## Counties Manukau District Health Board
### Community & Public Health Advisory Committee Meeting Agenda

**Wednesday, 22 March 2017 at 9.00 – 12.30pm, Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Page No.</th>
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<tbody>
<tr>
<td>9.00am</td>
<td>1. Welcome</td>
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<td>9.15 – 9.30am</td>
<td>2. <strong>Governance</strong>&lt;br&gt;2.1 Attendance &amp; Apologies&lt;br&gt;2.2 Disclosure of Interests/Specific Interest&lt;br&gt;2.3 Confirmation of Public Minutes (9 November 2016)&lt;br&gt;2.4 Action Items Register</td>
<td>2 3-5 6-11 12</td>
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<td>9.30 – 9.35am</td>
<td>3. <strong>Resolution to Exclude the Public</strong></td>
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<td>9.30 – 9.35am</td>
<td>4. <strong>Confidential Items</strong>&lt;br&gt;4.1 Confirmation of Confidential Minutes (9 November 2016)</td>
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<td>9.35 – 11.15am</td>
<td><strong>Briefing for Incoming Committee</strong> (Benedict Hefford)&lt;br&gt;- Overview&lt;br&gt;- CM Health Committee Governance Structure&lt;br&gt;- Responsibilities of the Committee&lt;br&gt;- Overview of the NZ Health &amp; Disability System&lt;br&gt;- Community &amp; Public Health Overview&lt;br&gt;- Strategic Issues for Community &amp; Public Health&lt;br&gt;- CPHAC Terms of Reference</td>
<td>20 21 21 23 25 26 27-29</td>
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<td>11.15 – 11.45am</td>
<td><strong>Case Study</strong>&lt;br&gt;- Bowel Screening (Brad Healey)</td>
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**Next Meeting: Wednesday 3 May 2017**<br>**Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau**
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<th>Name</th>
<th>Jan</th>
<th>Feb</th>
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<th>April</th>
<th>3 May</th>
<th>14 June</th>
<th>26 July</th>
<th>August</th>
<th>6 Sept</th>
<th>18 Oct</th>
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<td>Ashraf Choudhary (Deputy Chair)</td>
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### CPHAC MEMBERS
#### DISCLOSURE OF INTERESTS
#### 22 March 2017

<table>
<thead>
<tr>
<th>Member</th>
<th>Disclosure of Interest</th>
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</table>
| Dr Ashraf Choudhary (CPHAC Deputy Chair) | • Board Member, Otara-Papatoetoe Local Board  
• Member, NZ Labour Party  
• Chairperson, Advisory Board Pearl of Island Foundation  
• Co-Patron, Bharatiya Samaj Charitable Trust |
| Colleen Brown (CPHAC Chair) | • Chair, Disability Connect (Auckland Metropolitan Area)  
• Member, Advisory Committee for Disability Programme Manukau Institute of Technology  
• Member, NZ Down Syndrome Association  
• Husband, Determination Referee for Department of Building and Housing  
• Chair, IIMuch Trust  
• Director, Charlie Starling Production Ltd  
• Member, Auckland Council Disability Advisory Panel  
• Member, NZ Disability Strategy Reference Group |
| Dianne Glenn | • Member, NZ Institute of Directors  
• Member, District Licensing Committee of Auckland Council  
• Life Member, Business and Professional Women Franklin  
• Member, UN Women Aotearoa/NZ  
• President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust  
• Life Member, Ambury Park Centre for Riding Therapy Inc.  
• Vice President, National Council of Women of New Zealand  
• Justice of the Peace  
• Member, Pacific Women’s Watch (NZ)  
• Member, Auckland Disabled Women’s Group |
| George Ngatai | • Director, Transitioning Out Aotearoa  
• Director, The Whanau Ora Community Clinic  
• Chair, Safer Aotearoa Family Violence Prevention Network  
• Board Member, Manurewa Marae  
• Huakina Development Trust (Partnership Clinic)  
• Community Organisation Grants Scheme (Auckland)  
• Lotteries Community (Auckland) |
<table>
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<tr>
<th>Member</th>
<th>Positions</th>
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<tr>
<td><strong>Katrina Bungard</strong></td>
<td>• Chairperson MECOSS – Manukau East Council of Social Services.</td>
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<td>• Deputy Chair Howick Local Board</td>
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<td>• Member of Amputee Society</td>
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<td>• Member of NZ National Party</td>
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<td><strong>Rabin Rabindran</strong></td>
<td>• Chairman, Bank of India (NZ) Ltd</td>
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<td>• Director, Auckland Transport</td>
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<td>• Director, NZ Liaoning International Investment &amp; Development Co Ltd</td>
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<td>• Singapore Chapter Chairman – ASEAN New Zealand Business Council</td>
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<td><strong>Reece Autagavaia</strong></td>
<td>• Member, Pacific Lawyers’ Association</td>
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<td>• Member, Labour Party</td>
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<td>• Member, Tangata o le Moana Steering Group</td>
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<td>• Employed by Tamaki Legal</td>
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<td>• Trustee, Epiphany Pacific Trust</td>
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<td>• Member, Otara-Papatoetoe Local Board</td>
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Minutes of Counties Manukau District Health Board
Community & Public Health Advisory Committee

Held on Wednesday, 9 November 2016 at 1.30 – 4.30pm, Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau

Present: Dr Lee Mathias (Board Chair), Ms Sandra Alofivae (Committee Chair), Ms Dianne Glenn, Ms Colleen Brown, Mr David Collings, Mr George Ngatai, Ms Wendy Bremner, Mr Sefita Hao’uli and Mr John Wong.

In attendance: Mr Benedict Hefford (Director Primary Health & Community Services), Dr Campbell Brebner (Chief Medical Advisor, Primary Care), Ms Karyn Sangster (Chief Nurse Advisor) and Ms Dinah Nicholas (Secretariat). Ms Kylie Ormrod (Procare) also attended the public section of this meeting.

Apologies: Mr Ezekiel Robson, Apulu Reece Autagavaia, Margie Apa, Geraint Martin and Colleen Brown (for leaving early).

1. Welcome

The Chair welcomed everyone to the meeting noting the 5 December is the changeover date for the new Board members and what an amazing year this had been with lots of highs. She applauded the DHB and this Committee for their morals and values that they not only demonstrate on a daily basis but also live and walk.

2. Governance

2.1 Attendance & Apologies

Noted.

2.2 Disclosure of Interest/Specific Interests

Mr Sefita Hao’uli advised he is no longer a Member of the Pacific People’s Advisory Panel Auckland Council and no longer a consultant to Promotus GSL and the Taulanga U Society Rheumatic Fever Innovation Project (MoH). Sefita also advised he is now Chair of the Advisory Group on the Tatupu Project with the Ministry of Pacific Peoples.

There were no Specific Interests to note with regard to the agenda for this meeting.

2.3 Confirmation of Public Minutes (28 September 2016)

Resolution

That the Public Minutes of the Counties Manukau District Health Board Community & Public Health Advisory Committee meeting held on Wednesday 28 September 2016 were taken as read and confirmed as a true and accurate record.

Moved: Ms Dianne Glenn Seconded: Dr Lee Mathias Carried: Unanimously
2.4 Action Item Register Public

There was discussion around the Resolution that went to the Board requesting MoH that all Well Child providers are required to meet defined breastfeeding targets as indicated by Government policy which is underpinned by the Innocenti Declaration. Dr Mathias advised that she resent a letter to Pat Tuohy yesterday aiming to get a 3-month target for all Well Child providers. The drop off between 6-weeks and 3-months is terrible and no-one seems to be held to account for it. It was noted that from birth to 6-weeks there is a lot of support for mothers but none after that. This is an identified gap that we could practically do something about and begs the question: who is educating the professionals. There are a number of services who are contracted nationally which the MoH should be holding to account for the education of their own professionals so they can deliver on targets.

(Mr Sefita Hao’uli arrived 1.45pm)

3. Resolution to Exclude the Public

Individual reasons to exclude the public were noted.

Resolution
That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000, the public now be excluded from the meeting as detailed in the above paper.

Moved: Ms Sandra Alofivae Seconded: Dr Lee Mathias Carried: Unanimously

1.45pm Public Excluded session.

1.47pm Open meeting resumed.

4. Presentations

5.1 Eastern Locality

Ms Penny Magud, GM Eastern Locality took the Committee through her presentation highlighting the following:

The Eastern locality has a resident population of 145,000. 116,000 people are enrolled with one of the 27 general practices within the locality. 19% are under 25 years; 15% are 65 years+ and this is expected to double in the next 20 years. 33.8% are of Asian decent and 80% of the total Counties Manukau Chinese population reside in the Eastern locality.

Community Health Service Integration will see:

- Increased Allied Health & Nursing staff to provide admission avoidance/rapid response/reablement 7 days per week across extended hours. The aim should be that there are no waiting lists.
- Extended District Nurse clinics - early morning starting at 7am and evening up to 7pm.
- Increased home visiting being offered across extended hours. All four localities are doing this but are at slightly different stages.
- Piloting minor adaptations without delay (ie) sending in a builder to install a grab rail rather than waiting three weeks for an OT assessment first. Also currently reviewing the roles of the Needs Assessors (who are often OTs and physios) to widen the amount of people who are able to assess what people need on a long term and short
Community Central – Community Central will be a single point of referral for all community based services provided by the DHB and our strategic partners. This has been trialled in the Eastern and Franklin localities for the last 3-4 months, fine tuning how to triage and identify who the best first responder from within our current community health services would be thereby releasing time for the staff in those places to triage. Currently finalising the procurement of who the service partner will be so we can roll-out a solution across all four localities.

The locality is planning the development of the Botany Health Hub and Wellness Centre in partnership with East Health PHO. A 12-month Proof of Concept model will be submitted to ELT shortly for consideration. The aim of the unit is to better manage patients who don’t require ED level care or hospital admission but do require a period of treatment/observation of up to 24 hours. This will include in-reach and out-reach supported by our community health services to ensure appropriate levels of care and support.

5.2 Handle the Jandal
Ms Alex Nicholas and Ms Rebekah Nicholas took the Committee through their presentation highlighting the following:

What is ‘community organising’ – it is an approach to change aimed at shifting power through leadership development that enables people to turn their resources into the power they need to achieve change.

Handle the Jandal programme has trained 100 youth on how to address issues that matter to them and have seen nearly 1000 youth & community members attend their workshops.

The programme for 2016 will focus on Education with a goal to lift up the voice of Polynesian youth to transform injustices in our education system through leadership development and love.

5. Reports

6.1 Raising Healthy Kids Health Target
Ms Carmel Ellis and Ms Amy Carter took the Committee through their report highlighting the following:

The new health target is one of the targeted initiatives in the MoH Childhood Obesity Plan. The health target, which came into effect 1 July 2016, requires 95% of obese children identified in the Before School Check (B4SC) programme are offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions, by December 2017.

To count towards the target, there is a requirement that the referral from the B4SC provider is acknowledged by the health professional that the referral has been sent to. The rationale for acknowledgement of referrals is to recognise the shared responsibilities for referrals in ensuring the ‘handover’ is complete and that these children and their families are followed up in a timely way by their primary health care team for clinical assessment and routine monitoring.

With the electronic referral system operational, we are confident that all referrals from 30 September will be acknowledged and therefore the health target should be met. It should
be noted however, that as achievement of the health target is calculated on six months rolling data, the acknowledgement of 100% referrals will not be reflected in the data until Q4 2016/17.

This target wont solve all the problems of the world and there will be a broader work programme included in the CM Health childhood obesity plan which will be submitted to ELT and CPHAC at a later date.

Around 19% of children under the age of five in Counties Manukau are obese, with higher rates among Maaori (23.6%) and Pacific children (28.9%). There are approximately 880 4-year olds who are obese in Counties and an additional 1200 who are overweight.

6.2 Q1 2016-17 Statutory Reporting
Ms Marianne Scott & Ms Kitty Neill took the Committee through their report highlighting the following:

All 3 diagnostic targets were achieved for Q1.

Key Issue
- Immunisation by 8 months Health Target - the eight month immunisation health target requires that 95% of all eligible children aged eight months are immunised and that significant progress for the Maaori population group and, where relevant, the Pacific population group has been achieved. While the 95% target was almost achieved for the total population (and was exceeded for our Pacific and Asian populations), the coverage target declined by 4% since 30 June 2016 for Maaori to 86%. We estimate 64 Maaori babies were not immunised on time.

An Immunisation Taskforce was implemented in October 2016 led by Margie Apa to coordinate targeted improvement actions. The Group has completed an analysis of the reasons behind the late immunisation of Maaori babies in order to eliminate equity gaps and better understand how CM Health can assist Maaori whaanau with the immunisation decision and accessing services and has also spoken with families and whaanau of the “missed” babies and relevant service providers. This has led to insights that we need to personalise our services to proactively engage Maaori mothers who we identify as being at high risk of late/missed immunisation, as well as improve the communication between different service providers (including Plunket and Primary Care) who have contact with these mothers both pre and post-natal. Work to implement targeted improvement actions continues and the Immunisation Taskforce is due to meet again in mid-November.

It was noted that as at 1 September 2016 for the first time ever Procare have achieved 80% coverage for all of their enrolled women for cervical screening.

Resolution

The Community & Public Health Advisory Committee request the Board send a letter of congratulations to Procare in recognition of their commitment and hard work in reaching this target.

Moved: Ms Sandra Alofivae  Seconded: Dr Lee Mathias  Carried: Unanimously

From Q2 the report will reflect a much sharper focus on equity and will highlight 1-2 selected Maaori Health indicators that are below level to help raise the profile and awareness.
6. **Director of Primary Health & Community Services Report** (Benedict Hefford)

The report was taken and read with Mr Hefford highlighted the following:

**After Hours Services Update**

The Counties Manukau District Health Board has given approval for Counties Manukau Health to proceed with a procurement of after-hours services including overnight services, in our district. Primary Health Organisations will not be involved in the procurement process however, they will contribute funding into after hours services across the region. A request for proposals for after-hours services will be initiated during this calendar year. Counties Manukau Health will work with Auckland and Waitemata District Health Boards to have a consistent service specification, a common maximum co-payment and consistent procurement timeframes. The District Health Boards are currently completing modelling and finalising procurement documentation.

(Ms Colleen Brown left at 4.00pm)

CM Health will continue to work with Auckland & Waitemata DHBs to maintain consistent service delivery including maximum co-payments.

(Mr Sefita Hao’uli left at 4.05pm)

**Adult Rehabilitation and Health of Older People**

In September, the Northern Regional Alliance Health of Older People Group, in association with Counties Manukau District Health Board, sponsored and supported a seminar titled ‘This is not my home – aged residential care without consent’ which explored both current and potential future liberty safeguards for people who lack capacity.

Many people with moderate or severe dementia are recommended for residential care at the same time as they are assessed as no longer having legal capacity to consent to this care. Often, they have not anticipated this situation and have not appointed anyone to be their Enduring Power of Attorney (EPoA), they have appointed multiple EPoAs (there is no register) or the EPoA are no longer able to carry out this role. Consequently, families, clinicians and residential care providers are confronted with people with dementia needing to go into long term residential care but with a lack of clarity around the legal authority to facilitate this.

This situation risks either long hospital stays or having to remain in unsatisfactory living circumstances while a legal basis for proceeding is sought. There is often dispute over which party should take responsibility for those proceedings. For the providers this sometimes means outstanding accounts and the provision of unfunded care sometimes for as long as two years.

The workshop unfortunately left more questions than answers around EPoAs.

Mr Hefford to discuss with the GM ARHoP to ascertain if they are sending a submission on changes to the EPOA.

(Ms Kylie Ormrod left at 4.10pm)

**Resolution**

That the Community and Public Health Advisory Committee receive the report of the Director of Primary Health & Community Services.
7. General Business

The Chair noted that this meeting was the last for Mr David Collings and thanked him for his contribution as an elected member of this Committee and wished him all the best for his continuing role as Chair of the Howick local board.

She also noted that this might be her last meeting also as Chair of CPHAC and thanked Dr Mathias for the opportunity to lead and chair this Committee.

The next meeting of the Community & Public Health Advisory Committee will be held on Wednesday, 21 December 2016 in the Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau.

The Minutes of the meeting of the Counties Manukau District Health Board Community & Public Health Advisory Committee held on Wednesday, 9 November 2016 are approved.

Signed as a true and correct record on Wednesday, 21 December 2016.

(Moved:    /Seconded:     )

Chair
Ms Sandra Alofivae
21 December 2016
Date
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

Community & Public Health Advisory Committee Meeting – Action Items/Resolution Register – 22 March 2017

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
<th>COMPLETE</th>
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<tbody>
<tr>
<td>19.8.2015</td>
<td>Locality Updates: Manukau, Otara/Mangere, Franklin, Eastern</td>
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<td>3 May</td>
<td>Lynda Irvine</td>
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<td>14 June</td>
<td>Sarah Marshall</td>
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<td>26 July 2</td>
<td>Kathryn du Luc</td>
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<td>6 September</td>
<td>Penny Magud</td>
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<td>25.5.2016</td>
<td>Population Health Plans (Asian, Pacific &amp; Maaori) – quarterly update.</td>
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<td>3 May</td>
<td>Marianne Scott</td>
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<td>6.7.2016</td>
<td>ARPHS - six-monthly update.</td>
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<td>TBC</td>
<td>Mr Hefford</td>
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<td>28.9.2016</td>
<td>Southern Initiative – six-monthly update.</td>
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<td>TBC</td>
<td>Mr Hefford/ Gael Surgenor</td>
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Counties Manukau District Health Board

3.0 Resolution to Exclude the Public

Resolution:
That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

<table>
<thead>
<tr>
<th>General Subject of items to be considered</th>
<th>Reason for passing this resolution in relation to each item</th>
<th>Ground(s) under Clause 32 for passing this resolution</th>
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<tr>
<td>4.1 Minutes of CPHAC meeting 9 November 2016 with public excluded</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</td>
<td>Confirmation of Minutes For the reasons given in the previous meeting.</td>
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[NZPH&D Act 2000 Schedule 3, S32(a)]
Counties Manukau District Health Board
Community & Public Health Advisory Committee
Briefing to Incoming Committee

Recommendation

It is recommended that the Community & Public Health Advisory Committee:

Receive the Briefing to Incoming Committee.

Prepared and submitted by: Benedict Hefford, Director Primary, Community & Integrated Care.

Glossary

Auckland DHB  Auckland District Health Board
ALT  Alliance Leadership Team
AP  Annual Plan
ARF  Audit Risk and Finance Committee
CM Health  Counties Manukau Health
CPHAC  Community and Public Health Advisory Committee
DHB  District Health Board
ELT  CM Health Executive Leadership Team
MHP  Maaori Health Plan
MOH  Ministry of Health
NZHD  New Zealand Health and Disability Act
NRA  Northern Regional Alliance
NRHP  Northern Region Health Plan
SPE  Statements of Performance Expectations
Waitemata DHB  Waitemata District Health Board

Overview

This document gives a brief summary of:

- The NZ health system and how Counties Manukau Health is funded.
- The role of CPHAC in relation to the Board and decision-making.
- A brief description of the key strategic issues in community and public health.

The committee will receive a further briefing and explanation at the meeting from Counties Manukau Health staff and the CPHAC Chair on these matters.
1. **Counties Manukau Health Committee Governance Structure**

![Governance Structure Diagram](image)

Figure 1. Counties Manukau Health Committee Governance Structure

2. **Responsibilities of the Committee**

The responsibilities of the Community and Public Health Advisory Committee (CPHAC) set out in the Board Committee Terms of Reference (attached as Appendix one) are as follows:

a) Take an overview of health improvement and champion the development of a quality improvement culture

b) Examine the role of primary health care, population health and other community services

c) Oversee the management of community and public health risk

d) Address the prevention of avoidable hospital admissions through primary care and pre-primary care interventions

e) Ensure excellent coordination between primary and secondary care

f) Ensure that population health is considered in conjunction with personal health

g) Monitor the health status and needs of the Counties Manukau population

h) Develop the principles on which to determine funding priorities

i) Interpret and implement nationwide and sector-wide health goals and performance expectations

j) Provide advice on strategies to reduce the disparities in health status

k) Provide advice on priorities for health improvement and independence as part of the strategic planning process

l) Ensure that processes and systems are put in place for effective and efficient management of health information throughout the CMDHB district, including policies regarding data ownership, privacy and standards
m) Monitor the performance of the DHB as funder in respect of: (i) financial expenditure against budget for providers other than Counties Manukau DHB’s provider arm; (ii) status of contracts; (iii) performance of providers against contract accountabilities; and (iv) accountability reporting to the Ministry.

n) Oversee the management of risk central to CMDHB achieving its objectives relative to improving the health of CM populations.

o) Review and advise the Board on specific recommendations from management concerning health services to be funded by CMDHB for its resident population.

Figure 2. Decision making process through CPHAC to the CMDHB.
3. **Overview of the NZ Health and Disability System**

**Figure 3.** Diagrammatic summary of the funding and service agreement relationships between central government, crown agencies and service providers.

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**Non-DHB providers**
- NGOs, individuals, Māori and Pacific providers and a range of for-profit and not-for-profit entities providing services in communities (eg., primary health care), residential facilities and private hospitals.

**DHB-owned providers**
- DHBs “provider arm” delivering services in hospitals, residential facilities and the community, including public health services. DHBs fund each other to provide certain regional and national services.

**Ministerial advisory committees**
- eg. Capital Investment Committee
- Health Workforce New Zealand

**Non DHB Crown agents**
- PHARMAC
- Health Promotion Agency
- New Zealand Blood Service
- Health Research Council
- Health Quality and Safety Commission New Zealand
- Independent Crown agent
- Health and Disability Commissioner

**Local and regional government**
- Prevention and public health services

**Central government**
- Tax payments

**New Zealanders**
- Out-of-pocket payments and private health insurance
- Donations and volunteering

**Ministry of Health**
- Leads New Zealand’s health and disability system
- Advises the Minister of Health and government on health issues
- Purchases health and disability services
- Provides health sector information and payment services

**Funding for acute accident services delivered by DHBs**

**Funding for non-earners’ account**

**Crown contracted services**

**Crown agents governed by boards of elected and appointed members. DHBs plan, fund and provide health services**

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*Funding flows  Accountability relationship  Service provision*
The structure of the New Zealand health and disability sector

Figure 4. Structure of the New Zealand health and disability sector. Source: Ministry of Health (2017)
Vote Health Funding Allocation

The health system’s funding comes mainly from Vote Health, which totals just over $16.142 billion in 2016/17. The Ministry of Health allocates more than three-quarters of the public funds it manages through Vote Health to DHBs.

Figure 5. Vote Health funding allocation

Counties Manukau Health Funding Allocation

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Counties Manukau Health revenue</td>
<td>$1.32 billion</td>
</tr>
<tr>
<td>Hospital (acute) services, Outpatient &amp; Ambulatory Services</td>
<td>$800 million</td>
</tr>
<tr>
<td>Primary and Community Services</td>
<td>$520 million</td>
</tr>
</tbody>
</table>

Table 1. Counties Manukau Health funding allocation

4. Community and Public Health Overview

Primary & Community Expenditure - including Integrated Care

Figure 6. Primary & Community expenditure including integrated care
5. **Strategic Issues for Community and Public Health**

Board Committee Terms of Reference

Community and Public Health Advisory Committee (CPHAC)

1 Establishment

1.1 The Committee is established by the Board of CMDHB under Section 34 of the New Zealand Public Health and Disability Act 2000 ("the Act").

2 Functions

2.1 The functions of the Community and Public Health Advisory Committee of the CMDHB Board are set out in clause 2 of Schedule 4 of the Act and are to give the Board advice on:

a) the needs, and any factors that the Committee believes may affect the health status of the resident population of the Counties Manukau district; and

b) priorities for use of the health funding provided.

2.2 The aim of the Committee’s advice must be to ensure that the following maximise the overall health gain for the population of CMDHB:

a) all service interventions the DHB has provided or funded, or could provide or fund, for the Counties Manukau population;

b) all policies the DHB has adopted or could adopt for the Counties Manukau population.

c) The Committee's advice must be consistent with the New Zealand Health Strategy and other nationally approved strategies.

2.3 The Committee is to ensure the priorities of the community are reflected in the DHB’s strategic planning process, which will include community consultation and needs-based decision-making.

3 Responsibilities

3.1 The Committee will:

a) take an overview of health improvement and champion the development of a quality improvement culture;

b) examine the role of primary health care, population health and other community services;

c) oversee the management of community and public health risk;

d) address the prevention of avoidable hospital admissions through primary care and pre-primary care interventions;

e) ensure excellent co-ordination between primary and secondary care;
f) ensure that population health is considered in conjunction with personal health;

g) monitor the health status and needs of the Counties Manukau population;

h) develop principles on which to determine funding priorities;

i) interpret and implement nation-wide and sector-wide health goals and performance expectations;

j) provide advice on strategies to reduce the disparities in health status;

k) provide advice on priorities for health improvement and independence as part of the strategic planning process;

l) ensure that processes and systems are put in place for effective and efficient management of health information throughout the CMDHB district, including policies regarding data ownership, privacy and standards;

m) monitor the performance of the DHB as funder in respect of: (i) financial expenditure against budget for providers other than Counties Manukau DHB’s provider arm; (ii) status of contracts; (iii) performance of providers against contract accountabilities; and (iv) accountability reporting to the Ministry;

n) Oversee the management of risk central to CMDHB achieving its objectives relative to improving the health of CM populations; and

o) review and advise the Board on specific recommendations from management concerning health services to be funded by CMDHB for its resident population.

4 Accountability

4.1 The Committee is accountable to the Board of the CMDHB.

4.2 The Committee is advisory only although the Board may specifically delegate to the Committee the authority to make decisions and take actions on its behalf in relation to certain matters.

4.3 Any recommendations or decisions of the Committee must be ratified by the CMDHB Board (unless authority has already been delegated to the Committee).

4.4 The Committee may only give advice or release information to other parties under authority from the Board of the CMDHB.

4.5 The Committee is to comply with the provisions of the New Zealand Public Health and Disability Act 2000 and the standing orders of CMDHB, including the requirements relating to Committee meetings.

5 Committee Membership

5.1 The Committee will comprise 7 members of the Board supplemented with external appointees as determined by the Board, to enable it to carry out its functions.
5.2 The Board will appoint the Chairperson and the Deputy Chair.

5.3 The Board will ensure that the Committee includes representation for Māori, Asian and Pacific people.

5.4 All Committee members are bound by the Act and CMDHB standing orders, whether or not they are CMDHB Board members or external appointees.

6 Quorum

6.1 If the total number of members of the Committee is an even number, half that number; but

6.2 If the total number of members is an odd number, a majority of the members.

7 Frequency of Meetings

7.1 The Committee will meet six weekly.

8 Management Support

8.1 The DHB’s Director of Strategic Development will ensure provision of management and administrative support to the Committee.