

Community & Public Health Advisory Committee Minutes

of the meeting held on **Tuesday, 26th January 2010** from **12.30pm to 4.30pm**, at **Conference Room 1, Manukau Super Clinic, Great South Road, Manukau**

Present:	<p>Ms Anne Candy (Chair), Prof Gregor Coster , Ms Lope Ginnen (Deputy Chair), Mr Don Barker, Ms Colleen Brown, Dr Gary Jackson, Ms Miria Andrews, Mr Michael Williams, Ms Elizabeth Farrell, Ms Nganeko Minhinnick, Ms Ruth DeSouza, Mr Sefita Hao’uli, Mr Arthur Anae, and Ms Malia Hamani</p> <p>Absent: Mr Jonathan Frith</p> <p>In attendance: Mr Geraint Martin, Dr Allan Moffitt, Ms Sam Cliffe, Mr Bernard Te Paa, and Ms Kathy Casey (minute taker).</p>
1). Primary Care Business case presentations	<p>Professor Gregor Coster opened the meeting at 12.40pm and welcomed the representatives from Board, POU, PHAC, HAC and DiSAC, who were invited to attend the first part of the meeting to observe presentations from the three Primary Care Business Case Developers.</p> <p>1.1 The Greater Auckland Integrated Health Network (GAIHN), presented by Paul Roseman 1.2 National Maori PHO Coalition (NMPC) presented by Simon Royal 1.3 Alliance Health Plus PHO (AH+) presented by Leilua Winston</p> <p>Key points from the GAIHN presentation</p> <p>Opportunity to transform primary health care – for the better</p> <ul style="list-style-type: none"> – Focus on the patient – Clinically led change – Huge support for GAIHN vision – need to show we can do it – DHBs and PHOs working together – Delivering real, measurable improvements – We’re moving fast but moving with the sector – There’s no extra money so we have to be smart <p>Key points from the National Maori PHO Coalition presentation</p> <ul style="list-style-type: none"> – Prove the concept of Whanau Ora as a holistic system that strengthens Whanau Hapu and Iwi – Define the system required to support Whanau Ora in the long term – Identify how the re-orientation of the system of main stream health care is required to enable to Whanau Ora to flourish – Identify the policy, contracting and system changes required to enable an support Whanau Ora – Identify Whanau Ora can ensure efficient use of health and social resources to improve outcomes – Full range of services that touch young Whanau – Vertical integration into secondary care to ensure safe pathways – Health and social integration including CYFS, Housing etc – Long term conditions – Whanau Ora centres and networks <p>Key Points from the AH+ presentation</p> <ul style="list-style-type: none"> – Active participation of patients and their families in the co-design of IFHC’s – Local community involvement in service design – Providing appropriate health information and support to patients and families – Commitment to build critical mass within Pacific workforce – Development of new high need population models of care – Focus on re-orienting current service structure – Greater opportunities to deliver wider range of services with NGO partnerships – Nurse led walk in clinics – General practice consolidation

	<ul style="list-style-type: none"> - More services in communities - Widespread adoption of existing initiatives - Contributing towards national health targets - Greater focus on frail elderly <ul style="list-style-type: none"> - Following the presentations there was general Question & Answers. - Ms Candy congratulated the three consortiums for their success in the recent EOI process and how fantastic it was that three bids were selected from the Counties Manukau Region. - Prof Coster thanked the presenters acknowledging that there is some way to go with regard to the business case development having one provider focusing on a health only approach, and the other two looking at a more integrated approach involving other social resources. - The Board acknowledged that they have a major interest in the success of these three proposals, and it is not only about Primary Care but how we work together to deliver services to our people. - There was uncertainty about whether transformational change had come across in today's presentations, and look forward to seeing more detail in the business cases in late February, with the Board signalling what they require in order to approve and sign off. 	
Business Case Development Recommendations	<p>That CPHAC:</p> <ul style="list-style-type: none"> • Note the emerging themes from the three primary care consortiums selected to submit business cases to the Ministry of Health: <ul style="list-style-type: none"> ○ The Greater Auckland Integrated Health Network (GAIHN); covering over one million enrolled people across 10 PHOs (including over 90% of the CMDHB population). ○ The Alliance Health+; a coalition of the three Pacific led PHOs in Auckland across CMDHB and ADHB. ○ The National Maori PHO Coalition; a north island consortium of PHO with a focus on Whaanau Ora. • Provide feedback to the respective business case groups and to the Board. • Notes the next steps and DHB signoff process: <ul style="list-style-type: none"> ○ Near final business cases to be submitted to the 23 February CPHAC meeting. ○ CMDHB signoff through delegated authority (to be confirmed at the Board meeting on 3 February). ○ Submission to the Ministry of Health due 1 March. <p>Discussion:</p> <ul style="list-style-type: none"> - Concerns were raised on the under developed cases seen today by the three Providers. - This sign off will need to be managed by delegated authority. - A document has been developed with the DHB requirements and has been signed off by other DHBs. Dr Moffitt will circulate this to the committee. - The DHB's assessment criteria will be forwarded to the Business Case Developers. - It was acknowledged that the timeframe set was not realistic. It was noted that the Maaori and Pacific presentations were clear, focused with simple design, but GAIHN was quite complicated and there is a danger that it is over ambitious. We need to get more involved as it is our responsibility to step in and help them across the line. <p>Resolution: That Ms Cliffe and Ms Candy to draft up guidelines for 23rd February meeting. Mr Arcus to write comments from CPHAC for the Board and undertake to provide feedback back to the Primary Care Business Case Developers. Moved: Ms Anne Candy /Ms Miria Andrews Carried: Unanimously.</p>	<p>K Arcus/ S Cliffe</p> <p>A Moffitt</p> <p>Resolution S Cliffe/ A Candy</p>
2). Apologies:	<p>Ms Donna Richards and Mr Paul Cressey.</p> <p>Resolution: That the above apologies be accepted. Moved: Ms Anne Candy /Ms Ruth De Souza. Carried: Unanimously.</p>	Resolution

3) Opening Prayer	<p>Opening Prayer Ms Candy invited Mr Bernard Te Paa to open the meeting with a Karakia (prayer).</p>	
4) Minutes of Previous Meeting & Matters Arising	<p>4.1 Minutes & Matters Arising Resolution: That the Minutes of the CPHAC Meeting held on 24th November 2009 was taken as read and confirmed. Moved: Ms Elizabeth Farrell/Mr Don Barker. Carried: Unanimously.</p> <p>4.2 Action Items Register <u>Item 4 – CPHAC Membership</u> – Two nominations have been put forward from GPHO: o Ms Kim Buchanan of ProCare; and o Mr Mike Lamont from Mangere Health Resources Trust. – A panel consisting Ms Candy, Ms Cliffe, Mr Cressey and Mr Hao’uli to review applications. Resolution: That the Action Items Register be received. Moved Ms Anne Candy/Ms Colleen Brown. Carried: Unanimously.</p>	<p>Resolution</p> <p>Resolution</p>
5) Procedural Matters	<p>5.1 Register of Interests - <u>Prof Coster</u> – Remove Member, National Capital Committee <u>Ms Ginnen</u> – Change to: Member of Housing Corporation 5.2 Special Interests Register – No disclosures advised. 5.3 Conflicts of Interest – No disclosures. 5.4 Terms of Reference - Included for members’ information. 5.5 Annual CMDHB Board Agenda - Included for members’ information.</p>	<p>N Rerekura</p>
6) Director, Service Integration’s Report	<p><u>Youth Health</u> – The MOH has announced that there will no more funding for decile 3 and 4 schools. The CEO has approached the MOH and they have confirmed that there will definitely be no more funds available. This is being addressed at all levels and CPHAC will be kept informed.</p> <p><u>Oral Health</u> – Meetings have been held with concerned schools and Principals and Boards of Trustees to explain the use of the dental mobile service model. – Greater access and different opening hours are making access to dental services easier for families. – Work force – CMDHB are delighted to have 14 new Grad Dental Therapists employed especially as these include 3 Maori and 2 Pacific individuals.</p> <p><u>Smoke Free</u> – Looking at the LBD model and see if Smokefree can use some of the same approaches to get greater synergies in lifestyle disease approaches.</p> <p><u>Pharmacy</u> – The national Pharmacy funding agreement has been rolled over from the 1st March 2010.</p> <p><u>Very High Intensive User</u> – The pilot programme commenced formally on the 6th of November 2009 in Mangere, Otara and Manurewa, Howick/Pakuranga. VHIU are identified as being admitted to EC 5 times within a year. Resolution: That the Director of Service Integration report be received. Moved Ms Anne Candy/Ms Elizabeth Farrell. Carried: Unanimously.</p>	<p>Resolution</p>
7)	<p>7.1 LBD Operation Plan 2009/10 Ms Tracey Barron, Group Manager Healthy Lifestyles presented the Let’s Beat Diabetes Operational Plan for 09/10. HEHA and other external sources have committed funding of \$3.48million for 2009/10. – Swapping to low fat milk is ongoing within Pacific Churches. – Co-ordinating through CM Active – Struggling to engage with vulnerable families within Counties Manukau</p>	

	<p>Resolution: Prof Coster moved a vote of thanks for the on-going work in this area. Moved Ms Anne Candy/Professor Gregor Coster Carried: Unanimously.</p> <p>7.2 Immunisation Update Ms Carmel Ellis, Programme Manager Child and Youth presented an update on immunisation. This is one of the six national health targets set out by the MOH. The targets are and have been negotiated by all 21 DHBS:</p> <ul style="list-style-type: none"> – 85% of all 2 year olds fully immunised by the 1st of July 2010 – 90% of two year olds fully immunised by 1st July 2011 – 95% OF 2 year olds fully immunised by 1st of July 2012 <p>CMDHNB currently have 80% of 2 year olds who are fully immunise and are undergoing a huge effort by the NIR team to clean up and reconcile the 7 year data between GPs, PMS & NIR. A new postcard system has been adopted to send to mothers reminding them to immunise their baby. The Immunisation Action Plan will be submitted to the next meeting.</p> <p>Resolution: The update was received and a vote of thanks was expressed to Ms Ellis for her ongoing work. Moved: Ms Anne Candy/ Ms Ruth De Souza Carried: Unanimously.</p>	<p>Resolution</p> <p>C Ellis</p> <p>Resolution</p>
8) For Information	<p>8.1 Pacific Health Update The Pacific Health report was taken as read and received.</p> <p>8.2 Maaori Health Update Ms Candy advised that the first of the two Whare were moved onto the Manurewa Marae site today, and the other one will be on the 28th of January.</p> <p>Resolution: That the Pacific & Maaori Health Reports be received. Moved: Ms Anne Candy/Ms Elizabeth Farrell. Carried: Unanimously.</p>	<p>Resolution</p>
9) Monthly Reporting	<p>9.1 Updates from Board and Advisory Committees - Nil.</p> <p>9.2 Finance Report Health of Older People - The trend of exceeding the budget continues. Dr Gary Jackson and his team continue to work on this issue.</p> <p>Resolution: That the Finance Report be received. Moved: Ms Anne Candy/Ms Lope Ginnen. Carried: Unanimously.</p>	<p>Resolution</p>
10) General Business	<p>General Business – Nil.</p>	

The meeting closed at 4.20pm.

Next meeting will be on held Tuesday, 23 February 2010 at 1.00pm in the CMDHNB Manukau Boardroom, 19 Lambie Drive, Manukau City.

Signed as a true and correct record on 23 February 2010.

Chair: Ms Anne Candy

Resolution

The minutes of the meeting of the Community and Public Health Advisory Committee of Counties Manukau District Health Board of 26 January 2010 are approved.

Moved: Ms Elizabeth Farrell

Seconded: Prof Gregor Coster

Carried: Unanimously