

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community & Public Health Advisory Committees

Wednesday 14 December 2011

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna
commencing at 2.02p.m

PART I – Items considered in public meeting.

COMMITTEE MEMBERS PRESENT:

Lee Mathias (Committee Chair) (ADHB Deputy Chair)
Warren Flaunty (Committee Deputy Chair) (WDHB Board Member)
Lester Levy (ADHB and WDHB Board Chair)
Max Abbott (WDHB Deputy Chair)
Jo Agnew (ADHB Board member)
Pat Booth (WDHB Board member)
Susan Buckland (ADHB Board member)
Chris Chambers (ADHB Board member)
Sandra Coney (WDHB Board member)
Robyn Northey (ADHB Board member)
Christine Rankin (WDHB Board member)
Allison Roe (WDHB Board member)
Tim Jelleyman (Co-opted member)
Eru Lyndon (Co-opted member)

ALSO PRESENT: Dale Bramley (WDHB, Chief Executive)
Garry Smith (ADHB, Chief Executive)
Debbie Holdsworth (WDHB, Acting Chief Planning and Funding Officer)
Denis Jury (ADHB, Chief Planning and Funding Officer)
Paul Garbett (WDHB, Board Secretary)
Andrew Old (ADHB and WDHB, Medical Advisor – Service Integration)
Janine Pratt (WDHB, Group Planning Manager)
Imelda Quilty-King (WDHB, Community Engagement Co-ordinator)
Tim Wood (WDHB, Funding Manager)

(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Tracy McIntyre, Waitemata Health Link
Margaret Willoughby, Rodney Health Link
Lynda Williams, Auckland Women's Health Council
Lorelle George, Waitemata PHO
Ngairé Harris, Waipareira Trust and Waitemata PHO (West Manager)

LEAVE OF ABSENCE: Peter Aitken

APOLOGIES: Apologies were received and accepted from Rob Cooper, Janice Mueller, Taima Campbell, Hilda Fa'asalele and Deborah Dalliessi (North Shore Community Voice).

KARAKIA

Eru Lyndon led the meeting in a karakia

WELCOME

The Committee Chair, Lee Mathias, welcomed those present to the final CPHAC Meeting for 2011. She advised that Alfred Ngaro's resignation from the Committee had been accepted, following his election as a Member of Parliament. An approach would be made to the Health Pacifica community for a replacement in the New Year.

DISCLOSURE OF INTERESTS

Robyn Northey advised that she had been appointed as a member of the University of Auckland Human Participants Ethics Committee.

There were no declarations of interests that might give rise to a conflict of interest with a matter on the open agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 9 November 2011 (agenda pages 1-10)

Resolution (Moved Warren Flaunty/Seconded Chris Chambers)

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 9 November 2011 be approved.

Carried

Matters Arising:

With regard to the paper on Whanau Ora by Eru Lyndon, it was noted that Ministerial approval would be needed to release it to Committee members. It was considered that it would be very helpful to have access to the report as there are various perspectives on what Whanau Ora involves and the report could be useful in reaching a common understanding, particularly as the Boards would need to accelerate their involvement in this area over the next 24 months. The Committee Chair offered to contact the Minister responsible for Whanau Ora for permission for CPHAC to have access to the report in the New Year.

3 DECISION ITEMS

There were no decision items.

4 INFORMATION ITEMS

4.1 Auckland and Waitemata DHBs' Annual Planning Process for the 2012-13 Financial Year (agenda pages 11-14)

Janine Pratt (Group Planning Manager, Waitemata DHB) introduced the report. Matters covered in discussion and in answer to questions included:

- In the final Planning Package and Guidelines from the National Health Board, a number of mandatory expectations had been re-sized, but overall the level of prescription remained greater than in previous years.
- The approach taken locally last year had been to customise the requirements and that appeared to have been accepted, although there were some general messages from the Ministry of Health (not specific to Auckland DHB and Waitemata DHB) that they had not received enough detail in 2011/12.
- The Board Chair suggested that the Annual Plan should be seen primarily as an accountability document rather than a business plan. He suggested focussing on producing a good accountability document and then extracting from it to develop a planning document.
- Performance measure requirements for the Annual Plan – not too much significance should be placed on what had been removed, as recording and reporting on many of these measures to the Ministry and the Boards will continue whether or not they are reported in the Annual Plan. It was agreed that it would be worthwhile when referring to those measures that are no longer included in the Annual Plan to note that “while these matters are not part of Annual Plan reporting, they are still being focussed on.” In further discussion about performance measures the importance of being selective and identifying those that make a difference was emphasised.
- At CPHAC's next meeting on 1 February 2012, there will be reporting on Maori, Pacific and Asian Action Plans, which will give a broader picture on what is being reported on in those areas.
- Auckland DHB Board members are having a strategic workshop on 31 January and Waitemata DHB on 8 February, which will assist in identification of Board priorities. If necessary a joint workshop could be arranged after those meetings had taken place.

The Committee Chair thanked Janine Pratt.

The report was received.

5. STANDARD MONTHLY REPORTS

5.1 Primary Care Update (agenda pages 15-23)

Andrew Coe (Group Manager Primary Care, Auckland and Waitemata DHBs) and Stuart Jenkins (Clinical Director Primary Care, Auckland and Waitemata DHBs) were present for this item.

The Board Chair updated the meeting on developments relating to GAIHN. He advised that following the Audit and Finance Committee meetings of both Boards, he had met with the Chairman of GAIHN and advised him that both Boards are committed to GAIHN but wanted a more focused involvement. This response had led to further consideration of the way GAIHN might operate.

Denis Jury further updated the meeting following a GAIHN Alliance Leaders Team meeting held earlier on 14 December. He advised that there were mixed views about changing the nature of GAIHN, but there had been agreement to fund GAIHN until the end of February 2012, while that is being resolved. There was an expectation that GAIHN could combine some joint projects which all the DHBs would be involved in with a mix of other projects where individual DHB participation would be voluntary.

The Board Chair emphasised the importance of ensuring that agreement on GAIHN proposals for 2012/13 occurs in time to be built into the Annual Plan process, avoiding the problems that had occurred this year.

With regard to the dissolution of the Alliance Health + Board, Denis Jury explained the background, which related to an antecedent organisation, and that the Ministry of Health had funded Health Partners to work with Alliance Health + on a new governance structure and to provide advice on management structure and processes. He advised that he was satisfied with the process and where it was heading, and that it provided an opportunity to create a good organisation. The remaining members of the Alliance Health + Board had been very honest and clear about what was occurring.

Other matters covered in discussion and in response to questions included:

- The Government's new policy of free after hours visits for under-6s (page 18 of the agenda) – Andrew Coe will come back to CPHAC with information from the Ministry on what the funding will be (when that information is available) and on how the policy will be implemented and any funding implications in terms of the regional after hours network (currently seven of the eleven A&M clinics are free for under 6's).
- With regard to the National Hauora Coalition and the setting of PHO Performance Programme targets (page 16), the importance of getting sound PHO data was emphasised.
- Regional Afterhours Service (pages 17-18) – Andrew Coe advised that good, helpful communications coverage had been received, including television and radio, with more recently a focus on specific audiences, for example advertising on Pacific radio. Dale Bramley also noted that when the Afterhours proposal was agreed to, part of that agreement was for an evaluation report around March 2012 on the impact of the new structure. Andrew Coe advised that Auckland and Waitemata DHBs would be driving that evaluation process.
- Andrew Coe will obtain and provide additional information on the College of Urgent Care (page 18) which has responsibility for accrediting new after hours providers, and on the accreditation process.
- Localities (page 21) – with regard to Auckland DHB considering the health links concept as part of its locality approach, this was still being considered and assessed.
- Whanau Ora – Eru Lyndon outlined two components. The first is focused on building systems and capacity, but doesn't provide for how that capacity will be used. The second, navigator, component looks to navigate people through health and social services, for example to educate people about health opportunities.
- Networks (page 21) – the “benefit framework and value proposition” referred to involves such matters as meeting health targets, quality and reporting flow. Objectives for integrated health networks included improving health outcomes, value for money and improving systems performance.
- Unspent PHO Funds (pages 22-23) – there is an issue in that the legislation makes it difficult to retrieve unspent funds without the agreement of the PHOs. The Primary Care Team is pushing for more information from the PHOs and hopefully would have that by the end of the calendar year. At some point a decision would be needed from the Boards. Andrew Coe will check that funds from Te Hononga had been transferred to the National Hauora Coalition and that there were no funds that should be recorded as unspent funds. Strong concerns were expressed at the non return of unspent funds and the Committee Chair talked of the need for a disciplined approach in matters like this.
- Primary Care – the Board Chair commented that over the last year there had probably not been the kind of progress that was needed in primary care. There are too many structures in this area. There is a need to move more assertively to bring patients' needs to the forefront with providers. Unspent PHO funds are neither acceptable nor ethical. There will be a need to push hard to make progress on Whanau Ora. With

family health networks, real progress needed to be made and more bureaucracies needed to be avoided. In dealing with primary care providers, there needed to be clarity, consistency and consequences. Overall he would like to see the pace of change with primary care twenty times quicker than this year's. Integration did not always mean shifting services out; the key is to get patients flowing through the health system and dealt with at the right time.

The report was received.

5.2 Planning and Funding Update (agenda pages 25-28)

Denis Jury (Chief Planning and Funding Officer, Auckland DHB) and Debbie Holdsworth (Acting Chief Planning and Funding Officer, Waitemata DHB) presented the report.

The Committee Chair noted that it had been identified that cervical screening rates in the region are not good and that there need to be more strategies to deal with that. In addition to the duty of care, cervical cancer is a very expensive cancer to treat and every effort should be made to improve levels of screening.

In answer to a question, Denis Jury advised that the failure with WONS was in its ability to achieve screening of high needs women, but this had provided an opportunity to rethink the approach. There had been some good results at Auckland DHB when free smears had been experimented with. There were mixed views concerning the Ministry of Health funding a regional co-ordination service (as it did for all other regions in New Zealand except Auckland), however the view at the moment was that this option should probably be taken up. In early 2012 they would come back with a clear recommendation on the approach that should be taken to this issue.

Further discussion on cervical screening included:

- Committee members suggested innovative approaches might be looked at, for example clinics in workplaces or making cervical screening available through the mobile breast screening service.
- Data on screening did not come directly to DHBs from the general practices, but is accessed via the Ministry of Health.
- Some time in 2012, the national responsibility for screening will be transferred to the Health Promotion Agency.
- One of the problems in effectively approaching this issue is that some of the funding sits with the National Screening Unit and some with the District Health Boards. There needed to be good consultation to achieve an effective approach.
- Debbie Holdsworth noted that at Waitemata DHB this had been a significant issue of concern and discussion at the Hospital Advisory Committee. The plan was to come back to CPHAC concerning the issues raised. It was also hoped that there would be relevant experience gained from the bowel screening pilot, which involved a new model of working with primary care.

In answer to a question concerning the Commerce Commission investigation into Rest Home Providers alleged "double dipping" (page 26), Denis Jury explained the issue and offered to distribute some information on the "Ryman Model" which looked to provide the clearest solution.

North Shore Hospice (page 26) – the closing of four of the nine beds is critical. Tim Wood advised that he had serious discussions with the CEO and Chair of the Hospice who had been made very aware of the Board's concerns and this had been followed up with a letter to the Hospice re-iterating those concerns. A distributional mechanism for the palliative care workforce across Waitemata is being looked at. He also advised that while the West Auckland Hospice is pursuing its proposal for future expansion, interim measures are being

looked at to provide additional beds in the West. The Hibiscus Coast Hospice had six beds which are close to maximum occupancy, and is pursuing plans to provide another ten beds in the future. The Committee was also advised that hospices receive a substantial amount of Government funding but are required to raise a proportion of their operational costs.

Resolution (Moved Lee Mathias/Seconded Max Abbott)

That the report be received.

Carried

6. GENERAL BUSINESS

There was no general business.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved Warren Flaunty/Seconded Robyn Northey)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following item, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting with public excluded held on 9 November 2011	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Confirmation of Minutes As per the resolution from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Child Health	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry on, without prejudice or

General subject of item to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
		disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

Carried

The Committee Chair thanked members for their participation and wished all a Happy Christmas.

The meeting concluded at 3.48p.m.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEES HELD ON 14 DECEMBER 2011

_____ CHAIR

Actions Arising and Carried Forward from Meetings of the Community & Public Health Advisory Committees as at 19 December 2011

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back	Comment
CPHAC 10/8/11	3.1	<u>CPHAC Terms of Reference</u> – suggested improvements from Chris Chambers to be considered.	Denis Jury, Debbie Holdsworth		Will be included in review of CPHAC in early 2012.
CPHAC 12/10/11	3.1	<u>Paper on Whanau Ora by Eru Lyndon</u> – to be circulated to Committee members.	Lee Mathias		Paper yet to be publicly released – Committee Chair to seek access to it for CPHAC from the Minister responsible for Whanau Ora.
CPHAC 12/10/11	3.1	<u>Local Approach to Health Service Planning</u> - progress report requested for February or March 2012.	Andrew Old	CPHAC 14/3/12	
CPHAC 12/10/11	3.3	<u>Oral Health</u> - issue of schools declining mobile oral health services to be discussed with the Ministries of Health and Education and reported back to CPHAC -more detailed information to be obtained on number and type of mobile services visiting schools (primary and secondary).	Vicki Scott, Rachel Mattison Vicki Scott, Rachel Mattison	CPHAC 01/02/12 CPHAC 01/02/12	
CPHAC 9/11/11	3.1	<u>2012/13 Planning Process</u> – options to keep the Boards involved in the work in process (for example a sub Committee, additional meetings or use of “drop box” technology) to be worked on, with suggestions/further information to be available at the Strategic Planning Days in early 2012.	Janine Pratt, Julie Helean		
CPHAC 9/11/11	5.1	<u>Business Case Reporting</u> – Information requested on expenditure on the different regional business cases over time and results achieved for that expenditure.	Andrew Coe		Request for a report being made to BSMC Funding Group’s December meeting.
CPHAC 14/12/11	5.1	<u>Primary Care Update</u> – Information to be provided on: - Funding of Government’s new policy of free after hours visits for under 6’s, how policy will be implemented and funding implications for the regional after hours network. - College of Urgent Care and accreditation process for new providers for the regional after hours network. - What occurred with any unspent funds from Te Hononga PHO.	Andrew Coe		
CPHAC 14/12/11	5.2	<u>Planning and Funding Update –Rest Homes</u> – information on the Ryman Model for separating different types of cost to be distributed to CPHAC members.	Denis Jury		