

Community and Public Health Advisory Committee Minutes

MEETING DETAILS													
Time and Date	2:00pm, Wednesday, 16 March 2011												
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom												
1	KARAKIA												
	The Chair declared the meeting open at 2:04 pm and introductions were made. Gwen Tepania-Palmer led the meeting with the Karakia.												
2	ATTENDANCE AND APOLOGIES												
	<p>Committee Members</p> <table> <tr> <td>Dr Lee Mathias (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Peter Aitken</td> <td>Judith Bassett</td> </tr> <tr> <td>Susan Buckland</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Dr Lester Levy</td> <td>Robyn Northey</td> </tr> <tr> <td>Gwen Tepania-Palmer</td> <td>Ian Ward</td> </tr> <tr> <td>Rev Alfred Ngaro</td> <td></td> </tr> </table> <p>In Attendance</p> <p>Ian Scott – Auckland PHO Barbara Stevens – Auckland PHO Lynda Williams</p> <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 Keri Hiini – Planning and Funding Manager Janice Mueller – Director Allied Health Dr Andrew Old – Public Health Physician Ian Bell – Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Rob Cooper and Naida Glavish.</p>	Dr Lee Mathias (Chair)	Jo Agnew	Peter Aitken	Judith Bassett	Susan Buckland	Dr Chris Chambers	Dr Lester Levy	Robyn Northey	Gwen Tepania-Palmer	Ian Ward	Rev Alfred Ngaro	
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3	CONFLICTS OF INTEREST												
	There were no declarations of conflicts of interest with any item on the agenda.												

4	CONFIRMATION OF MINUTES 16 FEBRUARY 2011
	<p><u>Moved Lee Mathias, seconded Gwen Tepania-Palmer</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 16 February 2011 be confirmed as a true and correct record with the amendment that Ian Ward moved the adoption of the minutes of 17 November 2010.</i></p> <p><u>Carried</u></p>
5	ACTION POINTS 16 FEBRUARY 2010
	<p>Children The children's' strategy would be provided in April.</p> <p>Options for Weight Management This would be brought forward in May.</p>
6.1	Planning and Funding Summary Report
	<p>The draft Annual Plan was work in progress. The Minister's message to keep it simple was noted. Immunisation rates were at 88% with a tidy up of data bases in practices and a review of processes to get data onto the National Immunisation Register. Any question of incentivisation would be discussed with the Board.</p> <p>RFP has been issued for After Hours and POAC. Progress on the Oral Health implementation was provided although there was a comment on the quality of care and the need with children to show positive reward.</p> <p>The three DHBs had been supportive in giving both dollars and staff time to GAIHN however they had a perception that ADHB was not supportive. Counties Manukau were the lead DHB and were therefore more visible. There was a workshop planned for the end of the month which should go a long way to correct the perceptions. It was noted that GAIHN was very large and there was a need to focus on short term deliverables. It was important that partnership was exercised.</p> <p>Access to diagnostics/radiology was under remedial action including Waitemata staff having reservations due to a lack of clinical engagement which was being addressed through the CMOs. ADHB had piloted the project for 2 years on behalf of the MoH when Waitemata had an in-house triage system that they could continue to use. There was a need to standardise across the region.</p> <p>Contracts were in place for skin lesion treatment and there was confidence that the target would be met. The After Hours working group consisted of the current providers which gave rise to conflicts and probity issues on whether to just continue with those providers or open the RFP to other providers. The After Hours consultation document had been issued. The after hours service providers could access POAC.</p> <p>There was an intention to undertake more regional standardisation of clinical pathways but it was important to implement the ones already developed rather than developing new ones. They did go through a prioritisation process. The target was to implement 1 of the pathways this year with the process being to first get clinical agreement and consistency across the region and also across the whole health continuum.</p> <p>The affect of the Christchurch earthquake was expected to be on elective services rather than acute services and there may be some services that would not be sustainable in Christchurch. The electives needed to be a sector response.</p> <p>The report was received.</p>

6.2	Planning and Funding Indicators Exception Report
	<p>The Pacific smoking cessation project had reached the target which was accounted year to date and was a successful collaboration between Auckland and Waitemata. It was noted that future funding for smoking cessation was unsure and the Committee is to be kept informed. While it is expected that there would be funding, the quantum was unknown.</p> <p>Reporting on KPIs for ethnicities was tabled showing trends over time and relativity to Other population. As with the Maori Health Advisory Committee and the Pacific Health Advisory Committee the report was supported with a need for an interpretative narrative and a preference for the graphs to be in colour.</p>
6.3	National Targets
	<p>The targets related to public health being diabetes, cardiovascular risk assessment and immunisation.</p> <p>To achieve improvement in the self-management of diabetes more resources were being put in through PHOs. This is being managed for all PHOs by Auckland PHO through a 100 day plan. The plan was explained by Auckland PHO CEO Barbara Stevens. Initially This project was focused on seeing what was being done and reviewing data and barriers i.e. retinal screening with the diabetes governance working with coordinators. It was thought that the work was being done but it was a matter of recording the action. Self management is a partnership and concern was expressed at some of the language and attitudes expressed by DHB staff. The Committee noted the Board's zero tolerance for disrespect.</p> <p>It was noted that Pacific nurse graduates often wished to work in primary care although 13 had applied for new graduate positions at ADHB this year.</p> <p>Immunisation rates for 2 year olds had reached 88% up from 87%.</p>
7.1	DAP Projects Report
	<p>The retinal screening contract had now been signed. There was some resistance to the palliative care redesign from present services.</p>
8	FEEDBACK FROM COMMITTEES
	<p>Maori Health Advisory Committee</p> <p>There would be a meeting the next week concerning the amalgamation of the Auckland and Waitemata committees and the priority of work. The MHA Committee had had discussions about Whanau Ora and ADHB's responsibility.</p> <p>Pacific Health Advisory Committee</p> <p>There was discussion on workforce development issues including HR processes and barriers to reach a target of reflecting ADHB's population in its workforce. There was discussion on the Mental Health Strategy and workforce issues although there was some capacity in Lotofala.</p> <p>Healthy Homes and Warm and Snug were targeted to Pacific homes although there may be a question of funding with a decrease of charitable funding available. The Committee had asked for some visibility of Pacific in the Annual Plan.</p>

9.1	Annual Plan 2011-12
	<p>Tony O'Connor was in attendance.</p> <p>The Plan was still in a relatively raw state with more specificity to be made in some areas and tidy up of action measures. The Board Chair sought more narrative rather than tables. With module 4, the SOI, there was an attempt to get consistency across the region and only have outputs that are measurable. The first draft was due on Friday 25 March signed by the Chair and CEO going to the National Health Board. A number of small points were raised and there would be a discussion on contracting in the Finance Committee.</p> <p>Management had a responsibility to operationlise the Plan.</p> <p>Alfred Ngaro left the meeting at 3:52 pm.</p> <p>The investment in healthAlliance was to be included.</p> <p>The Committee received the draft noting the strong alignment with the Minister's and Board's priorities.</p>
10.1	Community Dialysis
	<p>Dr Ian Dittmer, Clinical Director Renal, presented to the Committee outlining the previous hospital based units and home dialysis and now the move to satellite units. The ideal future is home dialysis satellite community dialysis with a mixture of independent and nurse/technician assisted with medical care provided by the GP. Hospital based dialysis would be only for the most co-morbidly ill. The benefits to the patient of satellite community dialysis were location, being closer to home, and better liaison and integration with primary healthcare providers. There was action to provide prevention or slowing of progress of chronic kidney disease including blood pressure management, diabetes management, smoking cessation, dietary intervention and close liaison with primary healthcare providers. Pre dialysis management was by nurse specialists monitoring blood pressure, providing education and dieticians providing information as well as social workers.</p> <p><u>Moved Lee Mathias; seconded Gwen Tepania-Palmer</u></p> <p><i>That CPHAC recommends to the Board to:</i></p> <ol style="list-style-type: none"> 1. <i>Approve ADHB Renal Services to work in partnership with primary care to design, devolve, and deliver Adult Haemodialysis (HD) services in community settings.</i> 2. <i>Approve ADHB Renal Services to design, develop and deliver in partnership with primary care, integrated kidney disease prevention, early intervention, and chronic kidney disease management services.</i> <p><u>Carried</u></p> <p>Details of partnerships, financial and infrastructure arrangements would be provided to the May Finance Committee.</p> <p>Gwen Tepania-Palmer left the meeting at 4:10pm.</p> <p>It was noted that the initiative could be linked to Better Sooner More Convenient and integrated health clinics.</p>

10.2	Mental Health and Addictions Strategic Plan
	<p>Clive Bensemman, Clinical Director Mental Health Services, Fionnagh Dougan, General Manager Mental Health and Julie Armstrong, Assistant Planning and Funding Manager Mental Health were in attendance.</p> <p>The Plan was aligned with national and regional plans. Mental Health had been funded through the “Blueprint” on inputs, FTE, beds etc. for a notional 3% of the population. However there was a shift to the concept of applying the spend across the continuum of care for a population greater than 3% recognising people move up and down that care continuum. The existing services had been mapped and then gaps identified and strategies developed to address those gaps. The Committee asked that the funding “bubble” diagram be sent by self copy.</p> <p>There was collaboration and integration with CAD services.</p> <p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p><i>That the CPHAC endorses the strategic direction of the Mental Health and Addictions Strategic Plan.</i></p> <p><u>Carried</u></p>
11.1	Current Consultation Proposals – PHARMAC and 20 DHBS
	<p>The DHBS supported the proposal and this was provided for information. Auckland and Waitemata had made joint submission. It was noted that Pharmac only took into account the cost of drugs and did not include dispensing fees.</p>
12.2	CPHAC Feedback to Board
	<p>Feedback to the Board would be on renal, Pacific Island workforce and the endorsement of the Mental Health Strategy.</p>
13	GENERAL BUSINESS
	<p>There was some discussion on the recent publicity relating to a couple of children.</p>
	NEXT MEETING
	<p>The meeting closed at 4:34pm</p> <p>The next scheduled meeting is for 2:00pm, Wednesday, 20 April 2011 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Epsom</p>
	<p>CONFIRMED</p> <p>CHAIR: DATE:</p>