

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community & Public Health Advisory Committees

Wednesday 14 September 2011

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna
commencing at 2.00p.m

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) (present from 2.09p.m)
Max Abbott (WDHB Deputy Chair)
Jo Agnew (ADHB Board member)
Peter Aitken (ADHB Board member)
Pat Booth (WDHB Board member)
Susan Buckland (ADHB Board member)
Chris Chambers (ADHB Board member)
Sandra Coney (WDHB Board member) (present from 2.15p.m)
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)
Alfred Ngaro (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)
Stuart Jenkins (Clinical Director, Primary Care)
Cliff La Grange (WDHB, Finance Manager)
Leani O'Connor (ADHB, Pacific Planning and Funding Manager)
Andrew Old (ADHB, Medical Advisor – Funding Division)
Jocelyn Peach (WDHB, Director of Nursing and Midwifery)
Janine Pratt (WDHB, Group Planning Manager)
Imelda Quilty-King (WDHB Community Engagement Co-ordinator)
Tim Wood (WDHB Manager Funder NGO)

PUBLIC AND MEDIA REPRESENTATIVES:

Deborah Dalliessi, North Shore Community Health Voice
Margaret Willoughby, Rodney Health Link
Lynda Williams, Auckland Women's Health Council
Lorelle George, Waitemata PHO
Nick Brentnall, HealthWEST
Nick Swain, ProCare

APOLOGIES: Apologies were received from Rob Cooper, Taima Campbell, Janice Mueller and Naida Glavish, together with apologies for late arrival from Sandra Coney and Lester Levy. Christine Rankin gave an apology for early departure at 3.45p.m (which did not eventuate as the meeting concluded before then).

PART I – Items considered in public meeting.

WELCOME

The Chair, Lee Mathias, welcomed those present, with a special welcome to Alfred Ngaro and Jo Agnew, both attending a combined meeting of the two Committees for the first time.

DISCLOSURE OF INTERESTS

It has been noted that Alfred Ngaro is also a member of the Tamaki Transformation Board and that one of Lee Mathias's listed interests should read "Director – John Seabrook Holdings Ltd".

There were no other notifications of additions or amendments to interests that had been previously advised by members.

There were no identified conflicts of interest for the open part of this agenda at the commencement of the meeting, however later in the meeting Sandra Coney advised of a conflict relating to Item 3.3 – Auckland Council – Draft Auckland Plan and Potential Future Relationships, in that she will be sitting on the hearing of submissions at the Auckland Council. While she would take no part in the discussion or any decision relating to an Auckland Plan submission, she would like to take part in discussion around future relationships. The Committee agreed that this would be appropriate.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda except that Item 3.1 GAIHN Work Plan and Investment Proposals for 2011/12 was taken prior to Item 2.1 Confirmation of Minutes.

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 10 August 2011 (agenda pages 1-19)

Resolution (Moved Lee Matthias / Seconded Warren Flaunty)

That, with the correction of the words "six monthly" to read "six weekly" in the third bullet point on page 6, the Minutes of the Auckland and Waitemata District Health Boards Community and Public Health Advisory Committees Meeting held on 10 August 2011 be approved.

Carried

Matters Arising:

It was noted that on page 15 of the agenda, in the presentation on Primary Care Strategic Direction attached to the minutes, the chart relating to Integrated Family Networks should also show Pacific providers.

3 DECISION ITEMS

3.1 GAIHN Work Plan and Investment Proposals for 2011/12 (agenda pages 21-63)

Ray Naden, Chair of GAIHN and Andrew Coe, Group Manager, Primary Care & PHOs, Auckland and Waitemata DHBs were present for this item.

The Chair welcomed Ray Naden to the meeting and invited him to provide an update on progress with GAIHN and the background to the investment proposals.

Ray Naden's address to the Committee included the following:

- The decision made in April 2011 to refocus GAIHN on better primary care to reduce the number of acute episodes that result in unplanned hospital admissions. Unplanned admissions are disruptive to families and generally involve more risks, more difficulties and more expense. If people can be kept well in the community, there are major cost benefits for the health system.
- The two core work streams aimed at identifying those individuals at highest risk of acute episodes and better management of those individuals in primary care; and at better primary response to acute events when they occur. Appropriate triage and good advice needs to be available in the community, whereas currently approximately 60% of patients arrive at EDs without having had triage in the community.
- The third work stream around enablers of better primary care, for example utilising the "Shared Care" software to share the healthcare plan for individual patients, which was proving very effective and would be a true enabler around integrated care. Another example is Clinical Pathways to ensure patients are managed in accordance with best practice.
- The fourth work stream involving population prevention programmes, for example against smoking, skin infections and stroke, including increasing public awareness and how to respond.
- The fifth work stream of Alliance support and development and the sixth work stream of systems improvement, involving aligning incentives with what needs to be achieved.
- Overall, he saw the direction being ambitious, innovative programmes, breaking new ground.

In responding to questions, Ray Naden advised:

- That with regard to cost benefit analysis, the approach being taken is:
 - what is the problem we are trying to solve ?
 - what benefits are envisaged ?
 - what is the investment required ?
 - and what is the return on the investment?

A risk modelling exercise had been agreed on, based around comparing what hospitalisation patterns are to be expected if the programme is implemented, compared to hospitalisation if the programme is not implemented.

- While there were numerous approaches to identifying those people with the highest risk of hospitalisation, the system chosen runs relatively easily and most importantly can demonstrate how effective the programme is at avoiding unnecessary hospitalisations, by predicting what the hospitalisation rate would be for those individuals if there was no programme.
- The Waitemata DHB Readmissions Prevention Project used the same predictive risk tool as the GAIHN Programme, but the difference was that the Waitemata DHB project concentrated on the hospital discharge and the days immediately following that, whereas the GAIHN Programme was a longer term approach, focusing on integrative care long term.
- While he would like to see faster implementation of the programme, he accepted the need for documentation and justification.
- Following the first step of identifying the people for whom the most good could be done, the major issue would be to get all the primary care practices across Auckland enthusiastically engaged in the programme. There are some shining examples of general practices with hospital admission rates far lower than others. There is a need to find out what things some practices are doing well and what others aren't.

Debbie Holdsworth confirmed that discussions had been held around the relationship between the GAIHN Programme and Waitemata DHB's Readmissions Prevention Project. It is

important that both are to use the same predictive tool. What is not known is whether or not the GAIHN use of community data will add to the effectiveness of predicting hospital readmissions. She also agreed with Ray Naden that the interventions would be different.

In answer to a further question concerning when results would be available, Ray Naden said that by the end of June 2012 there should be demonstrable results in terms of the goals set. An example of one of the measures being considered, relating to good triage being provided in the community, was the reduction in number of patients arriving in ED without having been referred.

The Board Chair noted that GAIHN is a partnership and that all parties are in this together, with a responsibility to adopt a collaborative, regional way of working, even if that felt uncomfortable because people are not used to working in that way. It is important to realise that this approach involves a leap of faith as well as commitment.

In answer to further questions, Ray Naden advised that when he had come to GAIHN, it had been unclear where accountabilities lay. He had worked on the basis that what GAIHN had control over it should be accountable for, as opposed to matters it did not control but wished to utilise and build on. In terms of governance, GAIHN is an alliance and all parties share an involvement in that. Accountability is spelled out in the GAIHN Plan approved by the District Health Boards previously.

Resolution (Moved Lester Levy / Seconded Max Abbott)

- a) **That the report be received.**
- b) **That CPHAC notes the investment requested and that the request will be considered by the Audit and Finance Committee and the Board for Auckland and Waitemata DHBs in support of the continued development and implementation of the work streams and associated projects as summarised in this report.**
- c) **That CPHAC notes that this funding request represents 60% of the agreed funding limit for 2011/12 and that a further funding request will be received in December 2011.**
- d) **That it be noted that confirmation will be sought on whether the Clinical Pathways work stream will need to go to the National Health IT Board due to the amount requested.**
- e) **That it be noted that Waitemata DHB and Auckland DHB will work in a collaborative way with GAIHN to ensure there is no duplication between the GAIHN work and the DHBs' contracts with community and primary care providers, the provider arm and the Northern Region Health Plan.**

Carried

Warren Flaunty noted that he had voted against the above resolution.

3.2 Primary Care: An Integrated Strategic Approach – Mergent Health Care (agenda pages 65-73)

Andrew Coe (Group Manager, Primary Care – Auckland and Waitemata DHBs), Dr Stuart Jenkins (Clinical Director, Primary Care – Auckland and Waitemata DHBs), and Dr Jonathan Simon (a West Auckland general practitioner and leader of West Auckland Healthnet) were present for this item.

In answer to questions, Stuart Jenkins commented:

- That there clearly needed to be one system of data collection, and the intention is to achieve that.
- With regard to alignment with GAIHN, integrated networks is one of the GAIHN work streams.

- Integrated Family Health Centres will not amount to community hospitals. The intention is to strengthen primary care to support existing hospitals.
- Integrated Family Health Centres will only be effective if part of Integrated Family Health Networks.
- Models of care and revenue agreements are key to bringing about change.

Jonathan Simon commented that this is not about buildings, but about a change of functionality. Co-location by itself and without a change of functionality is a waste of time. In an ideal world functions would be sorted first, but this is not an ideal world. If a different functionality is not delivered, then in his view this will be losing a key last opportunity to make a major improvement to the health system. In the RFP released on 13 October 2010 one concept had been central, a new model of care and revenue agreement, and this was fundamental. With Integrated Family Health Centres it was essential to go with the early movers, the practices prepared to take a risk. Once established, the other practices around them can be taken on a journey by offering them and their patients access to all the services available in the Centres. This was all part of a slow transformative change.

In discussion it was noted that one of the core drivers of transformational change is to deliver value to the system. Over time this will involve a movement from concentrating on measuring inputs and outputs to measuring outcomes. The Board Chair made the analogy of shifting from a concentration on anatomy to the physiology and psychology of the system.

In answer to a question concerning timing, Andrew Coe advised that this was being worked on with colleagues in primary care. A group had been set up representing all primary care organisations. There was already good engagement with the PHOs and a lot of support from practitioners. What would be essential would be to demonstrate improvements for patients. A detailed plan was being prepared for management teams to review.

Denis Jury referred to the benefits being seen from the merging of the ADHB and WDHB primary health teams, particularly in terms of combined mental effort in resolving the same problems. The Board Chair noted that this was the first move of this type in terms of collaboration and that he was working with the two Chief Executives to identify other areas where there would be added value from that approach.

Resolution (Moved Lee Mathias / Seconded Robyn Northey)

That the Committee:

- Note that the current and proposed approach to deliver Better, Sooner and more Convenient Primary Care is supported by the sector and will deliver regional consistency.**
- Endorse the integrated development approach as being critical in the timely achievement of improved community and public health outcomes.**
- Endorse the development of a detailed work plan delivered in partnership with the sector.**

Carried

3.3 Auckland Council – Draft Auckland Plan and Potential Future Relationships (agenda pages 75-80)

As noted under Disclosure of Interests at the start of these minutes, Sandra Coney advised and the Committee agreed that while she would not participate in the discussion or any decision relating to a Draft Auckland Plan submission, Sandra would take part in the discussion around future relationships.

Janine Pratt (Group Planning Manager WDHB) introduced the report.

With regard to the previous submission from the Metro-Auckland DHBs on 'Auckland Unleashed – the Auckland Plan Discussion Document' (circulated to Committee members as background for this item), the Committee noted that with regard to schools (page 29 of that submission) reference could also have been made to Oral Health Care and possibly to the issue of fluoridation.

On the subject of future relationships, Sandra Coney thanked Dale Bramley for allowing the Auckland Council's Social and Community Forum to meet in the Board Room on 13 September, when the subject for consideration had been health. She said that now there is just one Council for Auckland, there is an opportunity to work better together to realise mutual goals. The Auckland Plan highlights a number of things impacting on health status and has a focus on disparities. There had been a discussion about holding a workshop and inviting District Health Board representatives to attend, to set some mutual goals, through discussion at a governance level.

Dale Bramley and Denis Jury talked of the realisation that there is a common core to process documents from the Council and the District Health Boards in terms of health outcomes sought, and that it will be valuable to work more closely on these documents before they reach the public notification and submission stage.

Other points made in discussion of the item included:

- It is important for there to be an awareness at governance level of what is taking place at officer level between the Council and the District Health Boards - some form of regular update was suggested.
- It would be useful to identify all the Council activity at "ground level" which has a health dimension – often one only becomes aware of this by accident.
- It is important to remember that the Auckland Plan is not a Council Plan, and relies critically on the engagement of the community.

Janine Pratt advised that she was developing a think piece on opportunities to work together with the Council and priorities for that, and planned to bring that back to CPHAC.

With regard to sign off of the proposed joint submission on the Draft Auckland Plan, it was noted that progress with the submission would be reported back to CPHAC on 12 October and a decision on sign off process would be made then.

Resolution (Moved Robyn Northey / Seconded Allison Roe)

- a) That the information be received.**
- b) That the Committee endorse the preparation of a joint submission to the Draft Auckland Plan on behalf of Auckland DHB, Counties Manukau DHB, NDSA and Waitemata DHB.**

Carried

4 INFORMATION ITEMS

4.1 Immunisation (agenda pages 81-86)

Dr Tim Jelleyman (Head of Division, Medical for Child, Women and Family Services, Waitemata DHB) presented the report. In answer to questions, he commented that:

- Informed choice required both communicating the span of possibilities to families and respecting their right to decide on immunisation.
- In the case of outbreaks of infectious diseases one of the consequences for those not immunised may be quarantine.

Concerns were expressed at the lack of thought to the needs of children, including their educational needs, when quarantine is applied because of disease outbreaks, for example at Oratia recently. It was noted that to some extent this is a national issue. Tim Jelleyman offered to feed those concerns back to the Auckland Regional Public Health Service.

The report was received.

5. STANDARD MONTHLY REPORTS

5.1 Planning and Funding Update (agenda pages 87-99)

Matters noted included:

- Confirmation that Auckland DHB B4 School Check (page 92 of the agenda) is also on target for August.
- With regard to the Pharmaceutical Society request that Waitemata DHB fund the two Warfarin pilot sites on an ongoing basis until a decision is made nationally to make this a standard practice or not (page 93 of the agenda), the final evaluation report referred to was due the previous week with the Society and it is expected that they are working through it. If the programme is rolled out nationally to all pharmacies, the cost will be \$50M on the current funding model.
- In relation to concerns expressed in the media relating to the new drug Dabigtran, it is clear that only certain patients should be transferred to it and there needed to be careful monitoring.

6. GENERAL BUSINESS

There were no items of general business.

7. RESOLUTION TO EXCLUDE THE PUBLIC (agenda page 101)

Resolution (Moved Lee Matthias /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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
<p>1. Confirmation of minutes of the Auckland and Waitemata District Health Boards Community and Public Health Advisory Committees Meeting held on 10th August 2011 with public excluded</p>	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Confirmation of Minutes</p> <p>As per the resolution from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.</p>

Carried

3.33p.m to 3.36p.m - public excluded session.

The meeting in open session resumed at 3.36p.m.

The Committee Chair thanked members for their participation.

The meeting concluded at 3.37p.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 SEPTEMBER 2011

CHAIR

**Actions Arising and Carried Forward from Meetings of the
Community & Public Health Advisory Committees
as at 16 September 2011**

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back	Comment
WDHB CPHAC 13/4/11	4.3	<u>Interpreter Service</u> – Next Asian Health Service Update to include information on level of service provided, number of times used and cost.	Sue Lim	CPHAC 12/10/11	Information will be included in the October Planning and Funding Update.
WDHB CPHAC 13/7/11	4.2	<u>Smoking</u> - a report to be provided for HAC on the support being given to staff to quit smoking and how enforcement of the Board's non-smoking policy in hospital grounds and other sites is proceeding, and on the ADHB approach and how we might align where appropriate.	Alan Wilson	HAC 31/8/11	
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 10/8/11	5.1	<u>Reporting from Whanau Ora Providers</u> – suggestion that this might be included with reporting around BSMC to be looked at.	Denis Jury, Debbie Holdsworth		
CPHAC 10/8/11	5.1	<u>Mental Health</u> – joint paper to be prepared for CPHAC on mental health residential facilities located in local communities covering location, who is providing, issues and risks, safety and how crises are handled.	Howard Dawson, Clive Benseman	CPHAC 12/10/11	
CPHAC 10/8/11	5.1	<u>Child and Adolescent Oral Health</u> – joint paper to be prepared for CPHAC covering statistics for the last 2-3 years.	Vicki Scott, Rachel Mattison	CPHAC 12/10/11	