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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 25th November 2003 at 1.00 p.m

Present: Mr Paul Cressey (Chair), Mrs Miria Andrews (from 1.25pm), Mrs Metua Faasisila, Mr Brent Morrissey, Ms Bernadette Pone, Ms Jenny Prince, Dr Charles Small, Ms Airini Tukerangi, Ms Yvonne Waterreus, Mr Bob Wichman (until 4pm)

In attendance: Dr Allan Moffitt Mr Chris Mules, Ms Janine Pratt, Ms Elisabeth Harding (Board Secretary)

Apologies: Dr Peter Didsbury, Mr Alan Johnson Mr Donald Barker

Absent: Mr Eru Thompson

1. Welcome

Committee members and members of the public were welcomed to the meeting which started at 1.00pm.

2. Apologies

Apologies were received from Dr Peter Didsbury, Mr Don Barker and Mr Alan Johnson. Dr Peter Didsbury also provided his apologies for the last meeting.

3. Minutes of the previous minutes (28th October 2003)

Resolution:

The minutes of the meeting of CPHAC held on Tuesday 28th October 2003, having been circulated were taken as read and confirmed.

Moved, Mr Bob Wichman **Seconded**, Dr Charles Small **Carried** Unanimously

4. Procedural Issues

Terms of reference:

Resolution

The Committee accepted the Primary Health Organisation Group (GPHO) nomination to reappoint Dr Peter Didsbury for a further term and recommends the Board approve the reappointment.

Moved, Mr Bob Wichman **Seconded**, Ms Airini Tukerangi **Carried** Unanimously

5. Matters arising not elsewhere on the agenda

• *Pharmacy follow up*

Also refer to the primary care update.

Consultation on section 88 notice has now been completed. There have been between 400-500 submissions nationally and analysis is underway. The final summary of the feedback is expected later this week. The 21 DHB Chief Executives will be meeting on 1 December 2003 and a decision is expected from that meeting. In addition, the discussion at that meeting is expected to cover any actions will need to take place as a result consultation. The key issues include timing and what should be put in place if a Notice is not in force from 1 January 2004. A roll over of the existing contract is one possibility.

6. Mental Health Study Tour: (Dr Sue Hallwright)

Copies of the presentation were distributed to Members.

Winston Maniapoto (RHOT), Dr Margaret Aimer (Clinical Director CMDHB), Barbara Anderson, Paul Ingle (Pathways Trust) who had been part of the tour group presented their findings to the meeting. Apologies were received from Verity Humberstone (CMDHB), Sylvia Van Altvorst, Denise Thomson, Cathy Pendergrast, Uwe Pohl and Ian McKenzie.

The difference in health care funding in the United States was noted.

Dr Aimer provided an overview of the two sites visited and the services provided. The sites visited were chosen on the basis of community involvement, intersectoral relationships and partnerships. One of the purposes of the tours was to look at enhancing leadership in the mental health sector in CMDHB region, looking for innovations and ideas. The tour was also seen as an opportunity to benchmark CMDHB performance against the sites selected, which were reputed to be good. In some cases the view of those on the tour was that CMDHB was doing better than the sites visited. Areas of evidence-based practice were reviewed with a view of introducing within the CMDHB district.

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The tour provided the opportunity for different mental health service providers to explore together the options of alternative delivery of mental health services. One outcome of the tour has been the strengthening of relationships between the providers in this region.

Ms Mira Andrews arrived at 1.25pm.

The key ideas and innovations from the tour are being considered for implementation in the CMDHB region. These are identified in the presentation.

Workforce retention was not an issue at the sites visited, noting the strong investment in staff, development and retention. On both sites, it was noted the number of clients who were paid staff members.

Community understanding of mental health was high, and the services were more visible in the community than in the CMDHB region. It was noted that the United States is probably twenty years ahead in terms of development of community based services. The trend is short inpatient stays, with community teams following patients into hospital. The active involvement of the public at large was also noted.

There were no specific services in place for indigenous Americans, noting the very small indigenous population as part of client base. This is an area in which CMDHB is doing better.

Intersectoral partnerships were identified as being paramount in the settings visited. It is intended in the CMDHB region to develop wider intersectoral relationships.

Consumer based initiatives were also reviewed and education and training identified as critical. In some cases consumers were creating employment opportunities for other mental health consumers.

In summary, the visit was considered to be very useful for CMDHB and the wider sector, in particular with the establishment of a group of people working collaboratively across the DHB provider and NGO sector.

Presenters were thanked.

Resolutions

The Committee:

- Noted the enthusiasm for those who went on the study tour and their commitment and noted the ideas and
- Is interested in seeing the implementation of the ideas and acknowledged the benchmarking of our practices in CMDHB against the US sites.

Moved: Paul Cressey, **Seconded** Mrs Metua Faasisila **Carried** Unanimously.

7. Matters arising not elsewhere on the agenda (cont.)

- ***PHO enrolment communication strategy***

For information, the registration of interest is for a communications campaign to build community awareness regarding of continuity of care and enrolment.

Resolution

The paper was noted.

Moved: Paul Cressey, **Seconded** Mrs Metua Faasisila **Carried** Unanimously.

7. CPHAC Priorities: Development

- ***Regional Mental Health Director Update (Mr Derek Wright)***

A copy of the presentation was distributed to members.

The major themes are regional consistency, avoidance of duplication and learning from existing work.

Key issues:

- Intersectoral relationships: previously strong between Housing and Health, but not so strong now, partly due to the pressure on the housing market. Activities are taking place on a regional and local level to secure some housing.
- Access: It is estimated that 20% of people at any one time have mental health problems but only about 1.5% access services. Note: Percentages are targets, the reality is that those who need services access primary care and if necessary specialist care. At this stage the proportion of unmet need is not known.

Further information about ethnicity data was requested regarding the 1.5% of people accessing services, although it was noted that to date this information shows an under representation of Pacific people and an over representation of Maori.

- Development of Plans
 - Regional Mental Health Plan is still awaiting sign off by the Ministry.
 - Regional Maori Mental Health Plan is nearly at the stage of a final draft and expected to be ready for consultation on 1st December 2003. This will then go to CPHAC. This has been

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in development over the last year. Concerns were raised about the sequence of finalising plans and that the content of the Regional Maori Mental Health Plan should have fed into the Regional Mental Health Plan. Issues of concern were also noted with regard to consultation with CMDHB and Maori. It was considered that the Treaty Partnership and obligations have been ignored to date. The questions was also raised about why ADHB had been selected to lead the development of this plan, taking into account it is no longer funding a Maori mental health service (Manawanui). Further information was requested on any reviews that been undertaken with regard to the closure of Manawanui.

It was noted that the Regional Mental Health Plan was needed to get the Blueprint funding but it was recognised that the process to date has been imperfect. The regional Maori and Pacific Mental Health Plans now being finalised will be used to inform process for the future and for 2004/2005.

- Funding notification: requests have been made to the Ministry and Minister for early notification of the expected funding to enable forward planning.
- Regional recruiting: the focus is on recruiting people from outside the region rather than recruiting within the region (ie from other DHBs).
- Report from the Chairs to the Minister: It was noted that the content of these reports included the noting of the innovations going on within region.

Mr Derek Wright was thanked for his presentation.

Resolution

The Committee:

- Noted both the commitment to the regional direction for mental health and that of the regional director.
- Noted concerns re the handling of the Maori Mental Health Plan.
- Noted concerns about the level of funding for children and youth and older people.
- Requested for further information about ethnicity of people receiving mental health services.
- Requested further clarification about the provision of services to 1.5% and how this figure has been identified.

Moved: Mr Paul Cressey **Seconded**, Ms Airini Tukerangi, **Carried** Unanimously.

• *Maori Health Plan (Mr Bernard Te Paa)*

The paper was noted.

Consultation going very well to date and the level of engagement was noted. The last of the community consultation meetings was today at Manukau Institute of Technology (MIT). There have been requests for a further two consultations to be carried out in Kaiaua/Hauraki and Mangere areas. In excess of 70 people have attended the meetings to date, 40 of these people were at the Pukekohe meeting.

Key issues to date are identified in the paper. Others issues relate to communication with Maori providers when funding for new services may become available.

All the information collated during the consultation process will be provided back to participants together with the amended Plan. It is intended to present updated plan to Board in December.

• *Youth Health Plan (Ms Gill Sinclair)*

Copies of the presentation were distributed to members. The Youth Health Plan was provided in the papers.

Overall, CMDHB is working toward becoming more youth friendly. The current focus is on the 20% of youth who are mainly Maori and Pacific and those from low socio-economic areas.

Key issues:

- Oral health: work is about to be undertaken on the utilisation rates for oral health services including ethnicity data.
- The importance of linkages of health services with other services to support young people.
- The starting point for implementation of the Youth Plan would be on school based services (\$750k) where the schools are ready and policy work done. However, this issue of coping with the flow on effect of putting the services in place was also considered.
- The importance of school based services working in conjunction with community groups/services (including alternative education) was noted and has in some cases worked well to date. Overall it was the view that there was fragmentation between school based and community services. Bringing the strategies in the home environment was considered important, noting the need in some cases ensure the young person's confidentiality was maintained.

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- The Plan has not been consulted on to date, as it is considered that clarity on funding needs to be gained before raising expectations, which cannot be met. However, Members considered that the plan could not be implemented without consultation.
- Current work on running the AIMHI services was being funded by the Ministry of Education, however this funding is not sustainable. Further information about this service was requested.
- Education of parents was considered.

Resolution

The Committee:

- Noted the enthusiasm and commitment of management to this work.
- Noted that Youth Health is a priority in the Strategic Plan.
- Endorsed the recommended approach for youth health in the region subject to its linkage with a community and family centred approach.
- Recommend that the Board mandate the on-going work
- Noted the attached paper
- Noted that the full implementation will require additional funding.

Moved, Mr Paul Cressey, **Seconded**, Ms Bernadette Pone, **Carried** Unanimously

Community Radiology Update

This paper was provided to update members with regard to the provision of community radiology services.

The changes to orthopaedic service provision would have an impact on the demand for radiology services, however with the decrease in the provision of orthopaedic services, there is also a reduction in funding so that although there may be additional physical capacity, it did not mean that there would be funding available for community radiology service.

Issues remain about the integration between general practice and access to diagnostic services. A group has been established, led by Dr Tom Bracken to consider these issues.

Before offering diagnostic services to the primary sector, the first stage will be to consider the unmet demand in order to be able to ascertain whether this demand can be met, rather than going to the primary health sector and not being able to meet expectations.

Mr Bob Wichman left the meeting at 4pm.

Resolution

The Committee:

- Received the report noting the progress made to date and acknowledging the commitment to address the delivery of community radiology services.
- Urged management to proceed with the pilot study to identify the unmet need in primary care so that planning can be completed to ensure future service provision.

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

• ***2004/2005 Annual Planning***

Members noted the overall theme of unmet need and the competition for resources. The 2004/2005 District Annual Plan planning process has commenced with an interim Plan expected to go to the February Board meeting and the draft plan to the March Board meeting before being sent to the Ministry with the aim of getting the Plan signed by the Minister in June 2004.

Fundamental to developing the Plan is the following:

- Zero deficit position
- Further commitment to Strategic Plan Priorities and investment in priority areas
- A three-year perspective on the basis of looking at longer term phased investment.

Currently work is being undertaken to develop a three-year financial model to try to forecast expenditure on the basis of business as usual taking into account volume pressure (such as pharmaceutical demand), constants (such as wages and supplies) and known service changes (such as orthopaedics). This model is expected to be completed in early December and will help inform whether:

- Revenue equates to costs, or
- Provides for unallocated revenue, or
- Costs exceed revenue

In addition, during December there will be a prioritisation process for new initiatives, based on the prioritisation principles driven off Strategic Plan priorities. A budgeting process is also being undertaken.

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All this information will be available for the Board's planning day in January and will help inform the content of the draft Plan to go to the February and March Board meetings.

The funding package from the Ministry is expected on 12th December.

Resolution

The Committee supports the work of the Planning and Funding team and encourages the team to focus on priorities that will make a difference in the mid to longer term and in particular on Chronic Care management, oral health, child and youth health, diabetes and community based mental health service.

Moved, Mr Paul Cressey, **Seconded**, Mrs Metua Faasisila **Carried** Unanimously

9. For information

• ***Board update***

It was noted that South Auckland Health Foundation is now looking towards projects in the community.

• ***Update from Advisory Committees***

DiSAC: there is a regional DiSAC meeting tomorrow and the local DiSAC meeting on 2nd December.

MHAC: discussion included the consultation on the Maori Health Plan and the regional Maori Mental Health Plan.

PHAC: There is a planning workshop tomorrow to develop the Pacific Health Strategy. The review of Pacific health services in the provider arm was also discussed. Concerns in general were noted with regard to changes in funding to Pacific Health Providers.

Resolution

The Committee resolved that the public and media be excluded from discussion on Pacific health contracting issues, (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 Tukerangi, **Carried** Unanimously

The meeting was reopened to the public.

• ***Counties Manukau Health Forum Report***

The report was received.

10. Additional Maori Health Issues

There were no matters arising.

11. Additional Pacific Health Issues

There were no matters arising. This item will be added as a regular item to the agenda.

12. Monthly reporting

• ***Primary Care update***

Ms Airini Tukerangi left the meeting at 4.40pm.

The governance composition of PHOs was considered, including the participation of community and ancillary representatives. The Cabinet paper for PHO establishment sets out the minimum requirements and the DHBs role is to ensure that during establishment these requirements are met. There is an ongoing management relationship between the DHB programme managers and the management of the PHOs. It is expected that as PHOs evolve and funding to PHOs broadens there will be greater involvement by pharmacists, nursing professionals and other allied health professionals. Community participation varies between each PHO, and in terms of governance structure is set out in the PHOs constitution. Further information and a general update on PHO development will be provided to the January CHPAC meeting.

• ***Mental Health Update***

The report was received.

Moved Mr Paul Cressey, **Seconded** Mrs Metua Faasisila, **Carried** Unanimously

• ***Meningococcal update***

The report was received.

Moved Mr Paul Cressey, **Seconded** Ms Bernadette Pone, **Carried** Unanimously

• ***Financial report***

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Year to date, the funding arm is broadly on track to meet the budget. The biggest risk relates to the impact of changes to stat dispensing as savings have been built into the budget and the impact will not be known until March.

The report was received.

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

- *CPHAC Work programme update*

Noted

Resolution

The Committee resolved that the public and media be excluded from discussion on 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** Mr Brent Morrissey, **Carried** Unanimously

The meeting was reopened to the public.

12. General Business

The Chair thanked Committee members for their support and commitment throughout the year and recognised the impact that had been made by the Committee.

Resolution

The Committee:

- Thanked the people who had presented to CPHAC over the year and noted its appreciation their commitment and enthusiasm to help achieve CMDHB's objectives.
- Thanked the support of CMDHB management.

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

The next meeting of CPHAC will be Tuesday 27th January 2004 at 1pm at 19 Lambie Drive, Manukau City. The meeting closed at 4.50pm

Signed as a true and correct record on the 27th day of January 2004

Chair:
Mr Paul Cressey

The minutes of the meeting of the Community and Public Health Advisory Committee of Counties Manukau District Health Board of 25th November 2003 are approved.

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