

# Community and Public Health Advisory Committee Minutes

<b>MEETING DETAILS</b>	
Time and Date	2:00pm, Wednesday, 15 June 2011
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom
<b>1</b>	<b>KARAKIA</b>
	The Chair declared the meeting open at 2:02 pm. Aroha Haggie led the meeting with the karakia.
<b>5</b>	<b>ACTION POINTS</b>
	<p><b>GAIHN</b></p> <p>Dr Ray Naden, Chair of GAIHN was in attendance. A paper on GAIHN was being prepared.</p> <p>Dr Naden was appointed Chair in November 2010. He advised that the idea was good and there was lots going on but it was not integrated and had little cohesion between parties on what they were doing together. The ADHB contract does not fit well with the alliance relationship between partners .</p> <p>A workshop had been held at the end of March to focus on savings and return on investment based on care and savings.</p> <p>The big area was growth of the need for acute hospital beds. A number of things could be done to manage that acute demand with a focus on avoidable hospitalisations and, for children, through better primary care..</p> <p>There are two key strategies, the first being prevention with a focus on frail elderly, medically illiterate and “did not attends” to avoid acute events through targeting individuals and assigning care coordinators to develop a health plan. The second was to address possible acute episodes earlier as not all acute needed to go to hospital. POAC was successful but quite patchy with different rates of admissions at practice level. Those that usually miss out were being targeted with programmes being developed to identify high risk people.</p> <p>There is support for primary care but it is not coordinated yet. A number of projects are in process e.g. , better access to diagnostics, e-referral project . but these are not connected well. A focus on prevention would reduce unnecessary admissions however the payment system does have some perverse incentives.</p> <p>There has been identification of the characteristics acute admissions in the last three weeks so that they could be targeted. The major diagnoses being cellulite, at risk families, CVD, chronic obstructive lung disease and frail elderly for example on six medications which increases the risk. This work is to be completed by 30 September and the first patients enrolled by 1 December. Risk factors identified by other organisations would also be assessed.</p> <p>Leadership for change was about hearts and minds not organisational structures and not one model fits all working with local networks that differ in different locations. The Health Navigator is the Whanau Ora approach used by Waipareira Trust. Where best practice is identified this would be shared. Enablers were electronic decision support to follow care pathways based on best practice with a focus on the journey of the person and what is best for the patient. Johan Vendrig is included in the group to assist integration.</p> <p>The paper next month would go to all regional DHB Boards and the PHO Boards. The Chair thanked Dr Naden for his informative address.</p>

<b>2</b>	<b>ATTENDANCE AND APOLOGIES</b>
	<p><b>Committee Members</b></p> <p>Dr Lee Mathias (Chair) Susan Buckland Dr Lester Levy Gwen Tepania-Palmer</p> <p>Jo Agnew Dr Chris Chambers Robyn Northey Ian Ward</p> <p><b>Management in Attendance</b></p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning &amp; Funding Officer Taima Campbell – Executive Director Nursing Aroha Haggie – Maori Health Gain Manager Ian Bell – Board Administrator</p> <p><b>Apologies</b></p> <p>Rob Cooper was on leave of absence. Apologies were received from Peter Aitken and Judith Bassett. Apologies for lateness had been received from Lester Levy.</p>
<b>3</b>	<b>CONFLICTS OF INTEREST</b>
	There were no declarations of conflicts of interest with any item on the agenda.
<b>4</b>	<b>CONFIRMATION OF MINUTES 18 MAY 2011</b>
	<p><u>Moved Jo Agnew; seconded Gwen Tepania-Palmer</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 18 May 2011, with the amendment to planning of national services, be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
<b>5</b>	<b>ACTION POINTS 18 MAY 2011</b>
	Tim Wood was the Project Manager for the Assisted Reproduction project and a paper was being prepared with the 4 CMOs involved. The existing contracts had been rolled over for 3 months and in preparing the paper there may be a requirement for a further 3 months. The paper would cover public, training, continuity of care, protection of training and accreditation.
<b>6.1</b>	<b>PLANNING AND FUNDING SUMMARY REPORT</b>
	<p>The Annual Plan had been submitted on 20 May with feedback being on elective volumes, more specificity around primary care and notification concerning a new national target to replace the 2 diabetes and the CVD targets more focused around CVD risk assessment.</p> <p>The Budget announcement included Gateway Assessment Programmes which had followed from an ADHB pilot which was an excellent programme addressed to a high needs group with Children's Services able to provide the service within the funding.</p> <p>B4 School Checks project has transitioned to an alliance of 4 PHOs in the ADHB area with funding being devolved and looking at using Well Child providers and for some practices, without capacity, partnering with those Well Child providers.</p> <p>Lester Levy joined the meeting at 2:54pm.</p> <p>It was noted that there was a lack of systems for the 0 - 5 age group to deliver a healthy child to education and B4 School Checks should be a component of the whole well-child system.</p> <p>The interim funding pool for under 65s would devolve on 1 July with regional management and risk share arrangement between the four DHBs. An issues based audit had been made of a facility with</p>

	<p>a report awaited and involvement of the Health and Disability Commissioner.</p> <p>More practices were becoming involved in the removal of skin lesions and the service was being promoted to primary care. However, there are still not enough engaged practices to meet the target. Partly this was because of ADHB policy and management of blockages needed to be addressed. There are also there were some issues on the subsidy and accreditation of GPs. It was suggested that using a few practices with higher volumes may be a better strategy than dispersing work through many practices. There was some discussion on credentialing. The pharmaceutical project was trying to assess the financial impact, including the cost of prescribing and how savings are calculated. Work was being undertaken on the national Community Pharmacy contract.</p> <p>Gwen Tepania-Palmer left the meeting at 3:20pm.</p>
<b>9.1</b>	<b>Diabetes Annual Review and Management and National Health Target</b>
	<p>Gayl Humphrey, Manager Strategy Implementation and Louise Dickinson, Project Manager Long Term Conditions were in attendance.</p> <p>It was noted that the paper was detailed and informative. A lot of work was being undertaken and although the target would not be reached it was better than neighbouring DHBs noting that they had different targets. Achievement in the last month was 65% across all groups. The focus was on building quality improvement in primary care providing more education and pathways with coordinators assisting in data checks to get better results. Procure had a project team to improve data and address the complexity of having blood tests at the Community Laboratories instead of point of care testing. The framework in general practice would be based on the concept of chronic care management.</p> <p>The scoping for a community Specialist Diabetologist position would be to provide a tier 2 type service in primary care acknowledging the need for a specialist. The targets at regional level should be the same.</p> <p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p><i>That the Community and Public Health Advisory Committee:</i></p> <ol style="list-style-type: none"> <li>1. <i>notes activities being undertaken to improve diabetes health outcomes for our population and as a consequence achieve our diabetes annual review and management targets;</i></li> <li>2. <i>notes ADHB's Diabetes performance is equal or greater than our neighbouring DHBs despite not achieving target;</i></li> <li>3. <i>notes ADHB's 2011/2012 targets remain as stretch targets with the goal to improve health outcomes for people with diabetes;</i></li> <li>4. <i>notes the scoping of a community diabetologist position with a paper to come back to CPHAC with recommendations;</i></li> <li>5. <i>agrees that Diabetes Update be on Board Agenda three monthly, and.</i></li> <li>6. <i>for a joint paper ADHB/WDHB to be provided as soon as practical.</i></li> </ol> <p><u>Carried</u></p>
<b>6.2</b>	<b>Planning and Funding Exception Reports</b>
	There were no exceptions this month.
<b>6.3</b>	<b>National Targets</b>
	<p>Immunisation had improved with a good increase in Maori and overall 90%, Maori 87% and Pacific 92%, noting that the target will be reached by 30 June. There would be a further challenge next year with the target being raised to 95% so practices with low rates would be targeted.</p> <p>It was noted, that for the generation of baby boomers, their initial immunisation may be declining and there may be a need for re-immunisation.</p>

<b>7.1</b>	<b>Improvement Activities</b>
	<p>The community provider for retinal screening had been contracted and system changes were being made to ensure recording in the community coincides with the in-house service with the community service to be functioning by the end of August which will rapidly address the backlog. In the meantime an interim mobile provider was being used and the wait had reduced to 6 weeks from 13 and catch up on some recalls. The new provider would be providing the service in evenings and weekends.</p> <p>Dental clinics had been opened at Balmoral and Stonefields. The Eden philosophy for rest homes was being rolled out to more providers.</p> <p>The next meeting would have an update on work for refugees and new migrants including information on a GP collective quality improvement project over 12 practices.</p>
<b>8</b>	<b>MAORI HEALTH ADVISORY COMMITTEE FEEDBACK</b>
	<p>There had been an informative presentation on the Tamaki Path of Health Careers project. If there were more applicants that met the criteria that could not be handled they were referred to standard resources. There was strong endorsement by the Maori Health Advisory Committee of the programme to lift the number of Maori and Pacific in the workforce and this would be provided to the Pacific Health Advisory Committee and a business case then to the Audit and Finance Committee to make a recommendation to the Board. The project was wider than Tamaki and sponsors would be sought as well as linkages to other organisations.</p> <p>The Committee had also received a Whanau Ora presentation from Ngati Whatua O Orakei.</p>
<b>11</b>	<b>GENERAL BUSINESS</b>
	<p><b>CPHAC Appointments</b></p> <p>The Chair had talked with Alfred Ngaro concerning Pacific representation and any suggestions should be addressed to the Chair.</p> <p><b>Consultation</b></p> <p>Waitemata District Health Board used Health Links with a quarterly report to CPHAC and a monthly meeting with the CEO.</p>
	<b>NEXT MEETING</b>
	<p>The meeting closed at 4:15pm</p> <p>The next scheduled meeting is for 2:00pm, Wednesday, 20 July 2011 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Epsom</p>
	<p><b>CONFIRMED</b></p> <p><b>CHAIR:</b> <span style="float: right;"><b>DATE:</b></span></p>