

Minutes of the Meeting of the
Community and Public Health Advisory Committee of the
Counties Manukau District Health Board
Held at 19 Lambie Drive, Manukau City
Tuesday 23rd August 2005 1.00 to 4.00pm

Present: Mr Paul Cressey (Chair), Ms Miria Andrews, Mr Bill Mudgway, Mrs Jillian Dooley, Mr Pat Snedden, Ms Yvonne Waterreus, Ms Donna Richards, Ms Eileen Fox, Dr Peter Didsbury, Mr David Collings,

In attendance: Mr Chris Mules, Ms Janine Pratt, Dr Allan Moffitt, Ms Subha Srinivasan (secretary)
Mr Arthur Anae (observer)

Apologies: Dr Lynn Lane, Ms Airini Tukerangi, Ms Jenny Prince, Mrs Nganeko Minhinnick, Ms Malia Hamani

1. Welcome

2. Apologies

Noted apologies as Dr Lynn Lane, Ms Airini Tukerangi, Ms Jenny Prince, Mrs Nganeko Minhinnick, Ms Malia Hamani

3. Minutes of the previous meeting (26th July 2005)

Resolution:

The minutes of the meeting of CPHAC held on Tuesday 26th July 2005, having been circulated, were taken as read and confirmed.

Moved: *Mr Bill Mudgway*

Seconded: *Mrs Jillian Dooley*

Carried: *Unanimous*

4. Procedural Issues

Review of CPHAC work plan

As agreed at the July meeting, the Committee set time aside to review the CPHAC work plan and priorities. It was noted that:

- Presentations by management will be limited to 2 per meeting and this will consist of a 20 minute presentation followed by a 10 minute discussion.
- The meetings will provide the opportunity for external deputations/ presentations at the earlier part of the meeting – this is restricted to 1 per meeting due to time constraints, it was noted that all requests received so far have been included in the agenda.
- More discussion time will be allotted to CPHAC Priorities and Updates (usually items 6 and 7)
- CPHAC priorities agreed at the February meeting are to remain the focus with the addition of the 3 areas listed below
 - o Cancer Control Strategy Action Plan
 - o Chronic Care Management Programme
 - o Inter-district Flows
- Provider monitoring and update is a significant area of interest for the Finance & Audit Committee. CPHAC to be updated of issues at high general level only.
- The Chairperson provides a summary of key items and resolutions from the CPHAC meeting to the Board for approval, this summary is to be included in the subsequent CPHAC agenda.
- In response to a query the definitions for monitoring and auditing were provided. Monitoring is a routine process that focuses on regular liaison with the provider, review and discussions relating to

service delivery, performance reports etc. Routine audit also occurs on a regular basis, generally once every 3 years per provider and focuses in greater detail into the operations to determine if the provider performed to expected levels as included in the contractual requirements. Issues-based audit is used as required where areas of specific concern have been highlighted to the DHB.

- The priorities list also needs to be aligned to those identified in the revised DSP.
- ARPHS is re-aligning operations/focus to support at local level and with DHB policies. Agreed that monthly report from ARPHS should be included with the CPHAC agenda and a speaker from ARPHS invited to address the CPHAC meeting twice a year.

Action

- To include the Chairperson's report to the Board for distribution for the following CPHAC meeting.
- To include ARPHS report with CPHAC papers for future meetings
- Providers contracted by MoH to deliver health promotion in Counties Manukau to be given the opportunity to provide brief presentations at future meetings

Recommendation

That CPHAC:

- Note the progress against the CPHAC priorities agreed in February
- Note the focus of each agenda agreed in February
- Confirm the priorities for the remainder of the year, considering the outcome areas included in the draft District Strategic Plan. The priorities agreed at the February meeting are to be amended to include the following additional priorities:
 - o Cancer Control Strategy Action Plan
 - o Chronic Care Management Programme
 - o Inter-district Flows
- Confirm the focus and structure of the agenda and papers.

Moved: *Dr Peter Didsbury*

Seconded: *Ms Donna Richards*

Carried: *Unanimous*

CPHAC Members Profile

- Noted that profile of CPHAC members is being collated, information from some members is still outstanding. A final draft will be circulated before next meeting.

Meeting attendance fees

- For any queries, in relation to the above: Subha Srinivasan is the contact person for non-Board members and Alice Ropta is the contact person for Board member's queries.

Conflict of Interest

- Noted that update of Conflict of Interest and Confidentiality agreement from members is being received from members.

5. Matters arising not elsewhere on the agenda

5.1 Progress report on Pukaki Ki Te Akitai (PKTA) linking with Let's Beat Diabetes

- It was noted that Tony Kake had arranged a meeting between Pukaki and CMDHB on 9th August to commence discussions on how the organisation could support them. Unfortunately the meeting was cancelled due to a tangi. Tony and Riripeti will follow up and arrange another time.

5.2 Elective Services Project

- Noted that Mr Gary Jackson will commence work on this project – currently waiting for data from HRC. A proposal will be tabled at next CPHAC meeting.
- Mr Chris Fleming will be invited to present at a next CPHAC meeting to provide an update on elective surgery.

- Mr Chris Mules will present a proposal to the next meeting for a survey of experiences referred back to their GP from elective surgery waiting lists.

5.3 Population Health Indicators 2005

- Noted it is important for CPHAC to get a good understanding of this report and how it links to the different strategies as it is an important piece of information.
- To schedule time for discussions on “Health Inequalities” section of this report at the October meeting.
- To send out copies of this report to Chairs of PHOs.

6. CPHAC Priorities

6.1 Otara Health Primary Care Survey

Presentation by Mr Chris Mules. The following points were noted:

- This presentation is the result of a survey by Joy Simpson on the impact of PHOs within the Otara Community and was commissioned by Otara Health. The survey aimed to collect the views of the public, GPs and other providers.
- The key findings of the 200 patient survey indicate a low level of public understanding of PHOs, low awareness of the benefits of continuity of care and perceived financial barriers to access.
- Of the practices surveyed, 16 GPs, 11 nurses and 3 admin staff responded. Key observations from this group is that PHCS has had an impact on practices, lesser time being spent on patient care, capitation risks as serving high needs population.
- While seems to be a low response rate, still got a reasonable cross-section.
- The responses need to be interpreted with caution as there are various underlying factors that skew the results – respondents answered only a few questions, participation and historical reasons.
- The implementation of PHCS is a long-term strategy and the points raise are not totally unexpected.
- In interpreting the responses, need to be aware that the survey/questionnaire was based on some underlying assumptions which have determined the survey results.
- The survey has provided useful insight around people’s perceptions around the PHCS – definitely a long way to seeing a change in the public of the strategy.
- The full report is available for CPHAC members if required.
- Further to this, representatives from all PHOs were invited to a meeting to discuss the results of the survey and encouraged to take the report to their organisations/Board for further discussions.
- Positive changes noted are the reduction in percentage of casual visits, more consistent use of preferred GPs and closer to national average.
- Responses like “stifling innovation” could be a response to a more robust and streamlined planning process and structure/accountability of funds.
- The PHCS is about ensuring a better system than before, about re-orientating people/patients to behave differently.
- In terms of the way forward, discussions are occurring at a national level – DHB management and MoH to determine the next stage – focus and approach of the PHCS. To date, it’s been more of an administrative process – moving from fee for service to capitation. Focus/clarify the role of DHB and MoH – how we work with the sector, partnership model and attempt to build public understanding and how Primary Care is changing.
- Another major priority is to develop an explicit after-hours plan for CMDHB.
- Noted that Miria, Paul, Peter, Donna – have asked for a copy of the report.

Resolution

That CPHAC note the report of the survey, note the limitations of the report.

Moved: *Mr Paul Cressey*

Seconded: *Ms Donna Richards*

Carried: *Unanimous*

Cancer Control Strategy

Report on progress from Alex Boersma – Operations Manager, Medicine. The following points were noted:

- The CMDHB Cancer Control plan is driven off the national Cancer Control Strategy that proposes a systematic approach to cancer prevention and treatment.
- Breast Screening programme has been transferred locally and the service will commence in September.
- While most cancer treatment services are available from Auckland hospital, ADHB have committed to providing outpatient cancer services at the Manukau Superclinic.
- There is a need to increase linear accelerator capacity across metropolitan Auckland area – the next one will be put into Waitemata. Further needs are being factored into the long-term clinical and facilities management plan.
- Achievements to date – appointment of clinical head and service manager to take responsibility for the service.
- The major barriers to access i.e. workforce is no longer an issue as additional oncologists have been recruited.
- Patients from Counties Manukau have equitable access to service – KPIs or performance indicators around waiting times etc as part of service level agreement to be clarified.
- In terms of the strategy linking with Hospice services, clarified that long term planning exercise scheduled for October to determine future demand for Palliative Care services and put them on a more sustainable footing.

Action

- Update on Community referred Radiology services to be reported in October along with update on the Cancer Control action plan which will be closer to finalising.

Resolution

That CPHAC receive the update.

Moved: *Mr Bill Mudgway*

Seconded: *Mrs Jillian Dooley*

Carried: *Unanimous*

7. CPHAC Priorities – Update

8.1 Personal Health Care Update

- Further to the previous meeting, noted that agreement reached with East Health to charge reduced fees for 18-24 years.
- Noted that 5 PHOs will commence with the Performance Management Programme from 1st January 2006.
- Noted that CCM programme is on track and hitting the targets.
- Business plan process by PHOs is progressing well and a majority are expected to finalise their plans by the end of August.
- The DRS – Diabetes Retinal Screening service will be launched on 1st September. The two newly contracted providers are currently clearing the back-log. There is a national shortage of ophthalmologists.
- Noted a discussion point from HAC meeting about clinical indicators for re-admission rates. Dr Allan Moffitt clarified that the most common case for re-admission is COPD and CHF. This is meant to be addressed by CCM, once the uptake figures increase, the re-admission rates for this group are expected to reduce.
- Another discussion point at HAC meeting was about pay disparity between nurses employed in hospital and primary care.
- DHB Oral Health Asset Management plan for child and adolescent plans have been submitted to the MoH.
- Noted that the enrolment rates in Counties Manukau are very low for the ARDS which runs the school dental services. Agreed that a process has been established to manage these ongoing issues and at this stage there is no need to escalate it to the Regional Chairs.
- Mr David Collings tabled an issue relating to the school dental services and children moving into the area that are not being checked at the school in spite of having missed an earlier check-up.

- Noted that Flatbush development is progressing, business case is being developed and the final version will be approved by GPHO.

Action

- To establish KPIs for the ARDS, monitor progress and update to CPHAC in 3 months – November meeting.
- Mr Chris Mules to follow up on Mr David Collings' complaint

Resolution

That the Personal Health Care Update report be received

Moved: *Mr Paul Cressy*

Seconded: *Mr David Collings*

Carried: *Unanimous*

8.2 Mental Health Update

- Noted reference to Maori Mental Health Community Centres and requested for more details/information on this to be provided at next meeting

Resolution

That the Mental Health Update be received

Moved: *Ms Yvonne Wateraers*

Seconded: *Ms Donna Richards*

Carried: *Unanimous*

8.3 Health of Older People Update

Resolution

That the Health of Older People Update report be received

Moved: *Ms Yvonne Wateraers*

Seconded: *Mrs Jillian Dooley*

Carried: *Unanimous*

7.4 Strategic Plan Review Update

- Noted that received 59 submissions to date. Responses to the consultation has been predominantly positive – issues identified are mainly those not clarified clearly in the plan or boundary issues.
- 17 people have indicated they want to provide verbal submissions.
- The sub-committee will meet next week Thursday 1st September. Information packs will be sent to participants by Friday 26th August.

Resolution

That CPHAC:

1. Receives this update
2. Notes the CPHAC sub-committee, that has been established to receive the submissions and make recommendations regarding the District Strategic Plan, will meet prior to the next CPHAC meeting
3. Notes the next steps.
4. Noted the success of the process compared to previous years, know this is the right approach and we can engage with the community successfully.

Moved: *Mr Paul Cressy*

Seconded: *Dr Peter Didsbury*

Carried: *Unanimous*

8. For Information

8.1 Maori Health Update

Resolution

That the Maori Health Update report be received.

Moved: *Ms Miria Andrews*

Seconded: *Ms Yvonne Wateraers*

Carried: *Unanimous*

8.2 Pacific Health Update

- Noted the launch of Lotu Moui Framework – health programmes delivered in church settings to promote healthy lifestyle
- Noted reference to the literature review National Pacific Diabetes Review – to be sent to all CPHAC members

Resolution

That the Pacific Health Update report be received.

Moved: *Mr Bill Mudgway*

Seconded: *Mrs Jillian Dooley*

Carried: *Unanimous*

8.3 Breast Screening Update

Resolution

That the Breast Screen Service Project Update report be received.

Moved: *Mr David Collings*

Seconded: *Dr Peter Didsbury*

Carried: *Unanimous*

8.4 Quarter Four Report

- Noted report tabled at last board meeting.
- Requested further details about high-lights and low-lights for future reports with the suggestion that an in-depth discussion around areas of low-light be scheduled for a future meeting.
- Queries around Renal Volumes – the increased figure for Incentre dialysis – Pauline to provide an update on the Regional Renal project at October meeting.

Resolution

That CPHAC:

1. Receive this report
2. Note the separate documents referred to in the report which are available on request.
3. Note this report will form the basis for the statement of service performance within the annual report.
4. Note the issues with data availability for POP-01, POP-12, POP-14 and SER-04.
5. Note that areas not achieved to be clearly identified for the next quarter report

Moved: *Mrs Jillian Dooley*

Seconded: *Dr Peter Didsbury*

Carried: *Unanimous*

9. Additional Maori Health issues not already covered in the agenda

- Noted that Pou will meet on 24th August to commence work on Maori Health Plan

10. Additional Pacific Health issues not already covered in the agenda

- None

11. Monthly Reporting

11.1 Board Update

- Noted an excellent presentation by Stephen McKernan on year end performance – to request the same presentation at CPHAC.
- Workplan for LBD for this year approved.
- Noted year end position \$2.7m better than the plan, waiting for auditors to finalise year-end position, after which Priority Initiatives will be determined

11.2 Updates from other Advisory Committees

Hospital Advisory Committee

- Noted ongoing issues around shortage of anaesthetic technicians which is resulting in the cancellation of elective surgery. Management have been asked to explore options to manage the issues and report to the next Board meeting.
- Report from Dr Pat Frengley the external auditor regarding clinical indicators.

Pou

- Noted discussions about LBD operational plan, endorsement given with minor amendments to the Maori component of the plan.
- Pou meeting on 24th August to work on the Maori Health Plan.
- Discussions around collection of ethnicity data.
- Mr Paul Cressey has requested a presentation at a future CPHAC meeting on the naming process for this Committee if Mrs Nganeko Minhinnick is agreeable to it.

Pacific Health Advisory Committee

- Presentation by Alex Boersma re progress on Cancer Control Strategy.
- Presentation by Gilli Sinclair re the AiMHI school based programme as part of Youth Health

Disability Support Advisory Committee

- None

Finance and Audit committee

- Discussions/decisions around end of year financials

11.3 Financial Report

Resolution

That the Financial Report be received.

Moved: *Mr Paul Cressey*

Seconded: *Ms Yvonne Watteraus*

Carried: *Unanimous*

12. General Business

The meeting closed at 4.00pm

The next meeting of CPHAC is scheduled for Tuesday 27th September 2005 at 19 Lambie Drive, Manukau City.

Signed as a true and correct record on the 27th September 2005.

Acting Chair : Ms Airini Tukerangi

The minutes of the meeting of the Community and public Health Advisory Committee of Counties Manukau District Health Board of 23rd August 2005 are approved.

Recommended

Moved: *Mrs Donna Richards*

Seconded: *Mrs Jillian Dooley*

Carried: *Unanimous*