

Community & Public Health Advisory Committee

Minutes

of the meeting held on 26th April 2006, from 1.00 to 4.00pm, at the Boardroom, 19 Lambie Drive

1) Present:	<p>Mr Paul Cressey (Chair), Ms Yvonne Waterreus, Ms Airini Tokerangi, Mr Bill Mudgway, Dr Lynne Lane, Ms Miria Andrews, Mr David Collings, Mrs Nganeko Minhinick, Ms Donna Richards</p> <p>In attendance: Dr Allan Moffitt, Mr Chris Mules, Ms Janine Pratt and Ms Subha Srinivasan (secretary)</p> <p>Members of public: Warren Lindberg for the items not discussed in confidence.</p>
Apologies:	<p>Dr Lynne Lane for late arrival, Dr Peter Didsbury, Mr Arthur Anae, Mrs Jillian Dooley, Mr Sefita Hauoli, Ms Jenny Prince, Mrs Nganeko Minhinick for leaving at 3.00pm and Mr Paul Cressey for leaving at 3:30pm</p>
	<p>Meeting commenced at 1.05pm without a quorum and will be considered as a meeting of some members of the CPHAC Committee. This group could receive updates or papers, but not pass resolutions.</p> <p>Dr Lynne Lane joined the meeting at 1.30pm and a quorum was established until 3:00pm when Mrs Nganeko Minhinick left the meeting.</p> <p>Items 2, 3, 5.1, 6, 7, 8, 9 and 10.1, 10.2 and 10.4 were discussed during the time a quorum was established.</p> <p>Items 5.3 – CPHAC Draft 2006/2007 Monitoring Framework and Item 10.3 – Risk Register were discussed when there was no quorum and will need to be confirmed at the next meeting.</p>
	Action
2) Minutes of Previous Meeting:	<p>Resolution: Noted that minutes of the meeting of CPHAC held on Tuesday 28th March 2006, having been circulated, were taken as read and confirmed.</p> <p>Moved: Mr Bill Mudgway Seconded: Ms Airini Tokerangi Carried: Unanimous</p>
3) Procedural Matters	<p>3.1 Interests Register - 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> <p>3.2 CPHAC Members' Profile - Noted this continues to be updated.</p> <p>3.3 Membership That CPHAC - <u>Recommend</u> to the Board that the term of Yvonne Waterreus is continued for a further twelve months until April 2007, and the term of Dr Lynne Lane is continued for a further twelve months until May 2007</p>

- Note that Yvonne Wattereus is supported by the Counties Manukau Mental Health and Addiction Network Committee (CM-MHAN Committee) to continue her participation in CPHAC for a further twelve months.
- Note that Dr Lynne Lane provides a public health perspective to CPHAC and has been approached by the CPHAC chair to continue in this role
- Note that the terms of the following co-opted CPHAC members are also about to end and processes are in place to review their membership:
 - o GPHO representatives
 - § Dr Peter Didsbury May 06
 - § Ms Jenny Prince May 06
 - o PHAC representative
 - § Mrs Malia Hamani April 06
 - o Health of Older People representative
 - § Mrs Eileen Fox May 06

Moved: Mr Paul Cressey

Seconded: Ms Airni Tukerangi

Carried: Unanimous

3.4 CPHAC Terms of Reference

This was an opportunity to review the CPHAC Terms of Reference, particularly in light of the additional responsibility of Health of Older People Services which was moved from DiSAC to CPHAC, to ensure they still reflect the work done by the Committee.

Resolution

That CPHAC

- Recommend to the Board that the terms of reference for CPHAC are updated to include the additional responsibility of Health of Older People's services and Mental Health services (refer to the additional responsibilities included in 'b' in the attached draft updated terms of reference), in addition to any other amendments agreed by CPHAC at the meeting.
- Note the CPHAC terms of reference have not been reviewed or updated since October 2003, even though the Board had agreed to transfer the responsibility for Health of Older People's services from the Disability Support Advisory Committee to CPHAC, after the devolution of these services from the Ministry of Health.
- Note that the amendment to include mental health services is to ensure the whole spectrum of health services is considered by CPHAC, i.e. personal health, mental health, public health and health of older peoples services, in addition to the links with disability support services which is the responsibility of the Disability Support Advisory Committee.
- Note that the phrase 'personal health' is referred to in the terms of reference. For these purposes 'personal health' includes Maori Health, Pacific Health, hospital and related services, primary care, oral health, child and youth health, pharmacy and laboratory services.

Moved: Mr David Collings

Seconded: Ms Airni Tukerangi

Carried: Unanimous

<p>4) Matters Arising:</p>	<p>Pharmaceutical expenditure</p> <ul style="list-style-type: none"> - In response to a query raised at the last CPHAC, Mr Mules clarified that this is a one-off spike, the continual upward trend hasn't continued, the monthly spend has stabilised and the pharmaceutical expenditure has plateaued through the remainder of the year. It is forecast that there will be a \$1.5m overspend at the end of the financial year. <p>Action</p> <ul style="list-style-type: none"> - A formal update to be provided at the next meeting. - Flu Vaccination: the national advertising/marketing promoting the flu vaccination will be commencing shortly. It is too early to give an indication on the uptake numbers. - DAP – as noted in the previous minutes, the one page summary on the achievements and the strategic direction is being worked on and will be provided at next meeting. - Elective Services Survey: Noted feedback on this matter from the PHO Chairs meeting via Mr Cressey; PHOs felt that they needed to be more involved and better informed about elective services. - The draft Health of Older People plan will be provided at the next meeting. - PHO GP fees – this is being discussed today at a meeting between the PHOs and the DHBs nationally. 	<p>May</p>
<p>5) CPHAC Priorities</p>	<p>5.1 PHO Performance Management</p> <p>Presentation by Dr Allan Moffit – Director, Primary Care. Copies of the presentation were provided at the meeting. Some of the key points noted are as follows:</p> <ul style="list-style-type: none"> - Dr Moffitt outlined the significance of this programme by explaining the extensive reporting framework that the DHBs and the PHO undertake. - Some of the key figures tabled on life expectancy, CCM enrolments and potentially avoidable hospitalisations show a steady improvement. There is an overall reduction in hospitalisation rates for adults and children. - It was clarified that ASH – Ambulatory Sensitive Hospitalisations - are admissions to hospital which are deemed avoidable with appropriate intervention at primary care level. - Dr Moffitt clarified that there are some data issues which are being tidied up with some PHOs, and some where the data is partial eg the graph for Breast Screening doesn't include private consultations. - Query raised by Ms Yvonne Wattereus that there is no mention of mental health in ASH. Mr Moffitt clarified that these definitions and categories are determined at an international, level. - The aim of the national PHO Performance Management programme is to enhance health outcomes for the population and reduce disparities in health outcomes by supporting clinical governance and continuous quality improvement with the PHOs. - Pre-requisite for participating in the programme: <ul style="list-style-type: none"> o The PHOs need to have up to 85% of their enrolled population ethnically coded, o Complete practitioner information and full PHO reporting, 	

- o Compliance with fees requirements,
- o Signed current PHO service agreement and
- o Completed a performance plan.
- The initial Clinical Performance Indicators as below:
 - o Children fully vaccinated by 2nd birthday
 - o Flu vaccinations for 65+
 - o Cervical and Breast Screening recorded from the national database
 - o Inhaled corticosteroids – average daily dose
 - o Ratio of Metformin to Sulphonylurea prescriptions
 - o Investigation of thyroid dysfunction
 - o Ratio of EST to CRP test ordering
- As part of performance indicators, PHO registers will be tracked to ensure access for high needs enrolled patients. It was clarified that high need patients are those in quintile 5 (deprivation) and Maori/Pacific. The practices have the facility to identify the high needs patients.
- The financial performance indicators focus on improving, without impacting on quality, both pharmaceutical and lab expenditure relative to benchmark
- The PHOs will be provided with \$20,000 + 60cents per enrolled service user as establishment costs. Further incentives for reaching targets is available for up to \$6 per enrolled service user.
- PHOs will be required to report for total and high needs populations and performance payments will be weighted towards high needs population.
- The second set of indicators is being developed currently to be implemented at a later stage, possibly in 2007/08.
- The Clinical Governance Forum facilitates and focuses on how to learn from the high-performing practices, and how the DHB can support the practices to enhance their performance.

Resolution

That CPHAC receive the report, note the progress made, benchmarks to measure services and utilisation over the time, and look forward to regular updates on progress at future CPHAC meetings.

Moved: Mr Paul Cressey

Seconded: Ms Yvonne Wattereus

Carried: Unanimous

5.2 Primary Care Workforce Planning

Presentation by Bronwyn Anderson, Project Manager, Primary Health Care Workforce Development. Copies of the presentation were provided at the meeting. Some of the points noted

- A survey was conducted in 2005 of all PHOs and NGOs funded by CMDHB.
- The survey methodology consisted of two questionnaires – one for the organisation and one for the individuals.
- Noted a response rate of 82% from 335 organisations surveyed and a 54% response rate of the 4092 individuals surveyed.
- Of the organizations 33% were primary healthcare service providers, 30% pharmacy services, followed by 14% oral health and 10% residential care service providers.
- Among the non-PHO respondents noted that 19 were associated with PHO and 81% not associated.
- In noting the workforce ratios i.e. nurse/doctor, practice nurse/GP, clarified that this is based on head count, not

	<p>actual FTE</p> <ul style="list-style-type: none"> - Noted the workforce ratios of dental support roles to the dentists. It was queried if the survey went to WDHB as ARDS is the contracted provider – Bronwyn to check and clarify this. - Noted that the recommended national figures on workforce ratios not clear yet and will be updated later. - Noted a significant number of volunteer workers in youth health. - Noted the vacancy percentage for nursing staff is under 3 months. - Maori/Pacific staff turnover figures queried – Bronwyn to provide this information. - The individual survey indicates 87% workforce in PHC is female. - In noting the percentage of those employed in community health and total employed population, higher percentage of women work in community health areas. - Noted that community workforce has a higher proportion of the very young and 50+ groups, and significantly lower 25-39 year olds compared with CMDHB. This could be due to a variety of reasons: women choosing to raise families or health workforce choosing the hospital environment in this age group for training and development purposes. - In response to a query if this is reflective across the country, it was clarified that there are no statistics available elsewhere and that WDHB is piloting a survey now. - Noted that 34% community workforce have high school as their highest qualification - There is a high desire to upskill in clinical, management and academic areas. The real barriers for choosing not to upskill are accessibility of training, finance and time restraints. - Mr David Collings suggested that in meeting the workforce needs, perhaps it might be an option to consider on the job training for nursing based in the hospital. - In clarifying the next steps, it was noted that the results of the survey will inform the workforce development action plan, and information will be shared with the providers and used for benchmarking. <p>Resolution That CPHAC receive the the presentation.</p> <p>Moved: Ms Airini Tukerangi Seconded: Ms Miria Andrews Carried: Unanimous</p>	<p>Bronwyn</p> <p>Bronwyn</p>
<p>6) CPHAC Priorities update</p>	<p>6.1 Personal Health Care Update</p> <ul style="list-style-type: none"> - LBD - Noted that the social marketing strategy and plan will be tabled at the various committees in May. Discussions at LBD PSG steering group meeting about the need to step up communication and increase awareness of this programme among the community – a plan is currently being developed. - Oral Health – discussions re the future of the clinic at Bucklands Road. A business case to improve this facility and broaden the range of services offered is being developed. This would be a prototype of what could be done in other areas – a one-stop solution for dental care for children and parents. - Further discussions on ARDS inability to meet the oral health needs of preschool and primary school children in the CM area, in part due to a shortage of dental therapists. Mr Mules 	

	<p>noted there is a complex work underway with ARDS to resolve this.</p> <ul style="list-style-type: none"> - Dr Lynne Lane noted that perhaps we need to look innovatively at oral healthcare for pre-schoolers, consider a health promotion programme, perhaps link to other bigger programmes like LBD promoting low sugar drinks. - In responding to a query on how the DHB will manage workforce issues by encouraging local people to enrol in relevant training, Mr Mules clarified that the DHB is encouraging discussions between AUT and MIT to provide locally based training. <p>Resolution: Management to bring an action plan to July meeting to provide solutions to improve the dental health status of preschool and primary school children in Counties Manukau, when will it commence and outcome sought.</p> <p>Moved: Mr Paul Cressey Seconded: Ms Airini Tokerangi Carried: Unanimous</p> <ul style="list-style-type: none"> - In response to a query on Healthy Tuckshop, noted there will be an update a future meeting - Dr Allan Moffitt clarified the regional careers day for high school careers advisers as part of promoting career in health. - Noted the Sustainability conference series sponsored by the DHB, with the first scheduled for July/August – date not yet confirmed. The topic at this first conference will be workforce. There is an opportunity for the Committee to have input or present a paper. Agenda for next meeting. <p>Resolution That the Personal Health Care Update report be received</p> <p>Moved: Ms Yvonne Wattereus Seconded: Mr Bill Mudgway Carried: Unanimous</p> <p>6.2 Mental Health Update</p> <p>Resolution That the Mental Health Update report be received</p> <p>Moved: Ms Airini Tokerangi Seconded: Ms Yvonne Wattereus Carried: Unanimous</p> <p>6.2 Health of Older People Update</p> <p>Resolution That the Health of Older People Update report be received</p> <p>Moved: Mr Bill Mudgway Seconded: Mr David Collings Carried: Unanimous</p>	<p>July</p> <p>June/July</p> <p>May</p>
7) For Information	<p>7.1 Maori Health Update</p> <p>Resolution That the Maori Health Update report be received.</p>	

	<p>Moved: Ms Miria Andrews Seconded: Mr Paul Cressey Carried: Unanimous</p> <p>7.2 Pacific Health Update</p> <p>Resolution That the Pacific Health Update report be received.</p> <p>Moved: Mr Paul Cressey Seconded: Mr Bill Mudgway Carried: Unanimous</p> <p>7.3 Breast Screening Update - Noted that staff shortage of MRTs continues to be an issue</p> <p>Resolution That CPHAC receives the update noting that severe MRT shortage continues to be an issue</p> <p>Moved: Mr Bill Mudgway Seconded: Ms Donna Richards 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 - Business as usual</p> <p>10.2 Updates from Board Advisory Committees</p> <p>HAC</p> <ul style="list-style-type: none"> - Ongoing issues re increase of birth rates and the subsequent effect on workforce. The Committee has agreed on the need for a strategy to increase the midwifery workforce in Counties Manukau area - Noted an issue around increased colposcopy demand which is leading to increased waiting times. The Committee has requested a report from management on causes and solutions. - Ongoing concerns re elective surgery. - Noted a good presentation on patient safety by Mary Seddon, focused on patient errors and adverse events, looking at why mistakes happen and exploring solutions. Very exciting and informative presentation. - The Committee has requested a progress report on the original business case from Radiology Services. - Discussion regarding whether the reduced elective procedures creates an opportunity for increased first specialist assessments. <p>PHAC</p> <ul style="list-style-type: none"> - Main discussions around Culverden residential care facility. <p>Pou</p>	Agenda item

	<ul style="list-style-type: none"> - The Maori Health Plan has been signed off.. <p>10.4 Financial Report</p> <ul style="list-style-type: none"> - Noted the pharmaceutical expenditure year to date showing a deficit. - Noted a deficit in respect of immunisation picking up unbudgeted cost around MeNZB. - Overall, the budgets are tracking well. <p>Resolution That the financial report be received.</p> <p>Moved: Mr Bill Mudgway Seconded: Mr David Collings Carried: Unanimous</p>	
11) General Business:	- None	
12) Adjournment	The meeting adjourned at 4.20pm	
13) Next Meeting:	Tuesday 23 rd May 2006, 1.00-4.00pm, Boardroom – 19, Lambie Drive	
<p>Signed as a true and correct record on the 23rd May 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 26th April 2006 are approved.</p> <p>Moved: Mr Bill Mudgway Seconded: Ms Yvonne Wattereus Carried: Unanimous</p>		