

Community and Public Health Advisory Committee Minutes

MEETING DETAILS													
Time and Date	2:00pm, Wednesday, 20 October 2010												
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom												
2	ATTENDANCE AND APOLOGIES												
	<p>The Chair declared the meeting open at 2.02 pm.</p> <p>Committee Members</p> <table> <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>Dr Ian Scott</td> <td>Pat Snedden</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Seiuli Dr Juliet Walker</td> </tr> <tr> <td>Ian Ward</td> <td>Farida Sultana</td> </tr> <tr> <td>Lynda Williams</td> <td></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 Kerry Hiini – Planning and Funding Manager Lorraine Hetaraka-Stevens – Associate Director Nursing, Maori Ian Bell – Board Administrator</p> <p>In Attendance</p> <p>Peter Tranter – Procare</p> <p>Apologies</p> <p>Apologies had been received from Susan Buckland, Rob Cooper, Alfred Ngaro, Aroha Haggie, Naida Glavish, Janice Mueller and Margaret Wilsher.</p>	Dr Brian Fergus (Chair)	Jo Agnew	Harry Burkhardt	Dr Chris Chambers	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Farida Sultana	Lynda Williams	
Dr Brian Fergus (Chair)	Jo Agnew												
Harry Burkhardt	Dr Chris Chambers												
Dr Ian Scott	Pat Snedden												
Rt Hon Bob Tizard	Seiuli Dr Juliet Walker												
Ian Ward	Farida Sultana												
Lynda Williams													
3	CONFLICTS OF INTEREST												
	There were no declarations of conflicts of interest with any item on the agenda.												
4	CONFIRMATION OF MINUTES 15 SEPTEMBER 2010												
	<p><u>Moved Bob Tizard; seconded Lynda Williams</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 15 September 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>Farida Sultana had written a paper concerning Asian and Migrant health needs suggesting the option of an advisory committee recognising that diverse population in Auckland. It was suggested that this be discussed at the Board.</p> <p>Ian Ward joined the meeting at 2:17pm</p> <p>Concerning alliance contracting around primary care the Auckland PHO was keen to move to a bigger alliance both managerially and clinically.</p>												

5	ACTION POINTS 15 SEPTEMBER 2010
	<p>Regional Service Plan</p> <p>The Regional Service Plan had been circulated by email and lodged by the due date of 30 September.</p> <p>Alliance Contracting</p> <p>The B4 School Checks and Home Based Support Services could be opportunities for a primary care alliance. It was important to choose carefully what was put into alliance contracting as it does require considerable resource and skilled people and while used mainly in construction can be used taking the wider view of relationship contracting.</p>
6.1	Planning and Funding Summary Report
	<p>The next Regional Service Plan would have more emphasis on primary care, have a strategic context and be more cohesive rather than an amalgam of three DHB plans. Each Health Services Group (HSG) in their planning would look at population groups and project improvements based on analysis and localities to get engagement with all the stakeholders including communities and primary care. HSGs would need to work within a strategic population framework across the whole system and Funding and Planning will have a close relationship with them providing resources. Strategy and planning is crucial for Health Excellence.</p> <p>While ADHB was taking a locality approach using the 7 Auckland Council local Board areas different models are used by Counties Manukau and Waitemata but academic study does indicate that different models do not get different outcomes which are more dependent on culture. Leadership is more important and the right culture will overrule structure. The locality work was progressing well.</p> <p>The Oral Health project would be fine tuned as it progressed.</p> <p>Overall the financial position was on track although with pharmaceuticals there was expenditure unfavourable year to date. Daily usages were being considered in developing accruals rather than single monthly accrual. Other DHBs were also seeing increases in this area. It was noted that Pharmac savings do go back into new drugs that drive increases in dispensing costs through volumes. There were increases in close controlled dispensing and blister packaging which mainly went into rest homes.</p> <p>There were still issues with the contracted organisation concerning Eating Disorders both at CEO and clinical governance levels. Issues were being addressed and the current service was still operative. Four people may need to go to Sydney.</p>
7.1	DAP Projects Report
	<p>The pending shift of HVAZ Pacific PHO contracts to Alliance Health+ had been discussed at the Pacific Health Advisory Committee and the Memorandum of Understanding would be coming to the Board. With improved access and efficiency of service delivery for primary/secondary system the pharmaceutical project had been delayed due to delays in recruitment.</p>
8	FEEDBACK FROM THE COMMITTEES
	<p>Pacific Health Advisory Committee</p> <p>The HPV immunisation was achieving excellent rates. The Committee had asked in relation to Health Targets for information on ethnicities. The consolidation of PHOs and transfer of contracts to a host DHB covered by an MOU would be coming to the Committee concerning HVAZ. There had been discussion on the Tamaki Transformation Project and the role of the Pacific Health Advisory Committee who were keen to participate.</p>

9.1	Healthy Eating Healthy Action Plan
	<p>Kate Sladden was in attendance.</p> <p>There were 4 streams of funding relating to this preventative type of work with prioritised funding for breast feeding and the CFAs being very specific. Breast feeding rates were affected by economic conditions with many Maori and Pacific having to return to work which then placed on them higher costs of alternative feed formula. The HEHA strategy had not been updated and was only funded to 2012. While there was no evidence base of long term benefits such as a guard against obesity from breast feeding it was intuitive. Whether to continue breast feeding is very multi factorial and the holistic approach to the start of life as advised by Sir Peter Gluckman to an earlier meeting was noted. The Committee asked that they be addressed by Andrew Jull on the evidence for nutrition and activity impacting on obesity.</p> <p>The report on Healthy Eating Healthy Action plan was noted.</p>
9.2	Birthcare Contract – Extended Length of Stay Funding
	<p>The funding, including funding assumed in the PBF, was noted with the \$514k being managed through the Funders overs and unders.</p> <p>The report was noted.</p>
9.3	GAIHN Implementation Plan
	<p>GAIHN has established a transitional team to get to a sustainable position and had reduced their budget. The budget mainly covered a project director and the cost of paying people for advice i.e. GPs. The plan was nearly finished and would be submitted at the end of the month. \$745k had been allocated to the approved 8 DAP projects and the proposed 61 cents per enrolled patient was to establish infrastructure. While it was felt that there was nothing innovative there was a number of steps needed to make change, with limits on what could be done, and a need to put in place a structure to assist change. This would go into the next Regional Service Plan. Each PHO was putting in the same amount per patient. It was noted that 45% of Pacific reside in GAIHN and the Pacific Health Advisory Committee wanted more visibility on their health outcomes.</p> <p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That the Community and Public Health Advisory Committee recommends to the Board:</i></p> <ul style="list-style-type: none"> <i>i) That GAIHN's Implementation Plan should be endorsed and;</i> <i>ii) Approve payment of establishment funding to GAIHN of 61c per enrolled ADHB patient for the 2010/2011 financial year.</i> <p><u>Carried</u></p>
9.4	Pathways to Health Careers Update
	<p>A funding proposal had been lodged with Health Workforce New Zealand from whom a response was awaited. The project was implementing a locality approach and there would be changes in the model of care through Whanau Ora. An early start had been made in seeking 90 people to begin the pathways programme noting that the success rate of completion was generally 1 from 3 commencing the programme so that to get 300 graduates an initial intake of 900 was needed. Applicants besides Maori and Pacific would be included. The report was noted.</p>

	NEXT MEETING
	The meeting closed at 3:58 pm The next scheduled meeting is for 2:00pm, Wednesday, 17 November 2010 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Epsom
CONFIRMED	
CHAIR:	DATE: