


# POU Minutes

Of the meeting held on:

Wednesday 26<sup>th</sup> August 2009 at 1.00pm to 4.00pm held at:  
**Counties Manukau District Health Board**  
**Board Room, 19 Lambie Drive**  
**Manukau City**

<b>Present</b>	Ms Anne Candy (Chair), Whaea Donna Richards, Mr Martin Cooper, Mr Taitimu Maipi, Whaea Nganeko Minhinnick, Ms Te Pare Meihana, Ms Georgina Kupa	
<b>Management in Attendance</b>	Mr Bernard Te Paa – GM Maaori Health Ms Sam Cliffe – Director Integrated Services (arrived at 2.30pm) Lee-Cherie King – Te Ora o Manukau Representative Suz Lockett (Minute taker) Henare Mason – Te Kaahui Ora	
<b>Public In Attendance</b>	None	
<b>Apologies</b>	Mr Gregor Coster, Mr Geraint Martin, Mr Paul Cressey, Ms Ruth DeSouza, Ms Tania Kingi, Ms Miria Andrews, Mr Arthur Anae  <i>Moved: Whaea Donna Richards</i> <i>Seconded :Ms Georgina Kupa</i> <i>Carried</i>	
<b>Karakia</b>	Mr Henare Mason. A special welcome was expressed to the new POU members: § Ms Georgina Kupa – Te Ora Manukau Representative § Ms Te Pare – Arau Ora Representative  The current POU committee gave a brief Whakawhanaungatanga on their positions and representation.  A minutes silence was held followed by a prayer for those whaanau involved in the Tongan Boat disaster.	
<b>Item</b>	<b>Detail</b>	<b>Action</b>
<b>Procedural Matters</b>		
	<p><b>Register Of Interest</b>  <b>Addition:</b>  <i>Ms Georgina Kupa</i>  Executive Member – Te Ora Manukau   <i>Ms Te Pare Meihana</i>  To be emailed</p> <p><b>Register Of Disclosure Of Specific Interest</b>  Mr Taitimu Maipi – MAPO discussion - For Information only</p> <p><b>POU Contact Information</b>  No Amendments</p> <p><b>Committee Membership</b>  The committee was asked if there was Maaori representation on or required for the Finance Committee.</p> <p><b>Action:</b></p>	

	<p>Ms Anne Candy is to bring this up at the Board meeting.</p> <p><i>Moved: Ms Anne Candy</i>  <i>Seconded: Whaea Donna Richards</i>  <i>Carried</i></p>	
<b>Chairperson Announcements</b>	<p>The Board Agenda will be set for the new year once the Annual Report has been finalised at the September meeting.</p> <p>The Chair and Ms Miria Andrews attended the Maaori Board Members hui in Wellington. The chair took the Maaori Mental Health First Aid workbook with her and advised that it was well received.</p> <p>The Manurewa Marae site is now prepared for the new Whare Oranga.</p> <p>The Board has had the 1<sup>st</sup> working party hui with Manawhenua to discuss the Memorandum of Understanding. There was a good representation from Manawhenua and a special thank you to Whaea Donna Richards &amp; Whaea Nganeko Minhinnick.</p> <p>Treaty of Waitangi for the Board is still to be arranged. It was suggested that it should ideally be at the beginning of the financial year.</p> <p>The Chair and some Board members have recently been out to visit Tiaho Mai and noticed a lack of interview rooms with the renovations. POU asked that this be looked into.</p> <p>The chair also supported appointment of the new POU representatives and acknowledged the valued contribution that they will be to POU given their respective positions.</p>	
<b>Confirmation Meeting Minutes</b>	<p><i>Minutes of meeting held Wednesday 15<sup>th</sup> July 2009 taken as read and confirmed with no amendment.</i></p> <p><i>Moved: Mr Martin Cooper</i>  <i>Second : Whaea Donna Richards</i>  <i>Carried</i></p> <p><b>ACTION ITEMS SUMMARY</b>  <b>Centre of Health Innovation</b>  With Board until the Business Case is Approved.</p> <p><b>Financial Training</b>  Mr Bernard Te Paa is to follow up on a ½ day training day for POU members to get informed in the funding allocated directly with Maaori health spend and to be able track.</p> <p><b>Treaty of Waitangi Training</b>  Mr Bernard Te Paa to follow up with the Board Secretary if required</p> <p><b>Arau Ora</b>  An invite has been sent to Mr Bernard Te Paa and Ms Sam Cliffe to attend this forum;. Concerns were voiced over the funding taken from Maaori health through the line by line review. Arau Ora would like to know why this occurred and the implications. A query from Mr Taitimu Maipi as to whether this action was in breach of the ToW. MoH states that funding should be prioritise to the front line, and Maaori are front line in Counties Manukau.</p> <p>Ms Te Pare Meihana advised that a meeting has taken place with Maaori Providers and the CEO. They are awaiting a letter of response from CMDHB regarding Fit for Purpose funding.  <i>Moved: Ms Anne Candy</i>  <i>Second :Whaea Donna Richards</i>  <i>Carried</i></p>	

<b>General Manager's Report</b>	<p>The General Managers report was taken as read and approved.</p> <p><i>Moved: Ms Anne Candy</i>  <i>Second : Mr Martin Cooper</i>  <i>Carried</i></p>	
<b>Te Kaahui Ora Key Achievements 08/09</b>	<p>The Kaahui Ora Programme Managers presented the mahi for 2008/09:</p> <p>Ms Gail Wilson – Provider Development  Ms Mihi Tibble-Williams – Child &amp; Youth Health &amp; Smoke free  Ms Laine Marsh - HPV  Mr Tony Kake – Healthy Lifestyles  Mr Tuhakia Keepa – Maaori Mental Health &amp; Workforce Development  Ms Betty-Lou Iwikau – Provider Arm</p>  <p>R:\CO Corporate\GV  Governance\12 POU\</p> <p>The Chair congratulated the team and Mr Bernard Te Paa on the mahi and the excellent achievements. Suggested that we need to get media exposure on the positive news.</p> <p>The Chair moved a vote of thanks and commended the team on very effective mahi. The Chair requested this presentation be given to CPHAC as it will inform many Board members.</p> <p><b>Action:</b>  CPHAC Secretary to be contacted to be included in the CPHAC</p>	
<b>Organisation Indicators</b>	Deferred to the September Hui	
<b>POU Work Plan</b>	Deferred to the September Hui	
<b>Horn Report/Better, Sooner, More Convenient Report</b>	<p>Ms Sam Cliffe gave an update to the committee on current happenings within the MoH as directed by the Minister of Health, Tony Ryall. The issues identified in New Zealand through the MoH are:</p> <ul style="list-style-type: none"> <li>• An ageing population with more long-term health problems</li> <li>• Workforce having a high dependence on the overseas born and trained staff,</li> <li>• Some hospital services in regions are already vulnerable to staff shortages with others getting more vulnerable</li> <li>• Mixed health indicator results when compared to other OECD countries, concerns of waiting times and elective volumes</li> <li>• Issues around the quality of care with the Health &amp; Disability Commissioner, where preventable errors have occurred</li> <li>• Public system still struggles to sustain itself financially, despite the substantial increase, still \$150m deficit for the 2008/09.</li> <li>• Cost of public health and disability services is increasing year by year at a rate far greater in our GDP and will continue to take even larger share of our national income.</li> </ul> <p>Key Themes</p> <ul style="list-style-type: none"> <li>• New models of care which see the patient rather than the institution at the centre of service delivery, promoting a more seamless patient journey across community, primary and hospital sectors. Shifting of care “closer to home”.</li> <li>• Stronger clinical and management partnerships to ensure that</li> </ul>	

	<p>doctors, nurses and other health professionals play a key role in decision making.</p> <ul style="list-style-type: none"> <li>• A sharper focus on patient safety and quality of care to ensure better results for patients and more services for the resources available.</li> <li>• Identifying services which need a more measured, safer and more nationally uniform approach to the introduction of new medical technology and new clinical procedures.</li> <li>• Putting the right services in the right place by ensuring that the sector is configured, nationally, regionally and locally.</li> <li>• Ensuring the right capacity is in place for the future by improving structures and processes for workforce, capital and IT planning and funding.</li> <li>• Building a sustainable workforce to ensure that we have planned and developed a workforce that meets our needs.</li> <li>• Shifting resources to the front-line by reducing costs of “back office” shared services for DHBs and reducing the duplication of functions carried out across the country.</li> <li>• Improving hospital productivity by reducing the variation in clinical and financial performance.</li> </ul> <p><b>Report Recommendations</b></p> <ul style="list-style-type: none"> <li>• Transferring the planning and funding of these services that are truly national services from DHB’s and the MOH to the Crown Health Funding Agency</li> <li>• Bringing together the various activities associated with strategic planning and funding future capacity (IT, facilities and workforce) and the national level and transferring them to the NHB, to be better integrated and driven by future service requirements.</li> <li>• Requiring DHBs to plan on a regional basis, establish the governance and support to deliver.</li> <li>• Creating a new Crown Entity to provide shared services to DHBs to return the cost of common “back office’ functions, including some national operations currently managed by the Ministry on behalf of the sector.</li> <li>• Asking the MoH to review all of the \$2.5b in funding that it still manages over the coming year to identify what would be better devolved to DHBs for management at regional and local level.</li> <li>• Revamping and strengthening of the NHC so that it is better able to perform its original role of assessing the appropriateness and cost-effectiveness of new and existing services.</li> <li>• Strengthening national leadership on safety and quality by replacing the QIC with an independent national quality agency, and</li> <li>• Reducing the number of health committees from the original 157 identified to 54 to be retained under the new structure</li> </ul> <p>As part of CMDHB’s Health Services Plan and the Government’s intentions to deliver <i>Better, Sooner, More Convenient Primary Care</i> there is an increased focus on delivering more personalised services closer to people’s homes. This includes the development of Integrated Family Health Centres and the possibility of delivering services traditionally delivered in secondary settings to primary care settings.</p> <p>The Minister has recently invited primary care organisations with significant capability and capacity to submit expressions of interest (EoI) on how they see they can deliver the objectives of <i>Better, Sooner, More Convenient Primary Care</i>(see attached). The highlights of this expression of interest are:</p> <ol style="list-style-type: none"> <li>1. A focus on more personalised care delivered closer to people’s homes</li> </ol>	
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	<p>that makes Kiwi's healthier and reduces pressure on hospitals</p> <p>2. Proposals that lead to the establishment of Integrated Family Health Centres</p> <p>3. Devolving more treatment, diagnostic and some hospital services from secondary to primary care, including delegated funding</p> <p>4. Responses from primary care that ideally involve DHBs but not essential</p> <p>The Minister is expecting responses from organisations that cover more than 50,000 people to cover 30% of the NZ population. This is likely to result in possible collaborations or mergers amongst PHOs. Only 3 of the 9 PHOs in Counties Manukau have enrolled populations greater than 50,000. It may also have a metro-Auckland dimension as PHOs across Auckland have established a Greater Auckland Taskforce. As such we are working with the other DHBs in Auckland for those areas which may be regional.</p> <p>The process will include an initial EoI selection process and then further detailed business planning for successful applicants. The deadline for the first wave of these expressions of interest is October 14.</p> <p>This EoI process presents a significant opportunity to do things differently with primary care and provide more equitable and better health for our residents. It provides the opportunity to work in a more collaborative fashion which internationally appears to deliver the best outcomes for patients.</p> <p>CMDHB is keen to be part of this first wave and has a commitment from primary care to work together to provide a combined response if possible.</p> <p>In anticipation of this EoI, CMDHB released a discussion document on potential models and structures to implement these objectives (see attached). The aim of this document was to stimulate discussion and be clear about the focus (improved patient outcomes) and potential scope of change that the DHB was interested in discussing with secondary and primary care.</p> <p>This EoI will now be the basis for Primary Care to identify their preferred organisational arrangements and for the DHB to ensure the proposals work equitably for all Counties residents and in conjunction with secondary care.</p> <p>This process represents significant opportunity but also significant change that needs to be well managed. Members of the Service Integration and Planning and Performance team will be coming to a variety of forums over the next month to discuss progress and issues arising from the EoI development process</p> <p><b>POU Concerns/Discussions</b></p> <ul style="list-style-type: none"> <li>• Huge challenges ahead of us, huge risks for DHB/Providers and no time to assess. Very little or new funding coming to DHBs. With new spend next year, most will be taken up by community growth.</li> <li>• To address the health outcomes for Maaori you need to bring the budget together from other sectors. Need to have more input from POU.</li> <li>• Planning issues, need to be able to have more input to force Maaori communities to take responsibility.</li> <li>• POU is the Board's Maaori advisory group and should be included in discussions and to have an influence.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Current paper has little Maaori input relevant to Maaori needs</li> <li>• Expression of Interest is due at the end of September, also out to the PHOs and community.</li> <li>• Meeting the challenge, needs to have a wider response, particularly to EOI. There is a potential for Maaori to get left behind.</li> <li>• Concerns of Maaori PHOs getting absorbed and amalgamation.</li> <li>• Proposed model has been submitted before it went through Governance due to the 4 day turnaround.</li> </ul> <p><b>Recommendation</b> POU requested that the Chair take to the September Board Meeting the recommendation that the Model &amp; Structures to Support "Better, Sooner, More Convenient Primary Care document tabled at POU be re-released after POU has given input to this document</p> <p><i>Moved: Te Pare Meihana</i> <i>Seconded: Taitimu Maipi</i></p> <p><b>Action</b> A working group is to be formed in the next week for ½ day to discuss and provide input before the report is re-released</p>	
<b>General Business</b>	None	
<b>Meeting Closed</b>	The meeting closed at : 4.30pm Karakia: Mr Martin Cooper	

Signed as a true and correct record of meeting 26 August 2009

Chair **Ms Anne Candy** (Date signed: \_\_\_\_\_ )

Recommendation (moved Ms Anne Candy /seconded Ms Georgina Kupa Carried;

**The minutes of the meeting of the Counties Manukau District Health Board of 26<sup>th</sup> August 2009 are approved.**