

Community and Public Health Advisory Committee Minutes

MEETING DETAILS									
Time and Date	2:00pm, Wednesday, 18 May 2011								
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom								
1	KARAKIA								
	The Chair declared the meeting open at 2:00 pm. Taima Campbell 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>Robyn Northey</td> </tr> <tr> <td>Gwen Tepania-Palmer</td> <td>Ian Ward</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 Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health Aroha Haggie – Maori Health Gain Manager Janice Mueller – Director Allied Health Ian Bell – Board Administrator</p> <p>Apologies</p> <p>Rob Cooper was on leave of absence and apologies had been received from Dr Lester Levy and Dr Chris Chambers. An apology for lateness was recorded for Susan Buckland.</p>	Dr Lee Mathias (Chair)	Jo Agnew	Peter Aitken	Judith Bassett	Susan Buckland	Robyn Northey	Gwen Tepania-Palmer	Ian Ward
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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 20 APRIL 2011								
	<p><u>Moved Jo Agnew; seconded Ian Ward</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 20 April 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>								

5	<p>ACTION POINTS 20 APRIL 2010</p>
	<p>Smoking Cessation Funding</p> <p>Funding for the Pacific Smoking Cessation service was confirmed for one year and funding related to the national target was confirmed for 3 years at the present level.</p> <p>Contracting</p> <p>A paper on contracting models had been presented to the Finance Committee. The Finance Committee had requested that all contracting options be considered when contracting in the future and not just those which had become practice in recent years.</p>
6.1	<p>Planning and Funding Summary Report</p>
	<p>From 1 May 2011 the Primary Care Funding teams of ADHB and WDHB had merged into one.</p> <p>The target for minor surgery - skin lesions, will not be met by 30 June and while the primary care contracting and credentialing had progressed well volumes were not being diverted from the DHB. All those that had responded to the project were contracted. A remedial plan was being developed to ensure a change in behaviour within the DHB.</p> <p>Susan Buckland joined the meeting at 2:10pm.</p> <p>ADHB had met the target for access to diagnostic radiology but this had not been reached regionally.</p> <p>The Balmoral Dental Clinic would be open the next Tuesday by the Deputy Chair, Lee Mathias.</p> <p>The work on the Mental Health Secure Rehabilitation Unit was noted with people presently being inappropriately placed.</p> <p>GAIHN has been refocused to a single goal, moving from 3 goals, to where they could make a difference, including for children. Concern was expressed at the level of investment in GAIHN and the lack of progress which may be due to it not being an entity but rather a collaboration of PHOs. The investment was 50 cents per enrolled patient, or approximately \$280k, plus significant staff time. GAIHN had arisen out of different relationships between DHBs, the amalgamation and reduction of PHOs from 18 - 6 with now contracts with DHB to PHO rather than multiple contracting. The Community should see better services and locality in the future with the suggestion that if results are not visible within 12 months that the funding should be reconsidered. It was noted that GAIHN had a new Chair, Ray Naden, and six months should be given to refocus on outcomes. The discussion would be communicated to GAIHN noting that ALT was meeting at the end of the month and there would be a paper on what was going to be done, with measures, for the next meeting. GAIHN had been informed that there would be no more resources provided.</p> <p>A paper on diabetes management would be provided to the next meeting.</p>
9.1	<p>Child and Youth Health in ADHB</p>
	<p>Dr Richard Aitken, Director of Child Health, Carol Stott, Strategy and Planning Manager, Child Youth and Women, and Ruth Bijl, Associate Strategy and Planning Manager, Child Youth and Women were in attendance.</p> <p>The Children's HSG was developing a 5 year plan and sought involvement of the Board and Committee early to have input into its direction. The paper outlined how the plan was being developed and the direction it wanted to take, noting the environment of delivering more in the community through Better Sooner More Convenient and working more regionally with neighbouring DHBs. The strategy for the HSG was to cover a very large scope from community i.e. immunisation to quaternary services i.e. paediatric cardiac with the challenge being balancing between these.</p> <p>It was noted that Starship was an aging facility and was over crowded with plans to try and refurbish, although this did not have high visibility in the planning a national services from Wellington. While the building could be made to last another 10 - 15 years the region needed to consider the future as well as strengthen secondary care at the other regional DHBs.</p>

	<p>While the numbers of children were increasing they were a decreasing percentage of the population and there needed to be discussion on allocation of resources with it argued that there must be investment in children rather than the last year of life. Disparities related to economic disadvantage and access to health services with some diseases affecting children for their life time particularly in Maori and Pacific. Other factors were crowded housing, smoking, inadequate nutrition and how to influence these working across sectors. Maternal health also influenced child health outcomes. It was noted that Starship had become more tertiary and while it got a tertiary adjuster this was being reduced.</p> <p>The Plan was for ADHB's population and national services needed to be separated with this work being done by the National Health Board. There needed to be a debate on the priorities in health with support into young people being lower than other countries. There was discussion on how maternity services integrate to well child services. B4 School Checks were being transitioned to another provider in primary care.</p> <p>The Northern Region Health Plan focused on adults although it was noted that this was only what was being done in the next year, was not a regional service plan, but in future plans needed to be adjusted for children in particular. The Minister's targets focused on other groups with the exception being immunisation and it was hoped to get more measures for children in the future i.e. mortality rates.</p> <p>The Chair thanked the team for a very informative paper. A range of methods would be employed for consultation with the draft plan being brought back to the Committee.</p> <p><u>Moved Lee Mathias; seconded Susan Buckland</u></p> <p><i>That the CPHAC:</i></p> <ol style="list-style-type: none"> 1. <i>Notes the contextual and health status information for children and youth in ADHB;</i> 2. <i>Endorse and shape the proposed approach for development of a new Child Health Plan 2012-2017 for the Child (and Youth) Healthcare Service Group.</i> 3. <i>Endorses the proposed approach for implementation for the ADHB Child (and Youth) Health Improvement Plan.</i> <p><u>Carried</u></p>
6.2	Planning and Funding Indicators Exception Report
	<p>The diabetes targets were not the same across the country or the region. ADHB had set their target based on clinical need and while ADHB was doing better than other DHBs it was still not at an acceptable level. The regional and national targets should be the same. Practice systems for counting were being reviewed. There is discussion on changing the diabetes target.</p>
7.1	DAP Projects Report
	<p>There were no changes from the previous month.</p>
8	Feedback from Committees
	<p>Maori Health Advisory Committee</p> <p>There had been full discussion on the Maori Health Plan and the Chair endorsed the style of that plan.</p> <p>Pacific Health Advisory Committee</p> <p>There had been robust discussion on child health and the future of the Committee with a resolution to support a Pacific appointment to CPHAC and expand PHAC to focus across Waitemata as well as meeting quarterly.</p>

9.2	Tender for Assisted Reproduction Services – Fertility Services
	<p>In seeking value for money this was inclusive of value for clients and the community. Letters had been issued to providers and a specific proposal will come back to the Boards. There will be a consultation obligation to fulfil which will affect the timetable with a verbal update to the next meeting. The stakeholders had been informed and the contracts rolled over for the intervening period.</p> <p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p><i>That the CPHAC notes that Waitemata DHB as the lead DHB for the regional contract process has put the tender for fertility services process on hold, is clarifying expectations from ADHB and is revising the proposed style of contracting with fertility service providers.</i></p> <p><u>Carried</u></p>
10.1	Phobic Trust: Update on Discussions
	<p>The current contract with the Phobic Trust was to provide telephone support services and while they proposed clinical services this will be a decision and prioritisation at the regional level with the regional services being key. The paper was noted. The paper is to be provided to WDHB.</p> <p>Garry Smith left the meeting at 3:30pm.</p> <p>The service is primarily for adults although the Phobic Trust will support young people. Young people and children go to the Kari Centre.</p>
11.1	Action Points for next CPHAC meeting
	<p>Action points for the next CPHAC meeting would be the assisted reproduction report, update on GAIHN and diabetes.</p>
12	GENERAL BUSINESS
	<p>There were no items of general business.</p>
	NEXT MEETING
	<p>The meeting closed at 3:31 pm</p> <p>The next scheduled meeting is for 2:00pm, Wednesday, 15 June 2011 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Epsom</p>
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>	