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Minutes of the Meeting of the Members of the
Community and Public Health Advisory Committee of the Counties Manukau District Health Board
Held at 19 Lambie Drive, Manukau City
Tuesday 28th October 2003 at 1.00 p.m.

Present: Mr Paul Cressey (Chair), Mr Brent Morrissey, Ms Jenny Prince, Dr Charles Small,
Ms Yvonne Waterreus, Mrs Miria Andrews, Mr Alan Johnson, Ms Airini Tukerangi

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

Apologies: Mr Bob Wichman, Mr Donald Barker, Mrs Metua Faasisila, Ms Airini Tukerangi (for
lateness), Ms Bernadette Pone, Ms Elisabeth Harding

1. Welcome

Committee members and members of the public were welcomed to the meeting which started at 1.15pm. It was agreed by those members present that the presentation should go ahead without a quorum.

A quorum was achieved when Mrs Andrews joined the meeting at 1:20pm.
Mr Alan Johnson joined the meeting at 1:30pm.

3. Middlemore PHO

Ms Tania Weallans provided an overview of the progress to date in establishing Middlemore PHO. Middlemore PHO went live as an Access Funded PHO on April 1, with an enrolled population of just over 77,000 people.



Embracing PHO's -
fc.ppt

Key points:

- The PHOs vision has been blurred as the PHO has needed to focus on the day-to-day operations of the PHO
- Issues with expected capitation funding compared with actual funding, and financial risk management. Some of this relates to enrolment (discussed at the last CPHAC meeting), the health seeking behaviour of the population and information systems
- Moving forward the PHO sees that it is important to share the risk between all of the stakeholders, also that there is a need to restore the links between control and responsibility – ie for providers link financial risk to factors over which they have some control, for the community link financial risk to health seeking behaviour.

Mrs Andrews asked how the patient stand-down process would work with respect to enrolment. Ms Weallans advised that this was only one option being considered as part of the initial discussions. It is envisaged that the stand-down period would be the time between a patient enrolling and the start of the next quarter. This would be to ensure that the patient was enrolled with that PHO and therefore a funding reduction would not be incurred.

Mr Mules provided some background on PHO enrolment. The national enrolment project (refer to the presentation provided at the September CPHAC meeting) indicated that implementation was likely to take some time. Counties Manukau DHB and the local PHOs were considering some shorter term solutions to resolve some of the issues, the stand-down period was but one suggestion.

Mrs Andrews raised concerns about the financial implications of how the stand down would be managed at a patient level, particularly based on how the Counties Manukau population currently accesses health care. Mrs Andrews suggested that this approach goes against the intention of the Primary Care Strategy. Ms Watterus also raised concerns about the lack of information available to consumers about PHOs and finding an appropriate GP.

Ms Prince noted that there is very little information available to the public about which practices are linked to each PHO. This makes it very difficult for the community to always access services from the

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PHO they are enrolled. There is a sense that the community has not been involved in establishing the PHOs.

Mr Mules advised that the MoH has committed to a national campaign to provide information on the Primary Care Strategy, PHOs and enrolment. Initial material is currently being distributed to PHOs and DHBs. The MoH have discovered that this process is more challenging than originally expected, and are undertaking market research to determine more specific longer term communication and information strategies.

The Committee thanked Ms Weallans for her presentation.

Resolution

The Committee reconfirms the resolution of the previous meeting, noting the importance of the primary care strategy and PHO development for CMDHB:

- Acknowledged with concern the systems issues related to PHO implementation and encouraged management to resolve these as soon as possible;
- Requested to be kept up to date with the opportunities and achievements as a result of the additional \$28m investment in primary care in the CMDHB region.

Also, the Committee recommends that:

- an urgent and effective communication campaign in the Counties Manukau district is undertaken,
- an analysis of patient mobility in Counties Manukau is undertaken.

Moved, Mr Paul Cressey, **Seconded**, Ms Jenny Prince, **Carried** Unanimously

2. Apologies

Apologies were received from Mr Bob Wichman, Mr Donald Barker, Mrs Metua Faasisila, Ms Airini Tukerangi (for lateness), Ms Bernadette Pone, Ms Elisabeth Harding.

Moved, Jenny Prince, **Seconded**, Mr Brent Morrissey, **Carried** Unanimously

3. Minutes of the previous minutes (30th September 2003)

Resolution:

The minutes of the meeting of CPHAC held on Tuesday 30 September 2003, having been circulated were taken as read and confirmed.

Moved Ms Jenny Prince, **Seconded**, Mr Brent Morrissey, **Carried** Unanimously

4. Procedural Issues

Terms of Reference

The amended Terms of Reference as approved by the Board at its October meeting were provided to CPHAC for their information

5. Matters arising not elsewhere on the agenda

Oral Health

Work is continuing on the unbundling of oral health contracts, and planning for oral health services. A more detailed update will be provided in the New Year.

6. CPHAC Priorities: Development

• ***PHO Indicator Update***

Dr Moffitt circulated a further paper at the meeting.

**COUNTIES MANUKAU DHB
COMMUNITY & PUBLIC HEALTH ADVISORY
COMMITTEE (CPHAC)**

PHO Performance Indicators

Background

CPHAC requested an update on PHO Indicators. Due to my absence the paper that was circulated was a brief discussion document tabled at the PHO Group meeting. I wish to provide a little more information to provide some context for this paper. CMDHB has chosen to focus its activities this year on five key indicators. These have been chosen, after some consultation, to focus on priority areas that will have maximum impact on health status.

This work is supplementing the national work that the Ministry of Health is leading. The Ministry has set up a national group, "Clinical Performance Indicator Advisory Group", to refine the mechanism for implementing PHO quality indicators. Fourteen domains/indicators have been chosen for implementation in 2004/05. The selection of the indicators, resulted after an interactive Delphi process run by Barry Gribben and Allan Pelkowitz of Auckland University. There was some concern regarding the lack of buy-in to the development of the indicators and the process used which ignored the early criticism of some key primary care groups. Mostly the criticism was about requiring a more rugged evidence based approach to indicator selection with more discussion wanted on the criteria for selection. The final report of the Delphi process is embedded below (and can be printed for those interested on request).



"Delphi_Final Report
Clinical Performance

Outcomes for the Advisory Group include:

- Whether information to support indicators is routinely collected at present in primary care
- if not, what steps need to take place to achieve this
- whether the information should be aggregated at PHO level and transmitted to the Ministry or whether line item data should be transmitted to the MoH (presumably HealthPAC)
- the process that the MoH and DHBs should follow to set targets
- How a fixed pool of funds should be allocated to PHOs to reward performance
- the types of reports and feedback required by DHBs and PHOs

Members of the group are:

Julie Artus	DHBNZ
Fionna Bell	TaPasefika
Prof Tony Dowell	Wellington Med School
Leonnie Gallagher	Healthcare Consultant (ex DON)
Barry Gribben	CBG Ltd & University of Auckland
Peter Jansen	Snr Lecturer Maori Health
John Marwick	MoH
Allan Pelkowitz	ADHB & University of Auckland
Roshan Perera	Researcher, Wellington Med School
Jim Primrose	MoH
Jim Vause	RNZCGP president

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Dr Moffitt provided an overview of the national PHO indicator activities, including the Delphi process, which was used to identify the list of 14 indicators. The national work is now focussing on how these indicators would be implemented including incentives and data capture mechanisms.

The 5 areas that Counties Manukau DHB has chosen to focus on for 2003/04 include:

- Ethnicity data
- Smoking status
- Child immunisation
- Diabetes detection rate and get checked volumes
- Emergency care attendances and ambulatory sensitive hospitalisations.

Dr Small asked why cancer information was not included. Dr Moffitt advised that this would be discussed in the future, however in the interim cancer information can be collected from other sources for example cancer registries.

Mr Cressey queried why indicator information was not collected at the PHO level rather at an individual patient level information. Mr Mules suggested that aggregate PHO level data would not indicate the range of practitioner performance against the indicators. Mr Morrissey asked whether the performance relationship was between the DHB and the practitioner or between the DHB and the PHO. Mr Mules advised that the DHB's relationship was with the PHO, but that we would want to understand practitioner variability.

Resolution

That CPHAC receive this paper for information.

Moved Mr Charles Small, **Seconded** Mr Brent Morrissey, **Carried** Unanimously

Ms Airini Tukerangi joined the meeting at 1:55pm.

- ***Service Planning Framework***

Ms Pauline Hanna distributed a copy of her presentation.



PHanna Regional
Configuration ...

Ms Hanna provided an overview of the service planning framework activities that were underway with the other metro-Auckland DHBs. This work is focussed on the provider arm of the DHBs and will provide the basis for future service planning. Ms Hanna described the structure of the regional project, specifically the 3 sub-projects and their key areas of focus; planning and funding, service planning, and capital planning.

Ms Tukerangi asked for further information on the mental health capital planning project for WDHB. Ms Hanna advised that this included a number of sub-projects including consolidation and centralisation of mental health services within WDHB.

Mr Johnson asked whether there were any indicators, relating to equity of access to services, which could be reported to CPHAC. Ms Hanna advised that a minimum level of access to the regional services had been agreed by the DHBs, this agreement takes into account each DHBs priorities.

Mr Morrissey asked whether the planned service changes in orthopaedics would provide an opportunity for Counties Manukau DHB's to deliver additional elective orthopaedic services. Mr Mules advised that the reduction in orthopaedics would be reflected in a reduction in funding/revenue, therefore additional services could only be funded through additional revenue or re-prioritisation of funding internally.

Mr Johnson questioned who is driving the planning process, the provider or the funder. Mr Cressey added that one of the assumptions of the funding framework was: "the proportion of the total funding package for each DHB to be allocated to the provider arm will be based on the same proportion as in 2003/04".

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Mr Mules advised that at the time this project was established it was important to have a starting point and basis to move forward. Mr Mules noted that equity of access would be monitored and analysed against national averages. Management is preparing for 2004/05 planning, this project would be but one input into detailed 2004/05 planning.

Resolution

That CPHAC note the services framework paper.

Moved Yvonne Wattereus, **Seconded** Alan Johnson, **Carried** Unanimously

- ***Services to Improve Access (SIA)***

Mr Danny Wu joined the meeting for the Services to Improve Access (SIA) and Pharmacy Updates.

Mr Cressey noted that the SIA funding was a significant amount, and asked that this be quantified. Mr Danny Wu committed to providing this information to the next meeting. Mr Wu advised that the SIA funding was determined by the number of high needs patients enrolled with the PHO and therefore varied from quarter to quarter. Due the variation in the funding levels PHOs had not committed all of the funding identified for SIA. The intention of SIA is to focus on improving access, that is not to replace activities that should be funded through capitation. The focus of services to improve access tends to be on services relating to the relationship between the patient and the provider. The DHB has been encouraging PHOs to utilise the remaining SIA funding for more community-based models.

Resolution:

The Committee receive the report.

Moved Mr Alan Johnson, **Seconded**, Mr Brent Morrissey **Carried** Unanimously

- ***Pharmacy Update***

Mr Wu advised that the metro-Auckland DHBs had been working together to develop a regional approach to service development.

Mr Cressey asked whether there was any update on the impact, within Counties Manukau, of stat prescribing. Mr Wu advised that there was no clear indication at this point, and that it was expected that any effect was likely to be seen in February 2004. Mr Wu had been contacted by a number of pharmacists that had noted increases in the proportion of stat prescriptions but didn't know whether this was the effect of the new policy, or the holiday period.

The paper reflects the discussions Mr Wu has had with pharmacists at the recent meetings held in the region.

Resolution:

The Committee:

- receive the report on the potential roles for community based pharmacists in primary health care teams.
- note that Counties Manukau DHB will commence a process to engage with pharmacists on a strategic direction for the district/region.

Moved Ms Airini Tukerangi, **Seconded**, Ms Yvonne Wattereus **Carried** Unanimously

7. CPHAC Priorities: Understanding

- ***Prioritisation Update***

Ms Pratt provided an overview of the national prioritisation project, and the tensions and issues with prioritisation.

Mr Mules added that the expectation of the national project to deliver tools to assist 2004/05 planning would not be achieved. However, management were clear about what needed to be achieved for 2004/05 planning and that within the DHB the structural tensions between funder and provider noted in the paper were not apparent.

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Resolution

The Committee:

1. Notes the progress against objectives by the joint MoH/DHB prioritisation project
2. Notes that the project has not met the expected completion dates, ie September / October 2003
3. Notes that management are beginning to prepare for the 2004/05 planning round
4. Notes the prioritisation update provided to the Ministry of Health as part of the non-financial reporting requirements.

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

9. For information

• **Board update**

Mr Cressey provided a brief update on the October Board meeting.

- The draft Maori Health Plan, with suggested amendments, had been approved for consultation
- The DHB is on track financially to meet the forecasted breakeven for 2003/04
- The Board agreed to management setting up a meeting with Manukau City Council to discuss formalising the relationship and actively seeking opportunities for synergy
- The annual report layout was approved. The Board suggested amendments and suggestions with a focus on the community.

• **Board Advisory Committee update**

DiSAC (Mr Brent Morrissey)

Mr Morrissey advised DiSAC received two presentations at the last meeting; Age Concern and Alzheimer's Association. These presentations were of particular interest now that the DHB is responsible for health of older peoples services. The Committee noted that Jenni Coles is to take over the role that Carol Delaney provided for DiSAC, Jenni is also to provide the programme management for health of older people. Key projects for health of older people include the health information project and the home health care client review, also DiSAC member Chris Ellis is developing an audit tool for providers to assist with access compliance.

DiSAC and Manukau City Council representatives have met with regard to the development of Council's draft Disability Policy. DiSAC will continue to liaise with the Council over this policy development. Mr Morrissey also referred to DiSAC's media coverage linked to the Health of Older People devolution. The relationship between the local and regional DiSACs is being reviewed in light of the devolution. The NDSA will report through to the regional DiSAC on progress with regard to health of older people.

Maori Health Advisory (Ms Airini Tukerangi)

Ms Tukerangi advised that as there was no quorum for the previous MHAC meeting the committee used the time to review the draft Maori Health Plan with the GM Maori Health and undertook some tentative planning with regard to the consultation process.

HAC (Dr Charles Small)

Dr Small noted that HAC was to meet the following day. Discussion at the previous HAC meeting included management of elective and acute surgery in light of the theatre allocations and renovations.

FAC (Alan Johnson)

Mr Johnson provided an overview of the role of FAC, that it meets quarterly and on an as required basis. Its key role is to advise the Board on the annual plan, financial reporting and the annual financial audit and preparation of the annual report. While there was no approved 2002/03 DAP, Mr Johnson was pleased to advise that the DHB received a clean audit, however the DHB has a deficit of \$38m for the 2002/03 year. FAC also discussed the use of the additional theatres at MSC and whether the additional theatre capacity would ensure that additional services could be provided.

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PHAC

There was no CPHAC member present to provide an update on PHAC.

- ***Draft Health Policy and Action Plan***

CPHAC had no amendments on the submission.

Resolution

The Committee approves the draft submission to be sent to Manukau City Council.

Moved Mr Brent Morrissey, **Seconded** Dr Charles Small, **Carried** Unanimously

CPHAC noted that the Plan provided a number of opportunities for developing a formal relationship with the Manukau City Council.

The details of the planned meeting with the Council is to be confirmed.

- ***Q1 Non-Financial Performance Reporting***

Mr Cressey noted the increase in acute volumes and decrease in elective volumes as described in the report. Dr Moffitt said demand to date suggested that medical volumes are up, over budget and last years volumes, however emergency attendances are down. It was suggested that the increased acuity of patients attending the emergency department is reflected in the increased number of patients admitted.

Mr Morrissey sought clarification on the service coverage gap with regard to NASC. Ms Pratt advised that the NASC services in the northern region had not been established by the MoH to manage demand, a requirement of the NASC guidelines, and therefore this was a service gap that had been devolved to the DHB. The northern region DHBs had established a NASC project to resolve this gap.

Resolution

The Committee recommended that a summary table of the provider arm performance be included in the next report to assist interpretation of the information.

The Committee notes the Q1 report.

Moved Mr Paul Cressey, **Seconded** Ms Airini Tokerangi, **Carried** Unanimously

10. Additional Maori Health Issues

Mr Morrissey enquired as to the process for consulting on the draft Maori Health Plan. Ms Tokerangi indicated that the Plan was still being worked on based on the Board's suggestions and that the consultation would be undertaken once the Plan included these amendments and had been approved by MHAC.

CPHAC asked that the GM Maori Health, Bernard Te Paa, be invited to the next CPHAC to present the draft Maori Health Plan and discuss the consultation process.

Ms Tokerangi, in her role as a member of M-HAN, raised her concerns regarding the Regional Maori Mental Health Plan. M-HAN had received a presentation regarding the regional coalition, NDSA operational committee and progress on the Maori Health Plan at its last meeting. This raised concerns about Maori, Pacific and consumer representation on the coalition, and the lack of consultation. Ms Tokerangi would like to see the coalition's terms of reference, the process for decisionmaking, and the policies and systems to support this process. Particularly Ms Tokerangi would like some clarity on the roles and participation in the development of the Maori Mental Health Plan and regional collaboration. There appear to be no mechanisms to engage and participate in the process and decisions have been made without Counties Manukau DHB.

Mr Cressey, also a member of M-HAN, supported Ms Tokerangi's concerns.

CPHAC asked that the Regional Mental Health Director, Derek Wright, be invited to the next CPHAC.

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11. Monthly reporting

- **Primary Care Update**

With regard to the rural health update, Mr Johnson raised concerns that funding was being allocated to the Primary Health Network for Manukau (PHNM) PHO for Franklin practices. Dr Moffitt advised that the funding was allocated using the rural bonus mechanism at a practice level; the practices are currently under the PHNM and therefore this is the PHO that is allocated the funding.

- **Integrated Care Update**

Members queried the information regarding the percentage of CCM patients on statins improving from 32% to 52%, it was assumed that this related to the number of people on the programme eligible for statins based on the guidelines.

Mr Johnson reflected on the Q1 report which indicated an increase in acute medical volumes, and the impact of the integrated care interventions. Mr Mules advised that the increasing volumes had only been seen for the previous 3 months and it was perhaps too early to make any conclusions.

There was further discussion on the volumes of patients included in CCM and the costs associated with increasing access to the programme. Dr Moffitt indicated that to increase the volumes to 5000 would cost approximately \$3m. CPHAC members also queried the ethnicity breakdown of those currently enrolled. Mr Mules advised this was based on the population of the practices involved in the initial CCM pilots, hence the large number of Pacific peoples enrolled compared with Maori and others.

Mr Cressey conveyed his delight at the Kidslink programme being recognised by the Bearing Point Innovation Awards 2003, not only within the health sector, but on receiving the Supreme Award. Ms Prince said that what this proved was that all the providers within the community could work together, and while it is a difficult process and takes time, it can be done.

Resolution

The Committee congratulates the Kidslink project on their achievement.

The Committee receive this paper

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

- **Mental Health Update**

Mr Mules advised that the new programme manager is Mr Phillip Grady, currently the GM of mental health services at Taranaki DHB.

Resolution

The Committee receives this paper

Moved Ms Airini Tukurangi, **Seconded** Mr Brent Morrissey **Carried** Unanimously

- **Meningococcal update**

CPHAC asked that Sue Miller be invited to provide an update on rollout and implementation at the January 2004 meeting.

Mr Johnson raised concerns regarding the use of Hutt Valley Health DHB as the pilot for the school based implementation, particularly the application of the Hutt Valley implementation to Counties Manukau.

Resolution

The Committee note this paper

Moved Ms Airini Tukurangi, **Seconded** Mr Brent Morrissey **Carried** Unanimously

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• **Financial report**

Mr Steve Murray to be congratulated on the financial report.

CPHAC suggested the report could be further enhanced by including the breakdown of health promotion, SIA, capitation and GMS in the Provider Payments FFS – GMS & PHO service line.

Resolution

The Committee notes this paper

Moved Mr Alan Johnson, **Seconded** Mr Brent Morrissey **Carried** Unanimously

• **CPHAC Work programme update**

Mr Cressey requested an update on access to community radiology at a future meeting, in the context of an update on the progress of the radiology refurbishment project.

Mr Mules advised that the radiology refurbishment project has been through the regional capital approval process and is currently awaiting approval from the Ministry/Minister. Mr Mules also advised that radiology capacity would be affected by the reduction in orthopaedic volumes, and this would perhaps provide an opportunity to improve access for the community. However additional funding would probably need to be found, given loss of orthopaedic revenue.

Ms Tokerangi requested an update on the workforce development activities. Dr Moffitt advised that the first meeting of the group to develop the plan is on Friday. This activity has been delayed due to the delay in establishing the PHO Group. The three areas of focus are community workers, primary care nursing and the primary care team (this includes pharmacy).

Resolution

The Committee notes this paper

Moved Mr Alan Johnson, **Seconded** Mr Brent Morrissey **Carried** Unanimously

Resolution

The Committee resolved that the public and media be excluded from discussion on membership 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** Ms Airini Tokerangi, **Carried** Unanimously

The meeting was reopened to the public.

12. General Business

There was no general business.

The next meeting of CPHAC will be Tuesday 25th November 2003 at 1pm at 19 Lambie Drive, Manukau City.

The meeting closed at 4.35pm

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 28th November 2003 are approved.

Recommendation (moved Mr Bob Wichman/seconded Dr Charles Small)