

Community & Public Health Advisory Committee

Minutes

of the meeting held on 25th July 2006, from 1.00 to 4.00pm, at the Boardroom, 19 Lambie Drive, Manukau

1) Present:	Mr Paul Cressey (Chair), Ms Miria Andrews, Mrs Jillian Dooley, Mr Bill Mudgway, Ms Malia Hamani, Mr Arthur Anae, Ms Yvonne Waterreus, Dr Peter Didsbury, Mr Pat Snedden, Whaea Nganeko Minhinnick, Ms Eileen Fox, Dr Lynne Lane In attendance: Dr Allan Moffitt, Mr Chris Mules, Ms Penny Young and Ms Subha Srinivasan (secretary)
Apologies:	Mr Arthur Anae, Dr Allan Moffitt and Dr Lynne Lane for lateness; Mr David Collings, Ms Donna Richards, Ms Airini Tokerangi
1) Welcome	Mr Bill Mudgway opened the meeting with karakia. Action
	<p>Apologies</p> <p>Resolution: Accept apologies as noted above.</p> <p>Moved: Mr Bill Mudgway Seconded: Ms Yvonne Waterreus Carried: Unanimous</p>
2) Minutes of Previous Meeting:	<p>Resolution: Noted that minutes of the meeting of CPHAC held on Tuesday 27th June 2006, having been circulated, were taken as read and confirmed.</p> <p>Moved: Mrs Jillian Dooley Seconded: Ms Miria Andrews Carried: Unanimous</p>
3) Procedural Matters	<p>3.1 Interests Register</p> <ul style="list-style-type: none"> - Noted that the interests register continues to be updated. This is a standing item and members are requested to forward any updates to Subha for inclusion in the register. <p>3.2 CPHAC Members' Profile</p> <ul style="list-style-type: none"> - Noted. <p>3.3 Membership</p> <ul style="list-style-type: none"> - Noted that that Elizabeth Farrell's nomination to CPHAC has been approved by the Board. Elizabeth will be invited to start attending from the next meeting. <p>Resolution: That CPHAC record an acknowledgement of the positive contribution made by Ms Jenny Prince during her term with CPHAC</p> <p>Moved: Mr Paul Cressey Seconded: Ms Miria Andrews Carried: All</p>

<p>4) Matters Arising:</p>	<p>4.1 Breast screening Indicators</p> <ul style="list-style-type: none"> - Noted that Ms Mhiairi Porteous will be invited to attend the next meeting with a list of suggested KPIs and the committee can determine which should be included in the monthly report. <p>4.2 NASC waiting list update</p> <ul style="list-style-type: none"> - Noted update on waiting list figures and actions underway to address this issue. - Mr Mules clarified the 71 waitlisted people could be at various points – hospital, home or residential care. - Mr Mules also clarified that this will be approached at two levels – improved processes and adequate staffing. - A prioritisation system is being introduced which will ensure those with the most urgent needs are addressed first. - The Committee expressed concern at the 71 waitlisted people and encouraged management to find solutions to clear it as soon as possible. - Ms Miria Andrews expressed her concern at the effect of the waiting list on Maori and requested an ethnicity breakdown and a profile of what they're waiting for. - Ms Malia Hamani noted the waiting list is a matter of concern as Pacific elderly people need to be constantly encouraged to get a referral and request service. <p>Resolution: CPHAC has expressed concerns at the length of the waiting list, and requested a breakdown of the waitlisted people by ethnicity and service need, definition of 'ideal state' waiting times, and milestones for reaching this.</p> <p>Moved: Mr Paul Cressey Seconded: Dr Peter Didsbury Carried: All</p> <p>DSP Launch</p> <ul style="list-style-type: none"> - Noted that 'roadshow' is now scheduled to occur between October to December. - Work is underway re DVD and will take about 6 weeks to finalise. <p>Healthy Tuckshops</p> <ul style="list-style-type: none"> - Presentation at a future meeting to be scheduled. <p>PATHS followup</p> <ul style="list-style-type: none"> - Noted that Jude Woolston has made attempts to contact Dr Peter Didsbury to discuss PATHS referral / access criteria and how to promote the programme to GPs. <p>LBD</p> <ul style="list-style-type: none"> - In response to a query re discussions with Progressive supermarkets noted in previous minutes, Mr Chris Mules clarified that the Food Industry action area of LBD is managed by Mr Brian Weaver 	
<p>5) CPHAC Priorities</p>	<p>6.1 Health of Older People Action Plan</p> <p>Presentation by Jenni Coles – Programme Manager, HOP</p> <ul style="list-style-type: none"> - The action plan is structured around the NZ Health of Older People Strategy, and aligns and supports the DSP outcomes. - Implementation will be managed through the DAP and divisional plans - primary, surgical, intermediary, medical etc. - The action plan has an integrated approach to meeting the needs of older people. - A service-mix model tool is being developed currently which 	

- will be used to inform planning decisions along with the Health Needs analysis figures.
- Noted that the overall population is anticipated to grow by 50% by 2026 and hospital bed-days anticipated to grow by 94%.
 - Prevention strategies, CCM, and the Maori and Pacific work programme can contribute greatly to reducing the demand by ensuring people don't need the acute care.
 - Some of the key themes that emerged from the consultation were social isolation, access to information and decisions around services provided.
 - In response to a query on retention of home-based carers, it was clarified that actions in place to prevent staff shortage included increasing the remuneration rate, encouraging an employment model, and 'stair-cased' training opportunities to provide people with a career path in the health industry.
 - Dr Lynne Lane congratulated Jenni on the excellent work done. She queried the sustainability of providing services in the current model, and how to explore options that don't medicalise needs but take a social approach to well being. She provided the example of China where the elderly are engaged in a range of activities using a community development model which has positive outcomes.
 - Ms Malia Hamani noted that Toa Pacific are focussing on such a social approach.
 - Ms Eileen Fox noted the current model still relies heavily on NGOs and volunteers.
 - Noted the outcomes of this plan will be measured through milestones/targets which will be set with clear deadlines and implemented through the DAP.

Action

- Jenni to liaise with Dr Lynne Lane to further explore details of the social model in China and feedback at a future CPHAC meeting.

Resolution

That CPHAC

1. Notes the Health of Older People Action Plan is focussed at a strategic level and specific KPIs and actions will be determined through the District Annual Plan
2. Notes the feedback received at consultation has been included in this document
3. Endorses the submission of this Action Plan to the Board for approval

Moved: Mr Pat Snedden

Seconded: Ms Eileen Fox

Carried: All

6.2 Preschool and School Dental Services - presentation

Presentation from Auckland regional Dental Service (ARDS) – Linda Harun, Carol Thomas and Stephen Powell.

CPHAC noted the following points

- ARDS provide services to child populations aged 0-12 years across the 3 Auckland DHBs.
- The Oral Health Plan for CMDHB aims:
 - Ø Target high need areas,
 - Ø Increase access for at risk populations
 - Ø Integration with Primary Care
 - Ø Preventative work
 - Ø Oral Health messages
- ARDS' total enrolments for the 2003-2006 period indicate a

	<p>growth for the Counties Manukau area.</p> <ul style="list-style-type: none"> - The service is taking the following actions to target the preschool age group and increase enrolments <ul style="list-style-type: none"> Ø Provide oral health training for PHO staff Ø Preschool enrolment project by the CM Oral Health Group Ø Referrals from PHOs and Plunket Ø Centralised processing and appointments from the main office – this frees the dental therapists to see more children Ø Set days and clinics for preschoolers – aims to get a wider coverage Ø Referral back to PHO or Plunket if child does not attend. - The figures for 2003-2006 indicate an increase in the number of treatments as a result of targeting high needs groups. - Noted that ARDS experienced the following in targeting service to the at risk populations in Counties Manukau: <ul style="list-style-type: none"> Ø Overall 11.5% increase in service delivery in 2 years Ø Treatments increased by 25% Ø Rate of treatment per examination increased by 40% Ø Treatment growth at the cost of examination growth - The service has been prioritising staffing and capital purchases for Counties Manukau - The targets for 05/06 agreed with CMDHB were not all met, with under-delivery of examinations and over-delivery of treatments. This was seen as the result of high DNA rates, increasing treatment rates for the at-risk group, and the impact of the new graduate recruitment. - The strategies for 06/07 to increase coverage for preschool children include <ul style="list-style-type: none"> Ø Support staff by providing centralised booking system and electronic clinical records Ø Strengthen community linkages, and increase visibility of ARDS and facility profile in targeted areas to increase preschool access. Ø Provide individualised dental care through a risk assessment and recall system <p>In discussion, CPHAC:</p> <ul style="list-style-type: none"> - Noted there is an issue around consent forms which is mandatory for the treatment to proceed and can hold up the process. - Noted that Kohanga Reo and Pacific Island language nests are good settings for achieving coverage for preschool groups. - Noted there is an increase in preventative/restorative work more specifically in Otara and Mangere. - Noted that the MoH is supportive of extending the recall period based on clinical need. - Noted that ARDS was not responsible for addressing public health issues like fluoridation, and that the CMDHB Oral Health Plan suggests the development of a positive fluoridation policy. - Noted that Manukau city have a Healthy Schools programme and this should be linked to the fluoridation of the entire area. - Noted that the LBD programme targeting primary and secondary schools, and Kohanga Reo in respect of healthy eating/drinking habits would have a spin-off benefit on oral health. <p>Presentation by Sue Dashfield – Programme Manager</p> <ul style="list-style-type: none"> - The key themes of the Counties Manukau Oral Health Plan Adopted in 2005) are: 	
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	<ul style="list-style-type: none"> Ø Reducing inequalities Ø Integration of Oral Health with other primary care services Ø Focusing on prevention as well as treatment <ul style="list-style-type: none"> - A new national 'Oral Health for Life' vision document is due to be released soon by the Minister. - \$100m capital and \$40m operating funding have been committed to child and adolescent Oral Health. CMDHB will work with ARDS in developing a plan for the Ministry to access this funding - In discussion, Mr Mules explained that it is becoming clear that the coverage CMDHB seeks in the future can't be achieved by ARDS alone. The DHB will work together with ARDS to develop their Counties Manukau plan, and a process to select 1 (or more) provider to work ARDS to increase the preschool capacity and coverage. - Query raised on the option to provide toothbrushes to high needs groups. It was noted that in the past toothbrushes have been given to children through PHOs. A sustainable model was needed, given that toothbrushes wear out quickly. <p>Resolution That CPHAC</p> <ol style="list-style-type: none"> 1. Note and receive the presentations from ARDS and CMDHB management. 2. Note ARDS' current activity and reasons for not achieving performance targets 3. Agree that ARDS' proposed targets for 06/07 are realistic given current constraints 4. Agree that ARDS be requested to develop (by 31 November 2006) a 5-year plan for services for Counties Manukau children, with particular emphasis on coverage targets and workforce development 5. Agree that CMDHB identify the role that other providers could play to supplement ARDS particularly in respect of preschool populations, and undertake a process to select those providers 6. Note that CMDHB will be developing a 5-year plan that will incorporate the ARDS plan, and identify the contribution to be made by other providers 7. Note that the Committee is keen to see Counties Manukau area fluoridated in time for the next local body elections 8. Note that the DHB is considering investing in prevention and will consider supplying toothbrushes to high-needs groups in a sustainable manner <p>Moved: Mr Arthur Anae Seconded: Dr Lynne Lane Carried: Unanimous</p>	
6) CPHAC Priorities update	<p>6.1 Personal Health Care Update</p> <p>Mr Mules provided an update on the contract for Community Laboratory services.</p> <ul style="list-style-type: none"> - Historically lab services were provided by Diagnostic Lab and Medlab which later merged for form Diagnostic Med Lab (DML). - The DHB inherited a contract with DML when the lab contracts were devolved to the DHBs in 2003. - Last year, the DHBs went through a formal consultation process prior to putting community laboratory services out to tender. The CEOs and Chairs of the 3 Auckland DHBs decided to enter into a contract with a new provider, Labtests Auckland. Decision criteria included capability, quality, and 	

	<p>value for money.</p> <ul style="list-style-type: none"> - DML have initiated a campaign among doctors and members of public claiming a potential loss of service and reduction in access, and questioning Labtest Auckland's capacity to commence operation by 1 July 2007. - The concerns expressed are of a hypothetical nature, and the 3 DHBs are satisfied the approach taken by Labtest Auckland will not inappropriately reduce access or service, and that the provider has a robust plan to get a replacement service operational. - Mr Mules clarified that there were no plans for testing work to be done off shore. He also clarified that a full disclosure allegations of fraud had been made during the tendering process. - Dr Didsbury noted the importance of the service quality provided by DML, and that the DHBs must ensure quality parameters are in place. - Mr Snedden noted that the decision to award the contract to Labtest Auckland is strategic and focussed on how to improve health outcomes by freeing up resources that can be used in other high priority areas. - Mr Mules explained that the contract involved moving away from fee for service to fixed price, with an annual increment for inflation and demographic growth. The provider will carry the risk for volume growth beyond demographic growth. - Regular progress reports will be provided to CPHAC and the Board. <p>Mr Mules also addressed the following:</p> <ul style="list-style-type: none"> - The LBD team will make a submission to Health Select Committee at very short notice on 26th July. - The Social Marketing Strategy will be launched in November coinciding with the Diabetes Awareness week. - The evaluation of the McDonalds/Coco Cola initiative is being finalised and results will be released to the Select Committee. This shows very positive results. - The review of diabetes in pregnancy found there is poor linkage between primary and specialist services, and an unsustainable model given that up to 8% of all births in Counties Manukau involve diabetes. - All PHOs are now enrolled with the PHO performance management programme. - The DHB has agreed fees with interim funded practices for the 45-64 year old category. - SIA funding is currently being reviewed, and will be an agenda item at the Board meeting in August. There will be an update at the next CPHAC meeting. - CCM is close to 05/06 DAP targets. In response to a query on how the increased volumes of CCM accommodate Careplus, Dr Moffitt clarified there is a pricing review in place to address this and will be reported at a future CPHAC meeting. <p>Resolution That the Personal Health Care Update report be received</p> <p>Moved: Dr Peter Didsbury Seconded: Mr Bill Mudgway Carried: Unanimous</p> <p>CEO farewell</p> <p>Stephen McKernan joined the meeting at 1.45pm. He acknowledged the huge work programme this committee has</p>	
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	<p>undertaken – this has been crucial to the smooth operation of the DHB and the overall direction of the organisation.</p> <p>Resolution</p> <p>CPHAC thanked Stephen for his excellent leadership for the DHB, for and for management’s support for the work of the Committee. The Committee formally acknowledged Stephen’s contribution to the DHB and congratulated him on his new role with MoH.</p> <p>Moved: Mr Paul Cressey Seconded: Dr Lynne Lane Carried: Unanimous</p> <p>6.2 Mental Health Update</p> <ul style="list-style-type: none"> - Noted progress around CLS – evaluation is underway. - Noted that all NGOs are now required to report at an individual patient (NHI) level and information will be captured in a database that has been set up. <p>Resolution</p> <p>That the Mental Health Update report be received</p> <p>Moved: Mr Arthur Anae Seconded: Ms Yvonne Wattereus Carried: Unanimous</p> <p>6.3 Health of Older People Update</p> <ul style="list-style-type: none"> - A snapshot financial audit of 10 residential care facilities was carried out for the DHB to indicate the financial risks faced. The audit also covered MH residential providers. Mr Mules noted that the audit team hasn’t found anything substantial and will advise that there is no need for specific routine financial audit. . - Carer support review being undertaken by NDSA - Dementia Plan project has commenced. <p>Resolution</p> <p>That the Health of Older People Update report be received</p> <p>Moved: Mr Arthur Anae Seconded: Ms Eileen Fox Carried: Unanimous</p>	
7) For Information	<p>7.1 Maori Health Update</p> <p>Resolution</p> <p>That the Maori Health Update report be received.</p> <p>Moved: Mr Pat Snedden Seconded: Ms Malia Hamani Carried: Unanimous</p> <p>7.2 Pacific Health Update</p> <p>Resolution</p> <p>That the Pacific Health Update report be received.</p> <p>Moved: Mr Arthur Anae</p>	

	<p>Seconded: Ms Eileen Fox Carried: Unanimous 7.3 Breast Screening Update</p> <p>Resolution That the Breastscreening Update report be received. Moved: Mr Pat Snedden Seconded: Mr Bill Mudgway Carried: Unanimous</p>	
8)	<p>Additional Maori Health Issues not already covered in the agenda</p> <p>Nil</p>	
9)	<p>Additional Pacific Health Issues not already covered in the agenda</p> <p>Nil</p>	
10) Monthly Reporting	<p>10.1 Board update Mr Pat Snedden provided an update - Noted that following Mr Stephen McKernan's resignation, a recruitment process for new CEO is underway.</p> <p>10.2 Updates from Board Advisory Committees Nil</p> <p>10.3 Financial Report - Noted CMDHB will end the year as expected, with the major funder expenditure variation being pharmaceuticals. The pharmaceutical expenditure trends will be factored into the 06/07 budget.</p> <p>Resolution That the financial report be received.</p> <p>Moved: Mr Pat Snedden Seconded: Ms Malia Hamani Carried: Unanimous</p>	
11) General Business:	-	
12) Adjournment	The meeting adjourned at 4.20pm	
13) Next Meeting:	Tuesday 22 nd August 2006, 1.00-4.00pm, Boardroom – 19, Lambie Drive	
<p>Signed as a true and correct record on the 22nd August 2006</p> <p>Chair: Mr Paul Cressey</p> <p>Resolution The minutes of the meeting of the Community and Public Health Advisory Committee of Counties Manukau District Health Board of 25th July 2006 are approved.</p> <p>Moved: Ms Yvonne Wattereus Seconded: Dr Lynne Lane Carried: Unanimous</p>		