

Community and Public Health Advisory Committee Minutes

MEETING DETAILS											
Time and Date	2:00pm, Wednesday, 21 April 2010										
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom										
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>Dr Chris Chambers</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>Lynda Williams</td> <td></td> </tr> </table> <p>In Attendance</p> <p>John Scott – Audit NZ Mac Leauanae - Procure</p> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Hilda Fa’asalele – General Manager Pacific Health Aroha Haggie – Maori Health Gain Manager Julie Helean – Manager Planning & Service Development Janice Mueller – Director Allied Health Carol Stott – Planning and Funding Manager Ian Bell – Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 2:06pm. Apologies had been received from Harry Burkhardt, Rob Cooper, Ian Scott, Taima Campbell, Naida Glavish and Celia Palmer. An apology for lateness was recorded for Ian Ward.</p>	Dr Brian Fergus (Chair)	Jo Agnew	Susan Buckland	Dr Chris Chambers	Pat Snedden	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Lynda Williams	
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3	CONFLICTS OF INTEREST										
	There were no notifications of conflicts of interest for any item on the agenda. Jo Agnew advised that she was a casual staff nurse at ADHB.										
4	CONFIRMATION OF MINUTES 17 MARCH 2010										
	<p>Contracts Review would be dealt with in public exclusion and covered half of the contracts as they had an expiry date of 30 June 2010.</p> <p>The increase in health demand was 75% attributable to the increase in size of the population and 25% as a result of change of population mix with an aging population. Concern was expressed at increased advertising driving demand and unrealistic expectations.</p> <p><u>Moved Susan Buckland; seconded Chris Chambers</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 17 March 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										

5	ACTION POINTS 17 MARCH 2010
	<p>Regional governance had been discussed at the Board.</p> <p>A report on the morning after contraceptive pilot was delayed to June or July.</p> <p>The Associate Minister ACC, Pansy Wong would be coming to the June meeting with her aspirations and interest in Asian health.</p>
5.1	Report Back on B4 Schools Checks
	<p>While the initial thought was to use Plunket for the checks the logic was who sees the children just before school. It was proposed that it be devolved to Well Child providers which included Plunket and primary care. While Well Child had a number of checks these were all performed before 3 years of age and the B4 Schools could be added as an 8th check. Procure outlined their project and supported devolvement to primary care. PHOs had the enrolled population and the primary care saw all the family as part of Well Child. There should be regional consistency. The Committee wanted to see the programme work.</p> <p>Ian Ward joined the meeting at 2:30pm.</p>
5.2	PHO Certification
	<p>There was a requirement for PHOs to signoff practice registers with the core issue being enrolment at practice level and ineligible patients. PHOs had been concerned that they did not have the necessary tools to verify the registers but had been advised that in the new contract environment from 1 July 2010 the requirement would be enforced.</p>
6.1	Planning and Funding Summary Report
	<p>At the last meeting there was feedback on the EOI business cases and now work was being done to get more specificity. Signoff had been delegated and this had been actioned last Friday and sent to the Minister. The next challenge is implementation with GAIHN challenged to have a governance structure to hold the PHOs together and a need to find a way to make it work. A PHO leaving GAIHN would not be tolerated. The DHBs were working regionally on the EOIs.</p> <p>The style of integrated family care centres would evolve and may not be one model. It was noted in Glen Innes that there were a number of single practitioners and it was suggested that this be taken to the Tamaki Transformation Project to assess what the community wanted in health services and use that project to get a rational approach. It was noted that the Tamaki Transformation Project had a project to have 300 health workers developed by 2015.</p> <p>In primary care there needed to be fundamental change in thinking and practice i.e. long term conditions management to keep people out of hospital, driven by clear clinical pathways. There may be a stage between general practices with a step up to community hubs and then to hospitals.</p> <p>The Aged Residential Care contract annual review was being undertaken by a DHB lead CEO supported by Chief Planning and Funding Managers from each region. The DHB position was being formulated to be achieved by the group and had been discussed with the Minister who was satisfied with the DHBs' position.</p> <p>While dementia beds demand was increasing there was less demand for residential places as there is more support by Home Based Support Services. Resthomes needed a specific contract for dementia beds to get funding and the number of beds were contracted based on demand. Home Based Support Services were going well although one provider had not yet signed the contract due to commercial tensions between that provider and another.</p> <p>There were many views of what integrated family healthcare centres may look like but it should not be forgotten that primary care was essentially small businesses and there were tensions in the PHO model. The Chair and the CEO had met with Health Providers NZ. The Board was looking for collaborative and long term relationships.</p>

6.2	Planning and Funding Indicators Exception Report
	<p>There were no exceptions. Diabetes “Get Checked” had only slightly improved and work was being done on looking at how to incentivise and have better alignment. GP Liaison would be putting out a quarterly newsletter to keep GPs informed as well as having promotion of the entitlement to one free check. Reporting on Get Checked would be raised to the level of reporting on POAC. In July there would be a primary/secondary pathway conference. The percentage of diabetics having good control was presently 69% against the target of 70% with Pacific and Maori over the target and the rest of the population under. The focus was on supporting self management, more sustainability and expanding the retinal screening programme. ADHB would be hosting a regional session on self management.</p> <p>The CVD screening target was 79% with 78.1% being achieved. Again consideration on how to incentivise was being undertaken. Within HVAZ licensing for green prescriptions was being considered for nurses to raise green prescriptions. Tamaki Healthcare were researching telephone support for self management. There needed to be a philosophical discussion on personal health versus individual choice and population health.</p>
7.1	DAP Project Report
	<p>Projects were impacted by the EOI process. The immunisation targets would be changed to a regional target of 90% and to achieve that there were differential rates of 91% for Auckland and Waitemata, Counties Manukau at 90% and Northland 85%.</p> <p>Susan Buckland left the meeting at 3:28pm.</p>
9.1	Statement of Intent (SOI)
	<p>Feedback had been received on the Statement of Intent and with the Auditors help layout was going to change to output classes. Board approval for signoff by the Chair would be sought. The Chair and CEO had met with Lynn Provost the new Auditor General who considered that the level of reporting across the Crown sector was not good, and particularly for health, with a need for it to be more understood by lay readers. ADHB had offered to be a pilot to achieve the reporting by 2011-2012 to meet the new standards to avoid a qualified audit report. There would be shared learning’s across the sector and Audit had supplied a template. John Scott advised that it was important to get the SOI right sooner rather than later as it affected the next years reporting on which the audit report is based. He had worked with Northland for 5 months to come up with a framework of outcomes and output classes. This was being reviewed by a consistency panel. The template would define what was “good” against which would be the audit.</p> <p>The SOI was due for submission 14 May and would be circulated by courier with an update at the next Board meeting. It was noted that all reporting was being reviewed.</p> <p>The Committee thanked Julie Helean for her work.</p> <p>Better, Sooner, More Convenient</p> <p>The Chief Planning and Funding Officer spoke to the paper which concerned the specificity in the GAIHN proposal signed off by the Chair and sent to the Minister. There had been positive feedback from the Minister. The financial impact on ADHB was approximately \$0.5m. There was consistency across the region and data for the project had come from a pilot run by Celia Palmer with 13 other DHBs.</p>

13.1	Update on Contracts Review
	<p><u>Moved Pat Snedden; seconded Chris Chambers</u> <i>That the meeting move into public exclusion.</i></p> <p><u>Carried</u></p> <p>There was discussion on the contracts review in public exclusion.</p> <p><u>Moved Pat Snedden; seconded Chris Chambers</u> <i>That the meeting resume in public session.</i></p> <p><u>Carried</u></p>
11	GENERAL BUSINESS
	<p>The next meeting would include the launch of the Palliative Care Plan and will be held at Mercy Hospice. The Chair had launched the Youth Health Plan which would be funded in 2011/2012.</p> <p>The Statement of Intent financials was an attempt by the accountants to divide the dollars into output classes.</p> <p>The Ministry had come up with some more funding for Public Health and Waitemata had undertaken to pay their share so the level of redundancies had been reduced. Public Health would be able to repay the debt owed to ADHB. The work of Frank Booth was acknowledged.</p>
	NEXT MEETING
	<p>The meeting closed at 4:45pm</p> <p>The next meeting is scheduled for 2:00pm, Wednesday, 19 May 2010 Mercy Hospice 61 College Hill Road Ponsonby Auckland</p>
<p>CONFIRMED</p> <p>CHAIR: _____ DATE: _____</p>	