

Minutes of the Meeting of the Members of the
Community and Public Health Advisory Committee of the Counties Manukau District Health Board
Held in the Board Room, 19 Lambie Drive, Manukau
Tuesday 25th March 2003 at 1.00 p.m.

Present: Mr Paul Cressey (Chair), Mr Brent Morrissey, Dr Charles Small, Ms Airini Tugerangi, Mr Eru Thompson, Dr Peter Didsbury, Mr Bob Wichman, Mrs Miria Andrews (from 1:15pm), Mr Alan Johnson (from 2:45pm)

In attendance: Mr Chris Mules, Dr Allan Moffitt, Ms Janine Pratt (Secretary)

Apologies: Mr Donald Barker, Mrs Metua Faasisilia, Ms Elisabeth Harding, Mr Alan Johnson for lateness

Absent: Dr Debbie Ryan

1. Welcome

Mr Eru Thomson opened the meeting with a prayer.

2. Apologies

Apologies were received from Mr Donald Barker, Mrs Metua Fasisilia, Ms Elisabeth Harding, and Mr Alan Johnson for lateness.

3. Deputation

Apologies were received from Ngati Te Ata, they advised they were not fully prepared for the presentation and would therefore need to postpone their deputation.

4. Minutes of the previous minutes (25th February 2003)

Resolution:

The minutes of the meeting of CPHAC held on Tuesday 25th February 2003, having been circulated were taken as read and confirmed.

Moved, Dr Charles Small **Seconded**, Ms Airini Tugerangi, **Carried** Unanimously.

5. Procedural Issues

- **Membership**

Mr Cressey had received a recommendation from the Primary Health Advisory Group (PHAG) for Ms Jenny Prince to be the PHAG nursing representative to CPHAC. The previous representative, Mrs Tangi Vautier, had decided not to continue in the role and therefore a formal nomination process was undertaken to determine the PHAG nursing representative.

Resolution:

That CPHAC recommend to the Board that Ms Jenny Prince become PHAG's nursing representative on CPHAC.

Moved, Mr Paul Cressey **Seconded**, Dr Charles Small, **Carried** Unanimously.

CPHAC acknowledged Mrs Vautier's contribution to CPHAC and asked that a letter of appreciation be sent.

Ms Pratt advised that the Pacific Health Advisory Committee's representatives to CPHAC are to be discussed at their next meeting, which is to be held on Thursday 27 March 2003. Recommendations will be provided to the next CPHAC meeting.

- **Feedback on questionnaire**

Mr Cressey informed the meeting that only one response to the members' questionnaire had been received to date. Mr Cressey indicated that he felt this was an important exercise and that he would like responses prior to the next meeting.

- ***Conflicts of interest***

Mr Cressey raised the issue of conflicts of interest and how all CPHAC members brought to the CPHAC table a broad range of interests. He indicated that this was beneficial to the Committee, however there would be situations where the conflicts would be more substantial and with potential benefit to the individual or to their organisation, and that in these situations the conflicts needed to be acknowledged. Mr Cressey encouraged Committee members to contribute to discussions where they have strong positions as this ensured adequate debate occurred before decisions or recommendations were finalised.

6. Matters arising not elsewhere on the agenda

- ***Venues***

The Committee at its last meeting indicated that it would like to meet at venues in the community as a way of raising community awareness of the Committee's activities. The revised schedule of meetings was tabled.

The Committee suggested that a flier be prepared advertising that the CPHAC and Board meetings were to be held at community venues.

- ***M-HAN rep***

Ms Pratt advised that the Mental Health and Addiction Network had been advised that the Board had approved a representative to be included on CPHAC. A recommendation is expected at the next CPHAC meeting.

- ***Counties Manukau Primary Health Care Plan***

Mr Mules advised that the Counties Manukau Primary Health Care Plan has not been fully reworked based on the consultation feedback to enable it be finalised for CPHAC. This is due to resources being directed at the DAP. It is intended to deliver the final draft to the April CPHAC meeting for a recommendation to be made to the Board.

7. Board Update

Mr Cressey updated the Committee on the previous Board meeting. Mr Cressey indicated that the Committee Chairs had met and would like to see the Board Committees become more integrated, particularly regarding the advice that is provided to Committees. Mr Cressey also advised that the Committee Chairs were looking to improve the process for management of specific issues, eg Maori and Pacific issues between Committees. There were particular concerns that these types of issues may fall between the Committees and not be fully resolved or addressed.

Ms Andrews asked for clarification regarding the Committee Chairs discussion on the management of Maori issues. Mr Cressey advised that the Committee Chairs expected that the Maori Health Advisory Committee would predominantly manage Maori health issues. However the Chairs of HAC, CPHAC and DiSAC had indicated that they had concerns that the issues had a potential to be lost and not resolved. The Committee Chairs agreed that Maori and Pacific issues should still be discussed within the other Committees, and resolved where appropriate, and also be referred to the Maori Health Advisory Committee or the Pacific Health Advisory Committee.

Ms Andrews commented that CPHAC should be able to discuss Maori health issues. Ms Tukurangi advised that this was important as the community aspects of Maori health were discussed by CPHAC. As a member of the Maori Health Advisory Committee, Ms Tukurangi advised that it was important for issues to be discussed and resolved where appropriate by CPHAC, rather than delaying the resolution by passing it on to the Maori Health Advisory Committee.

Mr Morrissey, the Chair of DiSAC, commented that there were similar issues for DiSAC. He indicated that it was appropriate for some disability issues to be managed through CPHAC, but that others needed to be referred to DiSAC.

Mr Thompson indicated that there should be communication between Board Committees. Where specific issues relevant to manawhenua were raised, Mr Thompson asked that these be referred to manawhenua.

8. PHO Update

Dr Allan Moffitt provided a presentation on Primary Health Organisations (PHOs); this was the same presentation that has been provided to attendees at the Counties Manukau Health Council Health Forums. Copies of the slides were tabled at the meeting and are attached to the minutes.

Key points include:

- the importance of patients registering with their general practice and what this means for the patient, the practice, and the PHO
- the changes to how general practice is funded, with fee for service being replaced by capitation, paid under two different formulae - the Access and Interim formulae (refer to the Primary Care update below for further detail)
- PHOs are the key vehicles for the implementation of the Primary Health Care Strategy
- from 1 April there will be 7 PHOs in Counties Manukau, with another two PHOs likely to be established from 1 July 2003.

Mr Thompson asked what happens to people who are just visiting the area. Dr Moffitt advised that they would be treated as casuals, with the co-payment being reduced where they have a community services card. Ms Andrews indicated she was aware of situations where people were attending the cheapest practice because of what they could afford and so were moving from one GP to another, rather than staying with one GP for continuity of care. Dr Moffitt indicated that this group of people were a continuing challenge.

Dr Moffitt also discussed the patient's medical record and how the practice where the patient is registered is where the medical record would be located. Ms Andrews indicated that in her experience it was very difficult for a medical record to be transferred to another practice.

One of the issues PHOs have faced recently is the management of duplicate enrolments. Dr Moffitt provided an overview of how a duplicate enrolment could be created based on a patient being on the initial register of one PHO and then attending a practice within another PHO. The PHO with the most recent encounter with the patient receives the funding for the patient, even if they were in another PHO's initial register. This is a key risk for PHOs during their early operation, as revenue will vary from quarter to quarter. This issue has arisen as the business rules for register management are relatively loose for day 1 operation of a PHO, compared with subsequent register management.

The first two PHOs established (TaPasefika and Te Kupenga o Hoturoa) have perhaps suffered the greatest impact of the duplication issue. This is of particular concern as they are servicing populations of high need. Mr Mules advised that at least one of the PHOs has been proactive and has embarked on a process of approaching the patients that have been identified as duplicates to determine their intention regarding registration.

Dr Moffitt tabled a paper regarding the proposed PHO publicity campaign, which focuses particularly on enrolment and registration. Dr Moffitt advised that the campaign is intended to run from 6 April for a month and then it would be re-evaluated. A meeting was held with all existing and emerging PHOs regarding the approach, at which it was agreed that the focus of the publicity should be registration and enrolment.

Dr Moffitt asked the Committee for advice on how best to approach this campaign. Committee members commented that it would be important to ensure the practice receptionists are kept updated as they are the first point of contact. Ms Tukerangi suggested that patient interviews and/or focus groups should form part of the evaluation process, in addition to the PHOs. Mr Wichman raised concerns regarding the usefulness of using newspaper advertisements, as past experience suggested that this was not an effective medium.

Mr Thompson indicated that he would like to receive regular progress reports at CPHAC to ensure that progress was being made to communicate with the community.

Dr Didsbury indicated that there were some significant barriers around registration and enrolment, specifically around after hours care, where it is often much cheaper to become a registered patient rather than a casual. Mr Mules indicated that the after hours providers were beginning to think about how they were positioning themselves in a PHO environment.

Resolution

That the DHB, having identified issues around enrolment and registration, takes appropriate steps to ensure that the process is effectively communicated to the community and that the process is monitored with regular progress reports being provided to CPHAC.

Moved, Mr Paul Cressey **Seconded**, Dr Charles Small, **Carried** Unanimously.

9. Oral Health Update

Ms Sue Dashfield provided an overview of the oral health paper; this was a report back from the previous meeting. Ms Dashfield drew the Committee's attention to the following:

- children requiring general anaesthetics need to go to Greenlane Hospital for treatment. The DHB is investigating whether this can be relocated to the SuperClinic
- Auckland DHB (through a Middlemore Hospital clinic) and a small number of dentists in the community provide relief of pain services for low income adults. The patient charge for these services is approximately \$40. Ms Dashfield advised that the relief of pain services were targeted at Community Service Card holders. Patients can be assisted to access funding through WINZ where further work was required, although this was usually in the form of a loan
- approximately 39% of Counties Manukau adolescents were accessing oral health services. One of the key activities of the regional co-ordination service is to look at why adolescents do not access services, and target improvements. Ms Dashfield noted that while there were a large number of Counties Manukau dentists identified in the appendix, very few were looking to expand their enrolled adolescent populations.
- in the long term it was likely that PHOs would have a role in Oral Health services as part of their responsibilities for their populations. The DHB is starting to talk with PHOs regarding the dental services that PHOs may provide.

Mr Mules advised that the Auckland Regional Dental Services (ARDS) would present at the next CPHAC meeting. The DHB were looking to have a direct accountability relationship with ARDS. The other regional oral health contracts were also to be unbundled by 1 July 2004; this would enable Counties Manukau DHB to have direct influence over these services.

Mr Johnson commented on the access to the relief of pain service; this is inconsistent throughout the region. Mr Johnson compared the management of a broken leg with mouth and tooth pain, where a broken leg would be treated urgently; mouth or tooth pain was expected to wait and pay. Mr Johnson questioned why would these conditions should be managed any differently.

Resolution

That the Committee notes the fragmentation of oral health services in the district, and supports the DHB's actions to co-ordinate the oral health services delivered to the people of Counties Manukau.

Moved, Mr Paul Cressey **Seconded**, Mr Eru Thompson, **Carried** Unanimously.

Mr Cressey indicated that this resolution be provided to the Maori and Pacific Committees.

12. Monthly report

• **Mental Health Update**

Ms Denise Thomson updated CPHAC on progress since writing the report:

The Ministry of Health indicated today that an additional \$8.7m (\$4.5m for CMDHB) would be allocated to the northern region for 2003/04. The Ministry of Health also indicated that a further \$10m would be available for mental health services, of which \$6.5m will come to the northern region. With regard to the latter funding, it is an early draw-down of \$2m per year from subsequent years.

Mr Mules asked to what extent to which this funding will be tagged. Ms Thomson advised that this was constrained by what was identified in the regional mental health plan. The Ministry requires a paper by the end of the week on how the \$6.5m will be spent.

Ms Thomson advised that the DHB currently only funds services to approximately 1.6% of the population rather than the 3% Blueprint target. CPHAC raised concerns regarding the 1.4% that are possibly managed in primary care, or perhaps not managed at all. There is a need to co-ordinate the activities between primary care and mental health services. Ms Thomson advised that this is a historical issue that needs to be resolved, and that steps are being taken in this area eg John Cosgriff's activities with primary care.

Ms Tokerangi indicated that there was a huge gap regarding access for Maori due to the tools and methodologies used to identify mental health diagnoses. Therefore there are no resources to support these people to keep them well.

The draft 2003/04 regional mental health funding plan provides high level principles of how the region is going fund mental health services for the following year. The draft plan will be included in the May CPHAC agenda.

Mr Johnson advised that he was aware of a media article that was not favourable towards the child and adolescent health mental health services at Counties Manukau DHB. Ms Thomson advised that this was a workforce issue; at the time of the review there were 22 FTE vacancies. A project has been undertaken to assist with the workforce issues. An interim solution has been implemented where adolescents have been treated in the adult early intervention service, however this is not an ideal solution.

Resolution

That the Committee receive the mental health update and acknowledge the increased Blueprint funding. That the Committee supports the DHB to takes steps to:

- identify the 1.4% (ie the percentage of the Blueprint's target of 3% that are not currently being provided mental health services) and how they are managed
- resolve the issues in child and adolescent services, including workforce development; and
- ensures that Counties Manukau DHB gets a fair share of the northern region funding.

Moved Mr Paul Cressey, **Seconded** Mr Bob Wichman, **Carried** Unanimously.

10. CPHAC Workplan

Ms Janine Pratt advised that proposed workplan was an attempt to pull together the discussions from the CPHAC workshop held in February.

Mr Morrissey sought clarification on the primary care activity regarding the integration of intermediary care services. Mr Mules advised that this referred to the review of intermediary care services to determine whether some of the services could be a more effective if they were managed closer to primary care. Intermediary care services include home help, community allied health and district nursing. Mr Morrissey raised concerns regarding the provider arm using this review as a mechanism to reduce costs rather than improving service effectiveness.

Mr Johnson sought clarification on the health promotion activities included in the diabetes strategy. Mr Mules advised that this would be driven through the Counties Manukau Diabetes Advisory Group (CMDAG). This group would assist the DHB with the integrated diabetes strategy, a component of which would be consideration of health promotion activities. Mr Johnson asked whether this would include consideration of healthy lifestyles. Dr Moffitt advised that due to the known risk factors for diabetes the approaches to health promotion for diabetes were likely to be generic health promotion approaches. Dr Didsbury advised that it was important that any approaches were evidence based.

Mr Johnson raised concerns that the focus was going back to disease and not to general health promotion and prevention and lifestyle improvement. Mr Mules advised that a piece of research by Susan Snively was about to be released regarding the efficacy of a 'broad' approach including promotion versus a 'deep' approach for those at highest risk (as for the DHB's chronic care management programme). Her focus was on asthma and diabetes. Mr Mules also advised that Cabinet has asked the Ministry of Health to develop a diabetes strategy paper.

The Committee indicated that the key milestone for elective services was for CPHAC to have a better understanding of the waiting lists and to enable them to feed this back to the community.

Action: Mr Cressey, Mr Mules and Ms Pratt are to meet prior to the next CPHAC meeting to further develop the proposed work milestones.

Mr Mules advised that a process was being undertaken at a management level to standardise the organisational reporting, including the development of an organisational balanced scorecard. As the reporting review will impact the development of milestones and indicators the finalisation of the workplan should be delayed until after the reporting project is completed (6 weeks).

Action: The workplan to be provided to the other Board committees.

11. Maori Health Issues

Mr Cressey suggested that the title of this item is amended to 'Additional Maori Health issues not already covered in the agenda.'

Ms Tukerangi indicated that she had attend the Counties Manukau Health Council hui which was held in Howick. Ms Tukerangi questioned whether this was an appropriate location as only 10 non-DHB people attended. Ms Tukerangi suggested that there be more forums to enable engagement, held in areas where there were significant Maori populations.

Resolution

That the Committee recommends to the Counties Manukau Health Council that the venues of the Health Forums be carefully considered, in light of the Maori hui held in Howick. The Committee recommends that such hui be held in the areas of Counties Manukau where there are significant Maori populations eg Mangere, Otara and Manurewa.

Moved, Mr Paul Cressey **Seconded**, ? , **Carried** Unanimously.

Action: Mr Cressey to discuss this resolution with the Counties Manukau Health Council at his next meeting with them.

There was further discussion on the usefulness of forums, whether held by the DHB or the Health Council, particularly where there are so few attendees.

12 Monthly report

• *Primary care update*

Mr Mules provided an overview highlighting the following:

- success of the DHB in gaining nursing innovations funding
- the DHB approach to PHO development has resulted in cross-boundary PHOs eg Otahuhu, and a number of PHOs providing services in the same area eg Otara

Mr Thomson advised that manawhenua's position regarding Otahuhu is that it should come within the district of Counties Manukau rather than Auckland, and indicated that he would like the Board to progress this. Mr Mules advised that at an operational level that this was occurring with regard to PHO development.

Resolution

That the Committee supports management to pursue the policy that the people of Otahuhu are provided service from Counties Manukau DHB

Moved Mr Paul Cressey, **seconded** Mr Bob Wichman, **Carried** Unanimously

- pepper-potting issues - where there are practices within the same area paid under different formulae, the viability of the practices on the Interim formula is threatened. The DHB has developed a funding policy, approved by the Ministry of Health, that will be implemented at a practice level to assist resolve this issue. The Access formula will be applied where the practice has 50% or more of its enrolled population who are high need, or where the practice is located in a high need community. The DHB will have a challenge implementing this approach particularly in those practices on the boundaries.

Resolution

That the Committee acknowledges the PHO funding issues and that management be congratulated on trying to grapple with them.

Moved Mr Paul Cressey, **seconded** Mr Brent Morrissey, **Carried** Unanimously

- The proposed IPAC co-payment policy was tabled – this is currently the subject of a Ministry of Health consultation process, submissions close 4 April.

Mr Cressey advised his conflict of interest as a member of an IPA that supports the IPAC policy. Mr Cressey indicated that there would be others with conflicts.

Dr Didsbury advised his conflict as a member of the Primary Health Network for Manukau that supports the policy. Dr Didsbury indicated his disquiet regarding how the policy was discussed in the CPHAC papers; Dr Didsbury took issue that the policy was described as giving no limit to co-payment fees and that the market will determine the levels.

Mr Morrissey advised his conflict as a member of Healthcare Aotearoa that opposes this proposed IPAC policy. Mr Morrissey advised that their opposition to the policy is based on the implication that the DHB will be required to support higher co-payments. Dr Didsbury responded that the issue is determining the level which is 'fair and reasonable' for the population. Mr Johnson raised concerns that this will be 'what the market will bear' which is not necessarily what the population can afford. Mr Johnson indicated that there should be some link back to the CPI or other inflation indicator. Mr Mules advised that the Minister supports a CPI adjustment.

Mr Mules commented that the PHO funding formulae does not take into account the cost of running a practice; ie, it is an allocative funding mechanism. Analysis needs to be undertaken on what is required to run a sustainable efficient practice so PHOs and their practices can agree with the DHB what proportion of their business should be supported by the capitation formula and therefore what is an appropriate co-payment level.

There also needs to be a mechanism to ensure that the cost of delivering the services associated with the subsidy is maintained, eg the under 6's subsidy was not reviewed for 6 years.

Mr Cressey wrapped up by stating that there was not a consensus position within the Committee but that there was some understanding of the issues that the policy attempted to address. Dr Didsbury re-iterated his concerns.

Mr Wichman and Ms Tokerangi left the meeting at 4:30pm.

Mr Thomson left the meeting at 4:35pm

- ***Meningococcal and NIRS Update***

Both papers were received by the Committee.

- ***Elective Services:***

Mr Mules drew the Committees attention to the ethnicity information included in the papers as requested by CPHAC. Mr Mules tabled further analysis, and indicated that additional analysis would be prepared for the April meeting.

- ***Financial report***

The report was received by the Committee.

Resolution

The group resolved that the public and the media be excluded from discussion on the draft District Annual Plan and the Risk register, (OIA s 9(2)(i), Standing orders Schedule 2 cl 2(g)) to enable the carrying out of commercial activities.

Moved Mr Paul Cressey, **Seconded** Mr Alan Johnson. **Carried** Unanimously

13 Other general business

The next meeting of CPHAC will be Tuesday 29 April 2003 at 1pm at the Otara Music Arts Centre (Cnr Newbury Lane and Bairds Road Otara).

The meeting closed at 4.50 pm

Signed as a true and correct record on the day of 2003

Chair:

Mr Paul Cressey

The minutes of the meeting of the Community and Public Health Advisory Committee of Counties Manukau District Health Board of 25th March 2003 are approved.

Recommendation (moved Mr Alan Johnson /seconded Dr Charles Small)