# Public Health Advisory Committee

## Minutes of Meeting

**Meeting:** 19 March 2026 12-1:30pm

**Location/platform:** Online

**Attendees**

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| PHAC Members: | Dr Caroline McElnay (Chair), Peter Crampton (Deputy Chair), Paula Lorgelly and Kaaren Mathias |
| Secretariat: | Catriona Murray, Clair Mills |
| Apologies: | Matire Harwood |

### Opening of meeting

- Opening karakia by Catriona
- No new conflicts of interests declared.

### 2026/27 work programme

Members discussed the options and concluded on a final list to send to the Minister. 'Investing in the prevention of NCDs' was removed as similar work is being done by an external organisation in this area. The topic of health system funding and expenditure was retained, noting that access to data sources and gaps may be challenging.

**Actions:** Secretariat to send agreed work programme options to the Minister with cover letter (completed 20/3/26).

### Draft "Shaping Primary Care" report

Sections of the report were discussed as below:

*Title*: update to 2036

*Vision*: The Committee discussed whether the vision was appropriate. Members agreed it is aspirational and appropriate. Useful to test with external reviewers.

*System refresh*: The two tables (of international comparisons and different commissioning models in Aotearoa New Zealand) were considered helpful. There is

value in a new name for the 'meso-level' organisation as it signals a refreshed set of functions. The three proposed options are all underpinned by geographically based organisation. It is not necessary for PHAC to identify a preferred option. Reviewers feedback on this will be useful.

*Resourcing and Funding*: Discussion around how the scope of primary care is defined (MoH funding discussions only include capitation funding or PHO funding streams, no ACC, etc.), and the lack of robust data on how much is spent on primary care, especially 'out of pocket' spending. This makes it difficult for PHAC to have an informed view on the level of future investment in primary care. Agreement that a set of core primary care services should be fully funded (which would require definition of core services - out of scope for this report). Discussion on how best to incentivise prevention activities. Proposed that recommendations are revised, including the need for a better understanding of primary care costs and OOP expenditure.

*Investing in Prevention*: move this section to after "system refresh".

*New Technologies*: Members agreed to keep the section concise, focusing on principles rather than specific technologies. Key points are the need for robust assessment and frameworks, regulation and impact on equity. Reduce section on genomics.

*Sequencing*: Discussion on priorities and order of actions. The strategy and structural changes, particularly the meso level organisations, were considered foundational, with funding and ownership policy as enablers. Propose recommendations are grouped and ordered into short, medium and longer term.

*Executive Summary*: replace some bullet points with prose.

Agreement from committee that the report can be sent to reviewers.

**Actions:**

Secretariat: make changes to the report as detailed above and send draft report for external review.

Paula: to review and summarise Danish literature on funding mechanisms for prevention.

**Any other business**

**Te Hiringa Mahara "Think Tank" report received by PHAC chair:** Clair briefed the Committee on the report (based on discussions in a hui with sector leaders on primary mental health in August 2025), which has been sent to PHAC. It outlines aspirations for primary care responses to mental health and substance use needs over the next decade. There is alignment with much of the PHAC work on primary care.

**Action:** report to be circulated to PHAC with minutes.

**Closing karakia** by Catriona

**Next meeting:** 16th April online