Minutes of the meeting of the Auckland DHB and Waitemata DHB

**Community & Public Health Advisory Committees**

**Wednesday 18 July 2012**

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna,
commencing at 2.01p.m

(All Items considered in public meeting.)

**COMMITTEE MEMBERS PRESENT:**

Lee Mathias (Committee Chair) (ADHB Deputy Chair)
Warren Flaunty (Committee Deputy Chair) (WDHB Board member)
Max Abbott (WDHB Deputy Chair)
Jo Agnew (ADHB Board member)
Judith Bassett (ADHB Board member)
Pat Booth (WDHB Board member)
Susan Buckland (ADHB Board member)
Chris Chambers (ADHB Board member)
Robyn Northey (ADHB Board member)
Christine Rankin (WDHB Board member)
Allison Roe (WDHB Board member)
Gwen Tepania-Palmer (WDHB Board member)
Tim Jelleyman (Co-opted member)
Eru Lyndon (Co-opted member)

**ALSO PRESENT:**

Dale Bramley (WDHB, Chief Executive)
Margaret Wilsher (ADHB, Interim Joint Chief Executive)
Debbie Holdsworth (WDHB, Acting Chief Planning and Funding Officer)
Carol Stott (ADHB, Planning and Funding Manager)
Fionnagh Dougan (ADHB, GM Clinical Services – Child Health)
Sue Waters (ADHB, GM Allied Health)
Andrew Coe (ADHB and WDHB, Group Manager Primary Care)
Paul Garbett (WDHB, Board Secretary)
Naida Glavish (ADHB and WDHB Chief Advisor, Tikanga)
Peta Malloy (WDHB, Executive Assistant)
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 Group 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:**

Lisa Rapley, Pharmacy Today
Tracy McIntyre, Waitakere Health Link
Margaret Willoughby, Healthlink North
Lynda Williams, Auckland Women’s Health Council
Dr Nicole Coupe, Hapai te Hauora Tapui
Lance Norman, Deputy CEO, Waitemata PHO
Amataga Iuli, HealthWest
Whitney Lake, HealthWest
Christine Masiasomua, HealthWest
Gaylene Sharman, Whanau Ora Team Leader, HealthWest
Adrian Collier, Pfizer
APOLOGIES: Apologies were received and accepted from Lester Levy, Peter Aitken, Rob Cooper, Sandra Coney and Denis Jury, together with apologies for early departure from Max Abbott and Margaret Wilsher.

KARAKIA Naida Glavish led the meeting in a karakia.

WELCOME Lee Mathias welcomed those present, with a special welcome to Sue Waters, the new General Manager Allied Health at Auckland DHB.

DISCLOSURE OF INTERESTS
Robyn Northey advised that she is no longer a member of the University of Auckland Human Participants Ethics Committee and that she is now a Trustee of the A+Charitable Trust
With regard to the agenda for this meeting, Chris Chambers advised of a conflict of interest for Item 3.1, the Combined Auckland and Waitemata DHB Strategic Child Health Improvement Plan. He did not participate in consideration of that item.

PRESENTATION: WEST AUCKLAND HEALTH NETWORK
Dr Jonathan Simon, Medical Director West Auckland Health Network, provided a presentation which he commenced by providing an historical perspective on the major fundamental changes that had transformed medicine and the medical profession over the last 120 years. The most recent of these fundamental changes, currently underway, is the knowledge revolution, which is transforming society and its expectations and fundamentally changing the nature of professionalism. In his view, as a result the health sector will not be recognisable in ten years time.

Dr Simon’s presentation highlighted:
- the massive impact an ageing population is going to have on the health system in a relatively short time span, and the absolute necessity to do things fundamentally different as a result
- the specific impact that can be expected on West Auckland general practice workloads, where GPs are already barely coping with high workload
- the ageing health workforce
- the increasing expectations of the health system
- the multi-dimensional approach that would be needed to provide a solution to the challenges ahead, of which a locality based approach is one component.

Dr Simon detailed the role of the West Auckland Health Network as a provider organisation that covers the whole locality and all providers delivering health services to the people of West Auckland. It has an independent role and is able to give advice on the best configuration of services that will deliver the best outcomes for the greatest number of people. It brings together six critical strands needed for the integration of the service:
- Medicine (all doctors)
- Nursing and Midwifery (all nurses and midwives)
- Pharmacy (community and hospital)
- Allied Health
- Whanau Ora (including Government agencies whose activities impinge on the social determinants of health)
- Community (Waitakere Healthlink and representatives of the Massey Henderson Local Board and Whau Local Board)
Since the West Auckland Health Network had begun meeting in August 2011, the following had been achieved:

- developed a charter
- worked with the Waitemata DHB, Sapere Consulting, the PHOs and others
- convened three meetings in West Auckland localities to start the process towards identifying objectives and moving forward together
- identified three sub-localities based on common affiliations and pre-existing collegial relationships
- visited all the practices and been impressed with the commitment to developing the best solutions for the West Auckland population
- received significant support and assistance from the Waitemata DHB and have valued input at network level from:
  - Chief Medical Officer
  - Director of Nursing
  - Director of Allied Health
  - Director of Primary care nursing
  - Director of Midwifery
  - And the project team

Jonathan Simon noted that three clusters of general practices had been identified: Henderson (14 practices; 82,000 patients), New Lynn (22 Practices; 105,000 patients) and Massey (7 practices; 31,000 patients).

Dr Simon outlined the Sapere approach to integration involving developing options for working differently and modelling financial effects. They had developed business cases for two IFHCs in West Auckland and as a result of meetings with practices identified three major areas for future work: Child Health, Diabetes and Emergency Care. Each of the related work streams will also consider the role of Whanau Ora and Mental Health. Each work stream will concentrate on creating an integrated patient centred pathway for delivering these services and will focus on improving outcomes.

The future function and form of the West Auckland Health Network is not certain and will be determined by how it may best support integration at a locality level. It will support integration by:

- Facilitating meeting with health professionals, PHOs and community to develop locality wide approaches to agreed pathways ie Child Health; Diabetes; Emergency Care (plus Mental health and Whanau Ora)
- Will develop an ongoing partnership with the West Auckland communities
- Will assist in all ways at a locality level to support innovation, quality and understanding performance information across the locality
- Will be a key part of the solution in the development and implementation of an integrated heath system

Matters covered in response to questions included:

- Dr Simon agreed that there is a need for a ‘disruptive’ business model, but considered that in a fragile health system, disruption can’t be pushed – there is a need to identify those leaders prepared to take the risks. Lee Mathias noted that the National Health Committee has a group of three to four people whose job is to identify innovative opportunities and go out to search for significant and or disruptive improvements.
- Work with the three West Auckland work streams is expected to identify some clear tasks over the next three months.
- The notion of the patient becoming a ‘health provider’ is linked with part of the population being ‘tech savvy’ and capable of such things as monitoring their own blood pressure. There will always be a proportion of the population without those competencies and needing more medical support, but for others it may be less medical support and more technical support that is needed.
Debbie Holdsworth advised that Sapere is working with those practices willing to re-engineer how they do things. As an example of changes to the traditional approach, the quality improvement work in diabetes is nurse led.

New ways of doing things need to be funded differently, and clinical and financial risks need to be understood and evaluated.

There is a difficulty in creating new revenue models before new models of care. Some DHBs are doing some work on this, but fundamental system change is yet to be addressed.

Dr Simon was thanked for his presentation.

1. **AGENDA ORDER AND TIMING**

   Items were taken in the order listed on 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 06 June 2012**

   (agenda pages 1-12)

   **Resolution** (Moved Jo Agnew/Seconded Chris Chambers)

   That the Minutes of the Auckland and Waitemata District Health Boards’ Community and Public Health Advisory Committees Meeting held on 06 June 2012 be approved.

   **Carried**

   **Matters Arising:**

   No matters were raised.

3. **DECISION ITEMS**

   3.1 **The Combined Auckland and Waitemata DHB Strategic Child Health Improvement Plan** (agenda pages 13-90)

   Carol Stott (Strategy and Planning Manager, Children, Youth and Women ADHB), Dr Tim Jelleyman (Head of Division (Medical) Child, Women and Family Services WDHB), and Tim Wood (Group Funding Manager WDHB) were present for this item. Carol Stott introduced the report, noting the close work between staff of the two DHBs to produce the combined plan and the extensive consultation carried out, as shown in the plan. Tim Jelleyman noted the emphasis on taking a life course view in the plan and at looking across sectors.

   The Committee was very appreciative of the work done, but saw the opportunity for further improvements before the Plan is approved.

   The Committee Chair made the following suggestions:

   - In the covering agenda report (on p14 of the agenda), the strategies listed provided a medical message but should provide a health message. They should also define what it is intended to “improve access” to.
   - A breast feeding photograph included with the other photographs on the front page of the report would convey an important message.
   - The Foreword could be more health orientated. The third paragraph about determinants of child health outcomes needs to refer to the role of the primary care work force and to provide a public health viewpoint.
   - Consideration should be given to including a goal relating to breast feeding.
Other Committee members made the following suggestions:
- The plan makes extensive reference to the role of one university, but should acknowledge the role of other tertiary institutions as well. The teaching/training role is far wider than just for doctors; there are also nurses, midwives and a vast variety of other health professionals who are trained.
- The ongoing failure of central government agencies in protecting child welfare needs to be faced up to and leadership needs to be shown by the DHBs. A stronger role is needed in preventing child abuse.
- On page 54 of the plan, it would be useful to outline the current numbers of nurse practitioners.
- The plan (on page 7) discusses improving health literacy. Emphasis needs to be given to contraceptive advice for teenage girls, many of whom are not in the education system.
- The need to be careful not to see Whanau Ora as a catch all solution. Whanau Ora collectives include doctors, nurses, specialist medical personnel, social workers etc. As a provider of professional services, Whanau Ora providers can only be effective if strong and well resourced. It is important to think about the meaning of the word “provider” in this context.
- Employment needs to be recognised as a major influence on health outcomes.
- The need for the plan to recognise the importance of cultural identity. Growing up without cultural identity is a key indicator of future health disparities. Accepting that leads into looking at how care is delivered and what cultural competencies are required.
- The link with poverty is touched on in the Plan, but not addressed. Related to that is foetal alcohol syndrome.
- The Plan places reliance on the role of NGOs, but many of these are running out of money in the current financial environment and losing volunteers. The Plan needs to be realistic about NGOs.

Responses to questions included:
- The collaborative experience of working between the two DHBs in this area has opened up opportunities that might not have been conceived of before. This does require a lot of work, which means there is a cost in terms of other tasks.
- The intention is for the Plan, when adopted, to be used extensively and by providers.
- The disparity on page 8 of the plan between the poor health of Pacific children and their high immunisation rate needs to be understood in the context that achievement of high immunisation rates for Pacific children is relatively recent.
- A diagram showing the links with Whanau Ora for Committee members could be looked at, although slight differences between Auckland and Waitemata DHBs may complicate that. Gwen Tepania-Palmer suggested that Mason Durie diagram of Whanau Ora would be very useful.

The Committee Chair summarised the outcome of the discussion. Although delighted with the work done, some more work is needed on the message conveyed in the Plan and there is a wide range of suggested specific improvements which need to be considered and incorporated if appropriate. Generally the aim should be to make the plan more specific and less repetitious. The Committee wished to see a revised version of the plan before recommending it to the two Boards.

### 3.2 Improving Population Nutrition through Environmental Change (agenda pages 91-95)

Kate Sladden (Acting Planning and Funding Manager Health of Older People, ADHB) and Robyn Toomath (Clinical Director General Medicine, ADHB) were present for this item.
The Committee Chair introduced the item, noting that she had raised the issue because it is fairly clear that DHBs will be getting responsibilities relating to it. She had met with Kate and Robyn to get work on this paper underway.

Robyn Toomath outlined some key points including:

- The major impacts of poor nutrition and obesity in causing disease, as detailed in the report.
- The void in terms of political engagement with the issue in New Zealand compared to what has been achieved in New York City by Mayor Mark Bloomberg.
- Opportunities to address the issue in Auckland have been assisted by the formation of a super city and collaboration between the District Health Boards. There is a need for the DHBs to take a lead in engagement with the Auckland Council to get it thinking about measures to improve nutrition.

Matters covered in discussion of the report included:

- Concern at proposed changes to the Local Government Act removing the four well beings that Councils are tasked with pursuing and reducing the scope of what Councils can achieve. The meeting was advised that the Northern Region Public Health Service is preparing a submission on the proposed legislation on behalf of the region’s DHBs.
- The importance of establishing a policy framework that will drive consistent action.
- The opportunity for DHBs to collaborate in generating media involvement in the issue and to get communities talking about the issue.
- Consideration could be given to getting the health profession involved in delivering a message on nutrition. Such a message would need to be easily understandable and not be biased against obese people or cause them distress.
- Local initiatives needed to be encouraged.
- The Fair Food Initiative in West Auckland, whereby surplus fruit is supplied to various organisations by supermarkets, distributes only healthy food.
- Dr Nicole Coupe advised that Maori health initiatives included funding of organisations to run nutrition and physical activity programmes.
- The importance of linkages with the three universities and other organisations working on this issue was noted. Robyn Toomath advised that co-operation is occurring, with the universities providing the scientific backup to the public health network.
- In answer to a question, Robyn Toomath advised that she envisaged leadership by the DHBs as including having a policy embedded; encouraging schools to take action; and encouraging the Auckland Council to do more.

Resolution (Moved Allison Roe/Seconded Judith Bassett)

That the Auckland and Waitemata and District Health Boards’ Community and Public Health Advisory Committees recommend to the Auckland and Waitemata District Health Boards:

That the Board:

1. Note the complex obesity promoting environment and the associated burden of disease.
2. Support actions to improve population nutrition through policy and environmental change.
3. Endorse development of an Auckland DHB and Waitemata DHB Healthy Food Environment Policy and Plan.

Carried

The Committee also agreed that Auckland DHB should seek publicity in the media for its insistence on nutrition standards in the leases it had recently granted for food premises.
4 INFORMATION ITEMS

4.1 Medication Use by Ethnicity in Waitemata District Health Board (agenda pages 97-102)

Lifeng Zhao (Epidemiologist), John Kristiansen (Pharmacy Programme Manager) and Tim Wood (Group Funding Manager) were present for this item. An apology was conveyed from Christopher Leung.

Lifeng Zhou summarised the findings from the analysis carried out, as detailed in the report. Debbie Holdsworth advised that the findings of no major discrepancy in dispensing for different ethnic groups were consistent with some national research that had been carried out. Margaret Wilsher noted the importance of distinguishing that this research is about dispensing, not actual use of the medication.

In discussion it was noted that the analysis has controlled demographic factors but there may be other health factors not controlled. The analysis presented is a first step and there might be a possibility of further research in future that could explore that question.

Lifeng Zhou was thanked for presenting the results and asked to convey the Committee’s thanks to Christopher Leung for his research.

5. STANDARD MONTHLY REPORTS

5.1 Primary Care Update (agenda pages 103-125)

Andrew Coe (Group Manager Primary Care, Auckland and Waitemata DHBs) was present for this item and commented briefly. He was thanked for the improved format of the report.

Matters covered in discussion of the report and in response to questions included:

- GAIHN – Debbie Holdsworth and Andrew Old have been appointed as representatives of Waitemata DHB and Auckland DHB respectively. There are high expectations of a new Project Manager who will be starting at GAIHN on 23 July.
- Regional After Hours – there are concerns. The first draft of the Review Report is being considered and some changes to the service are expected. The Committee Chair noted the need for some tempo and movement with this. Andrew Coe advised that a lot of work had been done, but more work is needed to ensure a sustainable solution is reached. It is possible that this might involve a localities solution. It is intended to bring something back to the next CPHAC meeting. Dale Bramley commented that it needs to be clear to all providers that the DHBs had invested significantly in this, and that investment is dependent on the objectives being met. Lee Mathias noted that six weeks until the next report on this is likely to be too long a delay, and both Boards should be kept updated.
- Primary Care – there is a large amount of movement between PHOs in the primary care sector at the moment which is causing concern. It was noted that the message needs to go out to primary care that the DHBs need to be included in discussions from an early stage, especially if re-assignment is involved. Debbie Holdsworth commented that when PHOs had been introduced the assumption was that they would be accountable to local populations and for meeting the needs of local populations. New Government policy is expected in this area and Counties Manukau DHB has also put forward policy proposals. The Committee will be advised of developments.

The report was received.
5.2 **Planning and Funding Update** (agenda pages 127-132)

Debbie Holdsworth (Chief Planning and Funding Officer WDHB), Carol Stott (Planning and Funding Manager, ADHB), (Janine Pratt (Group Planning Manager WDHB) and Tim Wood (Group Funding Manager WDHB) were present for this item.

Janine Pratt advised that the Minister of Health had signed off both DHBs’ Annual Plans.

The Committee Chair expressed concern at the extent of delay that had occurred with the review of Fertility Services for the Northern Region. Tim Wood detailed the problems that had occurred with availability of the reviewers. The Committee expects to receive the report at its October meeting.

With regard to Cervical Screening (pages 128-130 of the agenda), Tim Wood advised that discussions were taken place with Waitemata PHO about what else needed to be done as a result of the voucher system not producing the desired results. They were looking at the ten practices with the best rates, the ten with the worst rates and also those practices with improved rates, to understand what is occurring. Margaret Wilsher advised that the improved results the previous year at Auckland DHB had come when practices had been funded at a higher level.

Updating the information on Community Pharmacy (page 130 of the agenda), Tim Wood advised that in Waitemata DHB there were now only six or seven pharmacies still to sign their agreements. All except one were committed to signing, with the remaining one uncertain.

With regard to Immunisation (page 130 of the agenda), it was noted that Waitemata DHB had met the target for the population as a whole for the quarter ending 30 June and also that there was no gap for the Maori population. Auckland DHB had also achieved the overall target, with a much improved result for Maori of 91%.

The report was received.

6. **GENERAL BUSINESS**

Carol Stott advised that the Auckland DHB Locality Atlas is now available on both the ADHB website and intranet site. A link would be sent out to Committee members through Paul Garbett.

Gwen Tepania Palmer expressed her concern that progress be made with major issues for Maori women such as cervical screening and breast screening and that these priorities in the Maori Health Action Plan be actively pursued.

The Committee Chair thanked those present for their participation in the meeting.

The meeting concluded at 4.14p.m.