

Community and Public Health Advisory Committee Minutes

MEETING DETAILS											
Time and Date	2:00pm, Wednesday, 21 July 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 2.05 pm.</p> <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 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>Lynda Williams</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 Janice Mueller – Director Allied Health Dr Celia Palmer - Director of Population Health and Primary Care Aroha Haggie – Maori Health Gains Manager Mazin Ghafel – Epidemiologist Ian Bell – Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Chris Chambers and Rob Cooper.</p>	Dr Brian Fergus (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Lynda Williams
Dr Brian Fergus (Chair)	Jo Agnew										
Susan Buckland	Harry Burkhardt										
Dr Ian Scott	Pat Snedden										
Rt Hon Bob Tizard	Seiuli Dr Juliet Walker										
Ian Ward	Lynda Williams										
3	CONFLICTS OF INTEREST										
	There were no declarations of conflicts of interest with any item on the agenda.										
4	CONFIRMATION OF MINUTES 16 JUNE 2010										
	<p>The 8 DAP projects had been developed under the GAIHN umbrella but should be regional.</p> <p>The data on termination rates were over 12 months so was the number of people having terminations. Dr Helen Gemmel had presented to the Pacific Health Advisory Committee confirming the rates and expressing her personal view on the high rates in New Zealand. She would be presenting to the Maori Health Advisory Committee. A big picture view needed to be taken including teenage pregnancies, sexual education and community awareness. New Zealand had the second highest termination rate in the world. There had been a good discussion on education, the dearth of research and more analysis required and communication with the community. ADHB provided a regional service. It was suggested that community leaders be invited to a forum to explain the dilemma facing ADHB to involve the community as part of the solution. This was supported.</p>										

	<p><u>Moved Ian Scott; seconded Pat Snedden</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 16 June 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
5	ACTION POINTS 16 JUNE 2010
	<p>Asian Health</p> <p>A date for the Hon Pansy Wong coming to a meeting has not been determined.</p>
6.1	Planning and Funding Summary Report
	<p>The MoH had advised on consultation on the Strategic Plan with a move to a Regional Strategic Plan and District Annual Plan in response to that regional plan. This year's DAP and Statement of Intent were not signed but as drafts had been in the public domain.</p> <p>Immunisation rates had reached 87% with the target being 85%.</p> <p>The Regional Eating Disorder Service was now in place.</p> <p>The Auckland Regional Public Health Service had been through a significant restructuring and achieved a reduced cost structure. There was a surplus year end and the budget forward is breakeven.</p> <p>The Board had resolved, in relation to PHOs, a locality approach reinforcing the Primary Care Plan and Celia Palmer was providing a paper on what that could look like with agreement regionally to the DHB approach. Initial discussions with Procure were positive. GAIHN was struggling with what the alliance meant and resistance in the group to allocating funding through a pool. They are in the process of appointing a Chair. They should be able to deliver on the 8 projects and the DHBs were getting in a position to contract using the concept of a host DHB i.e. Counties Manukau as host DHB for Alliance+ and ADHB for the Maori Collaboration.</p> <p>The organisation has broken even and Funding was as expected with a degree of over expenditure in PHOs and pharmacy although mental health is in a healthy position with a surplus. Overall it was a good position. The under funding of mental health was met through vacancies.</p> <p>Access to Diagnostics was being piloted in 6-7 practices with the appropriate software.</p>
6.2	Planning and Funding Indicators Exception Report
	<p>There were no payments being made against unsigned contracts.</p> <p>The outstanding risks on audit issues from NGO audits with a lot of mental health audits being done at the same time would have resolved 70% by the end of July with the rest by mid August. Healthy Housing was in conjunction with Housing New Zealand Corporation and Counties Manukau and was very successful reaching the target.</p> <p>The number of emergency investigations on hazardous substances and new organisms had increased and ARPMS would be asked whether there was a need or concern or any changes in definition.</p> <p>B4 School Checks would not reach the target being 65% for quintile 5. The MoH had been asked not to claw funding back which could be used to transition the service to primary care.</p>
9.1	Enhancing Diabetes Outcomes and Health Targets
	<p>Dr Paul Drury, Clinical Director, Diabetes and Barbara Stevens, Auckland PHO presented to the Committee.</p> <p>Diabetes is a global issue and through migration was in distinctive populations. The estimates of people with diabetes and pre-diabetic were increasing with in 2008/09 a year on year increase of 14.6%. Prevalence rates by age and ethnicity showed high rates for Pacific and Indian followed by Maori, with in the Indian community 5% in their late 30s. Hospitalisations with diabetes as prime</p>

diagnosis had doubled over 8 year. The Diabetes Centre at Greenlane Clinical Centre only undertakes a small part of the diabetes work. Diabetes matters as it is commonest cause of renal failure in New Zealand, especially with non Europeans, is the commonest cause for amputations accounting for approximately 15%, commonest cause of blindness over 65 and doubles the chance of a heart attach/stroke/heart failure.

The diabetes Get Checked started in 2000 and is an audit tool to review and manage diabetes in primary care. Practice results are sent to PHOs but there is no feedback to GPs but generally GPs are managing their patients. Once a person gets into Get Checked the pathway outcomes are quite good. Problems and issues were the inadequate capacity in primary and secondary care for the volumes, inadequate performance in patient data, workload and competency issues in primary and secondary care and reaching and involving Maori, Pacific, Asian and high deprivation populations. Proposed solutions were coordinators taking a locality approach and across the primary/secondary interface sharing best practice in the development and implementation of clinical pathways.

The Committee thanked the presenters and asked that the recommendation 3 be reviewed as it was considered to low.

Pat Snedden left the meeting at 3:45pm.

Moved Ian Scott: seconded Jo Agnew

That the Community and Public Health Advisory Committee recommends to the Board that to enhance diabetes health and outcomes that they:

1. *Fund 3.0 FTE LTC diabetes Coordinators for 24 months and review (est. \$540,000.00 over two years)*
2. *Fund \$500/annum towards population analysis tool annual license for 24 months (\$123,000.00 (over 2 years)).*
3. *Fund diabetes clinical care pathway coordinator for 18 months (est. \$50,000.00)*
4. *Fund a contribution of \$35,000 to support the review and linkage of the existing data collection forms in primary care.*
5. *Fund \$15,000 for consumer representation and input in care pathway development for 18 months then assess ongoing support requirements.*

Total requested: Year 1: \$411,500 Year 2: \$351,500

Carried

The Committee thanked the presenters.

7.1 DAP Projects Report

The report was noted.

8 FEEDBACK FROM THE COMMITTEES

Maori Health Advisory Committee

The Committee had discussed diabetes and regional governance. They have requested a report on *shine involved in the Hohourongo programme and had considered the Ngati Whatua response to regionalisation.

Pacific Health Advisory Committee

There had been discussion on termination rates with a presentation by the Service, had received a presentation on health careers pathway for Tamaki Transformation Project which was endorsed and noted the recent media publicity on HVAZ noting that other DHBs and organisations were enquiring about the programme.

9.2	Tamaki Transformation Project – Pathways to Health Careers (P2HC)
	<p>The presentation explained the structure with employment a key component with P2HC seeking to train and employ 300 health professionals by 2015. Training usually took three years but as some would be part time may take 5 years. The project was to provide employment and improve and transform individuals with the programme principles being learner centred with community involvement.</p> <p>Pat Snedden returned to the meeting at 4:10pm.</p> <p>There was strong community engagement and Margaret Ngapera gave the Committee an insight into the communities' input and enthusiasm. The programme was centred on wrap around support which will include pastoral care and child care as necessary. Pat Snedden as Chair of the Tamaki Transformation Project noted the significance of the project within the greater transformation project and Workforce New Zealand, Des Gorman and the National Health Board, Rob Cooper were extremely supportive.</p>
9.3	Presentation on Alliance Contracting
	This item was deferred.
	NEXT MEETING
	<p>The meeting closed at 4.30 pm</p> <p>The next meeting will be part of the Board Planning Day on Wednesday, 18 August 2010</p> <p>The next scheduled meeting is for 2:00pm, Wednesday, 15 September 2010 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Epsom</p>
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>	