The evolution of Primary Health Care and Health in All Policies

Prof Andrew Hornblow, Chair, Community Board
Pegasus Health (Charitable) Ltd
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PHOs are at the interface between primary care & population health

- Addressing the social determinants of health requires PHOs to:
  - provide/lead community oriented preventative and early intervention services & strategies
  - engage with policies which impact on health outcomes & delivery of health services
Over recent years Pegasus has been heavily involved in:

- Canterbury Clinical Network and its workstreams and service level alliances (SLAs) to promote system integration
- Workforce development, e.g. through education programmes, appointment of BIC workers, engagement with pharmacists
- Development of HealthPathways, One View & other IT initiatives
- A wide range of community-based programmes (e.g. Appetite for Life) & health promotion events
In March 2013, following a year or more of discussion & negotiation Partnership Health Canterbury PHO and Pegasus Health (Charitable) Ltd amalgamated, simplifying previous administrative structures and processes.

With the amalgamation PHCL took on the functions of a PHO, thereby broadening Pegasus’ role, responsibilities & accountabilities.

As part of the amalgamation process PHCL established a Community Board to sit alongside its Clinical Board, both directly accountable to the PHCL Board.

The Community Board was given Terms of Reference and powers more influential than those of the previous Pegasus’ Community Advisory Board.
Community Board Purpose

- To ensure that influential recommendations from a community perspective are made to the PHCL Board in order that the best possible decisions on health and primary/community-based health care are made to improve health outcomes.

- To achieve this the Community Board works closely alongside PHCL’s clinical leadership.
Recommendations focus at a strategic level and include:

- needs identification
- addressing health inequalities
- meeting the needs of diverse populations
- prioritisation
- ethical use of finite resources
- planning
- implementation and evaluation of primary/community-based health care services & programmes supported by or delivered by PHCL
## Composition

<table>
<thead>
<tr>
<th>Members</th>
<th>Ex-officio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair (also member of PHCL board)</td>
<td>Chair, PHCL</td>
</tr>
<tr>
<td>Independent director PHCL Board</td>
<td></td>
</tr>
<tr>
<td>Chair, Te Kāhui o Papaki Ka Tai</td>
<td>In attendance</td>
</tr>
<tr>
<td>Chair, Pacific Reference Group</td>
<td>PHCL CEO or alternate</td>
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<tr>
<td>Chair, Culturally &amp; Linguistically Diverse Group</td>
<td>PHCL Senior Clinical Leader</td>
</tr>
<tr>
<td><strong>Balance made up of five persons selected from communities PHCL serves</strong></td>
<td>Population Health Specialist</td>
</tr>
</tbody>
</table>
Inaugural Community Board members

Back: Rob Earle, Tanya McCall, Dr Matea Gillies, Dr Martin Seers, Peter Townsend, Michael Aitken
Front: Helen Lockett, Prof Andrew Hornblow, Peter Laloli, Wendy Dallas-Katoa
On the basis of various analyses & reports brought to the Community Board in April 2014 the Board approved Health Plan for children and youth

- This prioritised a focus on children and youth as having the potential for life span health impact

- Proposed special focus on five areas:
  - Mental health
  - Oral health
  - A healthy start
  - Access to primary health care services
  - Childhood obesity
Strategies

- On-line mental health programmes for youth
  - BRAVE & SPARX programmes rolled out

- Access issues for higher needs groups
  - being addressed in the current health promotion budget

- Advocacy
  - alcohol abuse
    - LAP submission process completed
  - community water fluoridation & improved access for dental care
    - being actioned

- A Healthy Start
  - additional resource for Positive Parenting Programme for Obesity & Child Health Liaison
Advocacy policy

What is the extent of Pegasus’ agency in the matter (the extent to which Pegasus’ action is relevant)?

- Minor (limited concern to us) → Do nothing
- Relevant (in our ‘circle of concern’) → Delegate
- Leader (in our ‘circle of influence’) → Coordinate response
  - Develop position statement

How big is the likely impact of the matter, taking into account the number of people affected and the health impact?

Large → Small
Proposed Health Promotion model

<table>
<thead>
<tr>
<th>Clinical Health Promotion</th>
<th>Community / Population Health Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse</td>
<td>Opening Hours / Liquor Licencing</td>
</tr>
<tr>
<td>Obesity</td>
<td>Fat Tax / Cycleways</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Fluoridation</td>
</tr>
<tr>
<td>Gambling Addiction</td>
<td>Pokies Licencing</td>
</tr>
</tbody>
</table>

Integration Function Oversight

- Community Board
- Clinical Board
- Specialism
- Management

Clinical Board
- Population Health Specialism

Community Board
- Health Promotion Specialism

Pegasus
As Pegasus takes a broader HiAP-oriented role these include:

- Facilitating culture change within the organisation
- Prioritisation of action areas for greatest impact
- Resourcing new initiatives
- Community engagement and coalition building
Questions and comments?