

Community and Public Health Advisory Committee Minutes

MEETING DETAILS																			
Time and Date	2:00pm, Wednesday, 27 January 2010																		
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom																		
1	KARAKIA																		
	Puawai Rameka opened the meeting with a karakia.																		
2	ATTENDANCE AND APOLOGIES																		
	<p>Committee Members</p> <table> <tr> <td>Dr Brian Fergus (Chair)</td><td>Jo Agnew</td></tr> <tr> <td>Susan Buckland</td><td>Harry Burkhardt</td></tr> <tr> <td>Dr Chris Chambers</td><td>Dr Ian Scott</td></tr> <tr> <td>Pat Snedden</td><td>Rt Hon Bob Tizard</td></tr> <tr> <td>Seiuli Dr Juliet Walker</td><td>Ian Ward</td></tr> <tr> <td>Rev Alfred Ngaro</td><td>Lynda Williams</td></tr> </table> <p>Maori Health Advisory Committee Members</p> <table> <tr> <td>Liz Mitchelson</td><td>Puawai Rameka</td></tr> </table> <p>Pacific Health Advisory Committee Members</p> <table> <tr> <td>Tafilelea Fa'avae Gagamoe</td><td>Latoatama Halatau</td></tr> <tr> <td>Aufa'amulia Asenati Lole-Taylor</td><td>Melino Maka</td></tr> </table> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Taima Campbell – Executive Director Nursing Hilda Fa'asalele – General Manager Pacific Health Aroha Haggie – Maori Health Gain Manager Janice Mueller – Director Allied Health Ian Bell – Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 2:00pm. Apologies had been received from Rob Cooper, Farida Sultana, Tepania Kingi and Naida Glavish.</p>	Dr Brian Fergus (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Chris Chambers	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Rev Alfred Ngaro	Lynda Williams	Liz Mitchelson	Puawai Rameka	Tafilelea Fa'avae Gagamoe	Latoatama Halatau	Aufa'amulia Asenati Lole-Taylor	Melino Maka
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3	CONFLICTS OF INTEREST																		
	There were no notifications of conflicts of interest for any item on the agenda. Ian Scott and Ian Ward advised of amendments to the interests register.																		
4	CONFIRMATION OF MINUTES 18 NOVEMBER 2009																		
	<p><u>Moved Ian Scott; seconded Bob Tizard</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 18 November 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>																		

5	ACTION POINTS 18 NOVEMBER 2009
	The action points were noted.
5.1	Eating Disorders Services Update
	<p>Ian McKenzie, Regional Director, Mental Health and Addiction Services, NDSA and Deidre Maxwell were in attendance.</p> <p>The government had provided funds to develop Eating Disorder Services with most of the money coming to the North for both the Northern and Midland regions. The project was now in the implementation stage of the services with under 15s to Starship in-patients and over 15 new facilities in the community together with DHB capacity. This is an expansion of the Eating Disorder Services for a robust continuum of care. The project was going well. Some of the challenges are the scale of growth of services particularly in recruiting specialist staff and the timing of opening of facilities, funding and establishing contracts. NDSA had a funding management role and there was a clear regional governance structure and problems could be escalated to the regional CEOs. ADHB had shown leadership and support.</p> <p>Funding was designated for four years so there was a risk further out and a back to back agreement for the funding going to NDSA is in place. The parents group that had presented to the Board had been engaged as stakeholders and it was suggested that one of their representatives be on the regional governance group.</p> <p>It was suggested that there needed to be a general discussion on governance of regional structures and networks.</p>
5.2	Timetable for January, February, March, DAP and SOI
	The schedule showing the sequence of events was noted. The Board would consider holding a strategic planning day in association with the Strategic Plan development.
6	PLANNING AND FUNDING PERFORMANCE
6.1	Planning and Funding Summary Report
	The report was noted. The Auckland Sexual Abuse Foundation had secured a package of funding for another 12 months. With the health of older people home based support services contracts three providers had agreed to the model of care and funding with one other querying the funding which appeared to be a manoeuvre to obtain a bigger share of the market. They had been advised to accept the model. The InterRIA standard assessment tool was used nationally.
6.2	Planning and Funding Indicators List and Exception Report
	It was noted the number of other (non TB) disease investigations was increasing and the strategy to address this was to promote immunisation. The immunisation rate was close to the national target and would be met within the year.
7	IMPROVEMENT ACTIVITIES
7.1	DAP Projects Report
	<p>The goal diagram for 2009/2010 did not distinguish disability and this would be considered in developing the 2010/2011 District Annual Plan.</p> <p>It was noted that there were no projects under goal 3. The objective to increase Maori access to services was challenging in relation to resources and changing behaviours to address DNA. DNA had not reduced by the aimed 5% but in fact in the last year had increased. The project had presented to the Clinical Advisory Board and would present to the next Maori Health Advisory Committee.</p> <p>Pacific were progressing building on the summit health last year using Healthy Village Action</p>

	<p>Zones and on the improved immunisation rates.</p> <p>While funding had been withdrawn by the Ministry for the devolution of secondary care services this was being picked up in the EOI process.</p>
8.2	DAP and SOI Update
	<p>There had been considerable work in January and progress made on the District Annual Plan. The Minister's Letter of Expectations had not yet been received. The Ministry had reduced the amount of reporting to the six health targets and another thirteen. The whole document would be coming to the next CPHAC meeting and would be approximately 80 pages long.</p> <p>The Summary of Objectives was contained in section 5 and members were invited to email comments. Concern was expressed that the increasing number and demand by older people may put pressure on funding to children and there was a need to protect that as well as gains for Maori and Pacific.</p> <p>Of the funding increase of \$46m, \$27m was for ADHB's population and this meant the budget would be tight against costs as while there was a zero ER national strategy steps within Meca's will increased costs. The transparent Health Sector Relationship process may assist.</p> <p>The national/regional shared services would be stated the same in each DHBs DAP. New national prices were based on national average costs with an uplift from 18 months ago and would be different from the funding. There were stronger budget directions to a cost target rather than revenue with a strong focus on cost and volume management.</p>
8.3	Youth Health Improvement Plan
	<p>The Youth Health Improvement Plan had been out for public consultation then reviewed with some alterations as a result of the feedback. There was value in having a plan which showed direction acknowledging the present constraints on implementation. Youth Health would be in the prioritisation for funds process.</p> <p><u>Moved Ian Scott; seconded Ian Ward</u></p> <p><i>That the Committee approves the finalisation and dissemination of the ADHB Youth Health Improvement Plan.</i></p> <p><u>Carried</u></p>
8.1	Primary Care Business Cases
	<p>1. National Maori PHO Coalition.</p> <p>Simon Royal presented to the Committee on the National Maori PHO Coalition Whanau Ora business case which included eleven PHOs with an enrolled population of 250,000 with a focus on building pathways for whanau ora with an initial proof of concept through defining the system, identifying how to reorientate systems of care and identifying efficient use of health and social resources to improve outcomes. It was dependent on aligning investment to get the outcomes. The aim was vertical and horizontal integration of services and government departments.</p> <p>The coalition was working with GAIHN and other groups. KPIs for outcomes would be developed and there was continual strategic review to avoid replication or silo development.</p> <p>2. Alliance Health+</p> <p>Winston Timaloa and Olo Elise Puni presented to the Committee. The aims of the first year were to enhance primary care and navigation through the health system of appointments and follow-ups through community support and out reach services including extended hours and access to labs and radiology together with referral management. Transformational change was consolidation of the three PHOs into one with consequential savings. 70% of the enrolled population were high health needs and they would be following the whanau ora approach with wrap around care for families. Issues were business rules for enrolled/non enrolled, regional approach, clinician networks and IT platforms and they would be cooperating and supporting the Maori and GAIHNs proposals.</p>

	<p>3. Greater Auckland Integrated Health Network (GAIHN)</p> <p>Paul Roseman presented to the Committee. The focus was on reducing health inequalities using the whole system with measurable goals and outcome measures. The aim was changes in patients' experience and clinical quality, consistency and best practice, transform productivity and patient care and improve equity and enhance whanau ora through matching resources to influence. There would be transparent measures of performance on health outcomes, patients' experiences and financial performance with regional care pathways. There would be models of care for long term conditions, GP access to diagnostic tests, radiology, improved POAK and regionalisation, addressing inequality including whanau ora and use of clinical audit tools. The goals would need to be agreed regionally and through a charter be part of DHBs DAP.</p> <p>An aligned view and priorities across metropolitan Auckland DHBs was tabled providing a Board checklist and assessment criteria for the business cases.</p> <p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That the Committee supports in principle the PHO primary care business cases to be developed to the guidelines and criteria.</i></p> <p><u>Carried</u></p>
8.4	<p>Review of Funding contracts Using the Results Framework</p>
	<p>The paper was noted and while it was important to have prioritisation framework care needed being taken to maintain the Maori and Pacific gains that had been achieved.</p>
	<p>PUBLIC EXCLUSION</p>
	<p><u>Moved Ian Scott; seconded Jo Agnew</u></p> <p><i>That in accordance with provisions of Schedule 3, clauses 32 and 33 of the New Zealand Public Health Disability Act 2000 public be excluded for consideration of items 8.5 and 8.6.</i></p> <p><i>The general subject of the matters to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under the above clause for the passing of this resolution are as follows:</i></p> <p><i>General subject of each matter to be considered: Health Select Committee Response and Auckland Regional Public Health Services Funding</i></p> <p><i>Reason for passing this resolution in relation to each matter: To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official Information Act 1982 s.9(2)(i) and s.9(2)(j)</i></p> <p><i>Ground(s) under clause 34 for the passing of this resolution: That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under s 9 of the Official Information Act 1982.</i></p> <p><u>Carried</u></p> <p><u>Moved Brian Fergus; seconded Pat Snedden</u></p> <p><i>That the Community and Public Health Advisory Committee resume in public meeting.</i></p> <p><u>Carried</u></p>

	NEXT MEETING
	<p>The meeting closed at 5:50pm</p> <p>The next meeting is scheduled for 2:00pm, Wednesday 17 February 2010 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre</p>
<p>CONFIRMED</p> <p>CHAIR:</p> <p>DATE:</p>	