was being taken.</p> <p>InterRAI was a national programme to get consistency of assessment for residential care. It is hosted by Canterbury with funds contributed by DHBs and MoH.</p> <p>Engagement with Auckland Council was through Local Boards as well as the CEO being on an inter-sectorial group including the Council. There was involvement with spatial planning which included advice on the location of health services in relation where populations were going to grow.. This includes any other advice on health issues. There were good contacts with the Local Boards for input to their plans. The spatial plan was at a high level covering population growth, transport corridors etc. with detail more in the Local Board plans. ADHB did make submissions to the Auckland Council Annual Plan.</p> <p>It was noted the Waitemata and Counties Manukau are devolving health services for Maori currently provided by the DHB. These are to be advised to the Chair of the Maori Health Advisory Committee.</p> <p>The Ministry of Social Development had a Community Link project to have more shared agencies working together. Their frontline staff had been trained in smoking advice. Community nurses could link back to the other agencies and take a Whanau Ora approach.</p> <p><u>Moved Jo Agnew; seconded Susan Buckland</u></p> <p><i>That the Planning and Funding Summary Report be received.</i></p> <p><u>Carried</u></p>
<b>6.2</b>	<b>Planning and Funding Indicators Exception Report</b>
	<p>There were a number of NGO providers with outstanding audit issues. The Committee considered that the question of cancelling contracts was a judgment issue. Legal advice was that this could probably not be done. The Committee supported the process and pathway to improvement with clear goals and supported a firm line based on patient safety with the corrective pathways to be well documented.</p> <p>The Planning and Funding Indicators Exception report was received.</p>
<b>7.1</b>	<b>DAP Projects Report</b>
	<p>For Goals 1 and 2 satisfactory progress was being made although there were delays in three projects.</p> <p>Retinal screening in the community was being established, despite some resistance from the internal service. The Board has approved the software and an agreement has been made with Auckland Eye Clinic for the service to be supplied through a network of optometrists. With the current service there is high Did Not Attends (DNA) for Maori and Pacific. The Counties Manukau provider had lower DNA. Care pathways have been delayed by the PHO changes in primary care. This has also affected devolution.</p> <p>Baby Friendly Community Initiative was a WHO initiative endorsed by the MoH. The Committee is committed to achieving high breast feeding rates as it was based on good science.</p> <p>The DAP Projects report was received.</p>
<b>8</b>	<b>FEEDBACK FROM MAORI HEALTH ADVISORY COMMITTEE</b>
	<p>The Maori Health Advisory Committee had discussed immunisation and the regional future with the combining of resources. This will be subject to another meeting. The Committee had received a presentation from GAIHN. It was of note that they had not addressed it to Maori in particular. The comment was made that to find progress for Maori was also difficult within the ADHB papers.</p>
<b>9.1</b>	<b>Northern Regional Health Plan</b>
<b>9.2</b>	<b>ADHB Funding 2011-2012</b>
<b>9.3</b>	<b>Annual Plan and Statement of Intent 2011-2012</b>

	<p>The papers were all linked and were considered together. Margaret Wilsher was the sponsor of the Northern Regional Health Plan which had three high level goals with a focus on the national health indicators and disparities. There were a number of objectives for diabetes, CVD, older people, child health and the patient's experience based on "do no harm".</p> <p>Production looked at grouping regional services and shared services. The National Health Board's national services plan was not out yet so the regional plan has to be done so it is based on best knowledge. The Board's strategic directions would be fed into the process. The principles of Whanau Ora need to be woven into the plans. Whanau Ora governance wanted local delivery as far as possible using the existing capacity within the state sector. The plan needed a contextual statement, mindful of the aspirations of Whanau Ora, and measurements over time.</p> <p>The Annual Plan had been circulated and would come to the next CPHAC for signoff. It was suggested that in the next version track changes be used. The Summary of Key Developments was discussed with a need to include electives and ED as areas of focus on performance. As noted Whanau Ora should be woven into the document.</p> <p>Acquiring shares with the change in Shared Services was discussed and it was suggested that the vulnerable services be listed. \$5m for process improvements and innovation was identified in the budget</p> <p>The three reports were received.</p>
<b>10.1</b>	<b>Actions Points for next CPHAC Meeting</b>
	<p>The final DAP would go to the next meeting for signoff. Actions carried forward were the strategy for children and the question of what could be done for weight management at DHB level.</p>
<b>10.2</b>	<b>CPHAC Feedback to Board</b>
	<p>There were no recommendations to the Board.</p>
<b>11</b>	<b>GENERAL BUSINESS</b>
	<p>There were no items of General Business.</p> <p>The Chair noted the need for the Board's strategic framework and the aim of increasing value to the population and the need to be looking outwards by the organisation following the Better Sooner More Convenient strategic view to underpin decisions.</p> <p>Targets are serious and ADHB should strive to be a centre of excellence.</p>
	<b>NEXT MEETING</b>
	<p>The meeting closed at 5:04 pm</p> <p>The next scheduled meeting is for 2:00pm, Wednesday, 16 March 2011 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Epsom</p>
<p><b>CONFIRMED</b></p> <p><b>CHAIR:</b> <span style="float: right;"><b>DATE:</b></span></p>	